

## THE INFLUENCE OF TRADITIONAL BELIEFS AND PRACTICES ON CONTEMPORARY CHAMBA (MARIJUANA) USE IN MALAWI

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### Abstract

Excessive use of chamba (marijuana) abuse has been identified as a mental health problem in Malawi. However, chamba can be used in a variety of different social contexts. In particular, chamba use has had an important role in the traditional life of many communities. We investigated the possibility that traditional and modern practices have interacted to worsen the problem of chamba misuse in Malawi. Using a Focus Group methodology, 54 in-patients at Zomba Mental Hospital, who reported using chamba discussed their beliefs about chamba use in both modern and traditional settings. Implications for the causes and management of chamba misuse in Malawi are discussed.

**Keywords:** Marijuana abuse, traditional beliefs, psychiatric patients, Malawi

### Résumé

L'abus de la marijuana fut identifié comme étant un problème de la santé mentale au Malawi. Cependant, la marijuana peut être utilisée dans différents contextes sociaux très variés. En particulier, l'utilisation de la marijuana a eu à jouer un rôle important dans la vie traditionnelle de beaucoup de communautés. Nous avons mené une enquête portant sur la possibilité que les habitudes traditionnelles et modernes ont conjointement aggravé le problème de l'abus de la marijuana au Malawi. En employant la méthodologie de "Focus Group", 54 patients hospitalisés à l'hôpital psychiatrique de Zomba, qui ont avoué à la consommation de la marijuana, ont parlé de leurs croyances en ce qui concerne l'utilisation de cette herbe dans des cadres modernes et traditionnels. Cette communication couvre les insinuations des motifs et de la gérance de l'abus de la marijuana au Malawi.

**Mots clés:** L'abus de la marijuana, la vie traditionnelle, les patients psychiatriques, Le Malawi.

## Introduction

The importance of understanding the role of cultural and contextual factors in drug use and misuse is increasingly being recognised (Eide and Acuda, 1997, MacLachlan, Page, Robinson, Nyirenda and Ali, 1998). It has been suggested that, in Africa, the combination of traditional cultural practices and the increasingly pervasive ethos of 'modernity' and 'Westernisation', may be responsible for an increase in drug misuse (Ali, Nyirenda and MacLachlan, 1994). Historical evidence suggests that *Cannabis Sativa* has been consumed by Africans for at least six centuries (Du Toit, 1991). Within Malawi, Central Africa, chamba (marijuana/cannabis) use has recently been identified as an increasing mental health problem (Carr, Ager, Nyando, Moyo, Titeca and Wilkinson, 1994).

Although the association between marijuana misuse and 'cannabis psychosis' remains an unresolved controversy (Linszen, Dingemans and Lenior, 1994) in the 'West', an increase in psychiatric admissions in whom chamba use has played an important part in their clinical presentation has been reported in Malawi (Carr et al, 1994).

Consistent with this suggestion of an association between chamba use and psychological/psychiatric disorder, the American Psychiatric Association recognises that a range of adverse reactions may occur with marijuana use: including acute anxiety, paranoid ideation, depressive symptoms, flashbacks, dysphoria and acute psychotic episodes (APA, 1994).

The present study was motivated by a need to ascertain the extent to which an increase in chamba use, and possibly an association between such an increase and mental health problems, could be attributed to extant traditional uses of chamba, interacting with contemporary practices, or propensities, towards abuse. While there is much anecdotal literature on traditional aspects of chamba use, we sought to empirically investigate contemporary chamba use and its relationship to beliefs and practices that represented important aspects of indigenous traditional culture.

## Subjects

In our study the 'naturalistic' methodology of Focus Group discussions was used with psychiatric in-patients whose clinical picture included chamba use. It was felt that this qualitative methodology could provide rich in-depth information (Bowling, 1997, Kitzinger, 1995) regarding participant's attitudes and beliefs about chamba use and mental health (other aspects of this study have also been reported by MacLachlan et al, 1998).

Over a four-month period focus groups were conducted with in-patients at Zomba Mental Hospital. All participating patients reported using chamba or had been admitted with problems where the effects of chamba were strongly indicated as part of their symptom presentation. Groups were held when 10 such patients were available and willing to participate. The subsequent group would be held when new consecutive admissions allowed for another group of 10 or more patients to participate.

Often people in Malawi are unsure of their exact age and the lack of adequate resources in hospitals can mean that we are unable to have full demographic or diagnostic information. However, although a formal diagnostic breakdown is not available for these patients, we know from previous studies that approximately 80% of patients admitted to Zomba Mental Hospital, are exhibiting psychotic behaviour (MacLachlan, Nyando and Nyirenda, 1994). Forty-four men and ten women participated in the present study. On the basis of data available to us, we estimate the mean age of the group to be 20 years of age, the age range to be between 15 to 25 years, with one older female aged in her mid-forties.

