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Social Pharmacology

Patients' Perceptions of Chamba (marijuana) Use in Malawi

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ABSTRACT

This study examines the perceptions of the social aspects, triggers, and effects of chamba (marijuana) use among psychiatric patients at Zomba Mental Hospital in Malawi. Focus groups were used to elicit responses from 44 male and 10 female psychiatric patients about their perceptions of chamba use in Malawi. This study provides insight into these patients' perceptions of the triggers and effects of their chamba use, and it has implications for the development of treatment and prevention programs for chamba users in Malawi.

INTRODUCTION

Historical evidence shows that *Cannabis sativa* has been consumed by Africans for at least six centuries (Du Toit, 1991). According to Du Toit (1980), surveys of seventeenth century and eighteenth century travel documents, anthropological studies, and ethnographies reveal that cannabis use was an accepted and established practice throughout sub-Saharan Africa. In sub-Saharan Malawi, chamba has not only been smoked in cigarettes and pipes, but also has been incorporated in traditional relishes and beverages (Carr et al.,

1994). Malawians have held many traditional beliefs related to chamba such as medicinal, booster, witchcraft, social, and ritualistic beliefs (Ali et al., 1994).

However, current reports in Malawi indicate that chamba use has transcended traditional cultural contexts and is now a significant problem in this region (Ali et al., 1994). The recent increase in the production and commerce of chamba has heightened fears of cannabis-related sociological and psychological problems and has been accompanied by an increase of psychiatric in-patients whose clinical picture includes the use of chamba (Carr et al., 1994). It is not clear whether admissions who use chamba are a distinct and growing group or if the consumption of chamba is only incidental to presenting clinical morbidity.

The purpose of this study is to further examine perceptions of the social aspects, triggers, and effects of chamba use by psychiatric patients in Malawi. Knowledge about Malawian psychiatric patients who consume chamba might help further the understanding of the cultural factors of chamba use and might help in the development of treatment interventions within different cultural contexts.

METHOD

In our study the "naturalistic" methodology of Focus Group Discussions was used with psychiatric in-patients whose clinical picture includes chamba use (see Table 1). Subjects for the study were drawn from Zomba Mental Hospital, an impoverished setting that does not keep complete records of patients' demographics or diagnoses. The patients were volunteers asked to give informed consent for their participation the day before the focus groups were held. Violent or disoriented patients were not asked to participate in the focus groups, which took place in a convenient room removed from other patients. Five focus groups were held with approximately 10 members each. They were all facilitated by a charge nurse who was known to all of the patients prior to

Table 1.
*Selected Characteristics of Malawian Psychiatric
In-Patient Subjects*

Age:	Mean age = 20
Sex:	Males = 44 Females = 10
Diagnoses:	Psychotic symptomatology = 80% Nonpsychotic symptomatology = 20%

the groups. The charge nurse held 60–90 minute group discussions in Chichewa, and the results of the discussions were recorded in writing and translated into English on the same day. The charge nurse encouraged all of the volunteers to answer and discuss their beliefs related to the following questions regarding chamba use:

Is chamba a problem?

Should people who use chamba be helped?

How?

How do other people react to you when you start to smoke chamba?

How has chamba smoking affected your family?

Has chamba smoking affected your education?

In what situations are you most likely to use chamba?

How do you usually feel before using chamba?

When the chamba is affecting you, how does it make you feel?

How do you feel after using chamba?

Is there anything that would stop you smoking chamba if it was freely given to you?

If there was no chamba available and you needed it, what would you do?

After the focus groups, participants were fully debriefed and the purpose of the research was explained in order to develop a better understanding of psychiatric patient's perceptions of chamba use.

RESULTS

The results provide a picture of psychiatric patients' perceptions of the social aspects, triggers, and effects of chamba use. 75% of the patients believed that chamba use was problematic. These patients cited physiological effects and behavioral consequences as their reasons for chamba being a problem. Physiological effects of chamba use included coughing, other sicknesses, "sorry sight," disrupted concentration, impaired mental acuity, and going "mad." Behavioral consequences of chamba use included "selling the shirt off your back," "stealing and legal difficulties, familial discord, infidelity," "it makes you beat up your wife," and "it makes people drink alcohol to excess." However, approximately 25% of the patients believed that chamba was not a problem, so people who use it do not need help. Several groups suggested that "chamba can be a problem to those with weak heads," but that it is not a problem "as long as your head was working properly."

The patients made interesting responses to the question of how other people react to their initiation of chamba use. All groups indicated that while some people perceive chamba use as normal, most people react negatively to

chamba users. Common reactions to chamba users included people believing that users are stupid, thieves, gangsters, or dangerous people. One individual even stated that people "look upon you as a rabid dog."