## Procedure

Patients who were violent or disorientated were excluded from the Focus Groups. The groups took place in a convenient room removed from other patients. Patients sat in a circle with the facilitator who was a Charge Nurse on one of the admission wards. All participating patients prior to the discussion knew the charge nurse. Patients were asked to give informed consent for their participation the day before the Focus Group was held. Asking a series of pre-arranged questions (see below) facilitated the groups. Each Focus Group took 60-90 minutes. Following these discussions, the groups were fully debriefed on the purpose of the research and patients were encouraged to ask further questions for clarification. Group discussions were held in Chichewa, and transcribed in Chichewa. After each Focus Group discussion, notes were summarised and translated into English. Content analysis was then performed

for each question across the five Focus Groups. The themes, which emerged in English, were then cross-checked with the content of the Focus Group discussions in Chichewa, in order to check for against the possibility that the process of translation has obscured, or changed, the meaning of the themes derived. Two independent raters, each of whom was fluent in Chichewa and English, identified no such inconsistencies.

## Results

The results are reported under the headings of the questions that were asked in the Focus Groups.

### *1. How did you first find out about chamba?*

Earliest memories of chamba ranged from inhaling it as a baby, to in the late teens, being told about it by friends in secondary school. The majority first encountered it in their early teens. Most frequently chamba was encountered either at school or at home, through an older friend or relative. At home these first encounters were often accidental. For instance, coming across a strange plant (one which was unrecognised) growing among banana trees (most commonly) or in the bathroom. Often these plants attracted children's curiosity because they appeared to be especially nurtured. At school, chamba was often encountered as something that makes a person 'feel special'. Pupils would ask about the smoking and subsequent behaviour of those older pupils who used chamba. A 'try of it' was reported by several people as having an immediate pleasurable impact. Other ways of first hearing about chamba included being warned about (off) it by parents, and hearing talk of it on the radio.

### *2. What kinds of people use chamba?*

Chamba was said to be used most frequently by farmers ("people who want to do a good days work in their garden"), manual workers and soldiers. This group could be described as 'ordinary people', in order to distinguish them from the more 'public people', such as singers, boxers and footballers. A third group could be described as "aspiring people", usually young people who are "pretending that they are somebody". Chamba users were thought to usually be men, or when they were women, they were "women who ... want to be men".

### 3. Why do people use chamba?

Reasons for using chamba are given in Table 1.

Table 1: Reasons for using chamba

#### *Gives you strength (A)*

- to keep working and stop tiredness
- makes you eat a lot
- helps digestion of food

#### *Makes you intelligent (A)*

- helps you think clearly
- helps you concentrate
- helps you remember what you learn

#### *Gives courage (M)*

- to help you steal
- to tight
- to kill someone

#### *Social (M)*

- to help you laugh
- makes you "with-it"
- helps you socialise "properly"
- helps you overcome shyness
- to give due respect to elders
- to appear more impressive and gain respect

#### *Medicinal (F)*

- to treat measles
- to treat earache
- to keep your body in good health

#### *Distraction (F)*

- helps you forget worries
- helps you ignore nagging at home

#### *Make you drunk like alcohol (F)*

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Key: Mentioned by, All groups (A) / Most groups (M) / Few groups (F)

Using chamba was described in all groups as a means of helping someone to do something better. Most frequently it was suggested that it can give you strength to allow you to keep working when otherwise you would get tired and

want to rest. Also mentioned during each group was the ability of chamba to boost intelligence or "brain power". These first two attributes suggest a stimulant property of chamba. Anxiolytic properties are also indicated by the less frequently mentioned effects of chamba giving the user "courage" and helping relaxation in social settings. It was suggested that another social function which chamba may fulfil is as a medium for giving (to elders) or gaining (from others) respect. Less frequently mentioned than the above were the medicinal beliefs about chamba, and its ability to distract one from worries. Only one person in all five groups likened the effects of chamba to being drunk by alcohol.

#### *4. Where do people get chamba?*

A regular market was the commonest place to buy chamba. It was not sold openly but in a clandestine manner. Sometimes you would know the seller through previous transactions but when this was not the case a seller could be recognised by his distinctive behaviour. However, one rarely asked for chamba straight out, instead a coded phrase would be used; some "real cigarettes". At the time of our study a 'twist' of chamba costs about 3 cents, U.S. Other sources for buying chamba were the Prison or Army barracks (both close to Zomba Mental Hospital). Both officers and non-commissioned soldiers were said to be involved in profitable chamba selling businesses. A few plants of chamba were also grown by some people for their own use, and occasionally (subsistence) farmers would sell a little of what they grew themselves.