Numerous reasons were given for the initiation of chamba use. They included preparing for work, giving courage before addressing an audience, alleviating unpleasant thoughts and feelings, assuaging hunger, making you clever, and using it in any and every situation. Patients reported feeling the following body sensations before using chamba: heavy, light, weak, tired, hot, and sweaty. Some patients also reported having palpitations and some found it difficult to focus on things far away. Common behaviors exhibited before using chamba included becoming edgy, frustrated, restless, argumentative, noisy, and violent. Some patients also reported being less productive, having difficulty concentrating, and being focused on the urge to use chamba. During the time of chamba intoxication, 100% of the patients reported having pleasant sensations. Patients reported feeling happy, strong mentally and physically, less shy, sexually aroused, and more able to see far away. In addition, individuals reported an enriched mental life that included plenty of dreams and thoughts. Following chamba use, only two groups and a few individuals responded about subjective feelings. Female group members agreed that there was a feeling of relief while only one male indicated that he felt "low, low, low."

Over 50% of the patients believed that chamba users should be helped, and they cited numerous suggestions for treatment, prevention, and chamba maintenance interventions. Several of these suggestions included prescribing medication to take away the need for the drug, becoming a Christian, loving the person to build trust, warning people of the dangers of the drug, having plenty of food, eating sugar cane all day, eating at frequent intervals to suppress the need for chamba, smoking cigarettes or "role ups," smoking any leaves, chewing bubble-gum, dancing, having enough money to buy chamba so people would not have to beg, and legalizing chamba so that users would not be convicted.

DISCUSSION

These results are clearly consistent with the hypothesis that chamba use has transcended its traditional uses and is now used in different contexts in Malawi, including occupational, medicinal, and recreational settings. Although most of the reasons for using chamba are adaptive and functional reasons, it is also clear that many of the perceived functional abilities of chamba are also accompanied by physical and behavioral problems that the psychiatric patients attributed to chamba. Therefore, it is difficult to distinguish chamba use from chamba misuse.

This study provides a colorful picture of Malawian psychiatric patients' perceptions of the social aspects, triggers, and effects of chamba use, and it presents suggestions for future research on the development of chamba treatment and prevention programs within the cultural contexts of Malawi. However, the distinction between chamba use and chamba misuse remains unclear. Further research is needed to clarify the intricate relationship between psychiatric symptomatology and chamba use in Malawi as well as other diverse cultural contexts.

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RESUMEN

Esta investigación examina las percepciones de los aspectos sociales, determinantes, y efectos del uso de marihuana en pacientes psiquiátricos en el Hospital Mental de Zomba en Malawi. Grupos de enfoque fueron utilizados para solicitar respuestas de pacientes psiquiátricos (44 hombres y 10 mujeres) sobre sus percepciones del uso de la marihuana en Malawi. Este estudio provee conocimiento sobre las percepciones de estos pacientes en cuanto a los determinantes y efectos de su uso de marihuana y tiene implicaciones para el desarrollo de programas de prevención y tratamiento para personas que usan marihuana en Malawi.

RÉSUMÉ

Cette étude a examiné les perceptions des aspects sociaux, des causes et des effets de l'usage du marijuana parmi les patients psychiatriques à l'Hôpital Psychiatrique Zomba au Malawi. Les groupes concernés étaient utilisés pour obtenir des réponses de 44 hommes et 10 femmes, qui étaient tous des patients psychiatriques, sur leurs perceptions de l'usage de marijuana au Malawi. Cette étude offre un aperçu des perceptions des patients sur les causes et les effets

de leur usage du marijuana, et elle a des implications sur le développement de programmes de traitement et de prévention pour les utilisateurs de marijuana au Malawi.

THE AUTHORS

Malcolm MacLachlan is with the Department of Psychology, Trinity College, Dublin, Ireland where he teaches Clinical and Health Psychology. He was previously with the Department of Psychology, Chancellor College, University of Malawi and a member of Zomba Mental Hospital Visiting (Management) Committee. His major interests are in health promotion, particularly in developing countries.

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Gregory L. Robinson is a third year Counseling Psychology doctoral student at The University of Georgia. He earned his Master's of Education in Community Agency Counseling at the University of Georgia and his Bachelor's of Arts in Psychology at the University of North Carolina at Chapel Hill. Following the completion of the doctorate, Greg plans to work in a group setting such as a hospital or mental health center where he can integrate clinical practice, research, and training of developing practitioners.



Tony Nyirenda is in charge of community psychiatric nursing in Mzimba District, Malawi and is based at Mzimba District Hospital. Previously he was a Charge Nurse at Zomba Mental Hospital. His primary interest is in how traditional forms of healing in Malawi can be integrated with a biomedical psychiatric service. He is also interested in applying psychological treatments in the Malawian context.



Sandra Ali is with the Department of Psychology at the University of Malawi. She coordinates and teaches in the Health and Welfare area. Her major teaching areas are in negative social behaviors including drug use, child abuse, rape, and anorexia, and how to counsel people with these types of problems. She also works at the Zomba Mental Hospital.