#### *5. How can chamba be used?*

In all the groups it was unanimously agreed that smoking was by far the most common method of taking chamba. Smoking involves removing the seeds from the leaves, rolling the leaves tightly and then burning them. The intake of smoke is held in the lungs for some time before breathing out. 'Bubbling' chamba involves drawing chamba smoke through water using a Bango (reed pipe) and then breathing it in. Chamba may be drunk by boiling the plant (including leaves, seeds and stalk) in water and drinking it as 'tea'. The chamba 'tea' may also be added when brewing beer in order to give it an extra 'kick'. Occasionally the plant is chewed, but this produces white foam in the mouth. Chamba may also be eaten by adding it to cake mix before baking or to porridge before cooking (These findings are summarised in Table 2). Other rather 'unusual' uses of chamba included giving it to oxen to make them

strong, and blowing it up the nostrils of dogs to make them vicious (they froth at the mouth and look like they have rabies):

Table 2: Ways in which chamba can be used

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Smoking
Bubbling
Drinking - like tea
- in beer
Chewing
Eating - in cakes
- in porridge

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6. *Do different methods of use produce different effects?*

There was general agreement that smoking produced the best effects because "it went straight to the head" and also people believed that it worked quickly, and it does not "spoil your mind like the Bango does". Drinking chamba takes too long to have an effect, and eating it was said to make you become full and not to produce a strong effect. Generally it was felt that forms of use other than smoking diluted its effect. In one of the men's groups it was also suggested that smoking chamba took your mind off sex so you could work harder.

7 *What are the effects of chamba?*

The different effects mentioned are given in Table 3. The most positive effects referred to enabling people to work better. Making you feel good about yourself and be happy, were also common answers. A wide range of negative effects were also mentioned including physical (sterility, eyes reddening, lips darkening, heart beat increasing), cognitive (head "not working", perceptual distortions, forgetting of problems) and social (disruption of relationships). While the idea of chamba making you 'mad' was suggested in only one group, there was disagreement about whether this was in fact true.

Table 3: The effects of chamba?

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### POSITIVE EFFECTS

Makes you work -harder  
-faster  
-without distractions  
-without worrying  
-you don't think about eating

Makes you brainy  
Makes you feel you are a great person  
Removes your taste so you can eat food that does not taste good  
Makes other people seem like small children  
Makes you happy and laugh  
Makes you strong and healthy

### NEGATIVE EFFECTS

Trees look like people  
Head doesn't work properly  
Makes men sterile and they don't get married  
Disrupts family relationships - husbands beat their wife  
Makes men into rapists and thieves  
Learn bad habits  
Get red eyes  
Get black lips  
Makes you eat a lot  
Makes your heart beat very fast  
Makes you mad (*disagreement about this*)  
Makes you forget your worries  
You do not think about your life but sit quietly without bothering

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#### 8. Can people get addicted to chamba (Why)?

There was no consensus about the addictive properties of chamba. Most people believed that they took chamba to help them work harder, but they did not feel dependent on it. Group members said that if they did not have to work then they wouldn't take it. A minority believed that it was addictive with



one person saying that "he would rather not eat than go without chamba". Some people were said to be unable to get off to sleep without smoking chamba. It was suggested that whether addiction occurred depended on how much, and how often, a person used chamba.

*9. Are there any traditional beliefs relating to chamba?*

Table 4 shows some traditional beliefs relating to chamba use.

Table 4: Cultural domains of chamba use

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**Medicinal**

Measles - mother inhales chamba and blows it over the infant  
- mother rubs the chamba over the infant  
- mother gives the child chamba in a drink

Earache

Coughs

Panacea for all ills

**Occupational**

Gives great physical strength

Makes you work faster

**Witchcraft**

'Witchdoctors' use it as a medicine

If you use chamba people think a spell has been put on you

It keeps witches away if they smell it at night - 'kunyansa'

**Social**

Parents warn their children not to use it

Parents say people who smoke it forget their place in society.

People who use chamba are thieves

**Ceremonial**

Rituals - initiation practices

The most common traditional uses of chamba are medicinal, in witchcraft, as a 'booster', and during ritualistic ceremonies. One group discussed how elders say that the young generation has spoilt the use of chamba. Therapeutically chamba has been seen as a panacea for many illnesses and this may be related

to the beliefs that it can boost you by giving extra strength. However, its application to specific illnesses including, measles, earaches and coughs was also mentioned in most of the groups. Often it is given to children who have these problems, the methods of application including blowing it over the child, rubbing it on the child's skin, and giving it to the child as a drink.

Chamba is also traditionally used in a variety of ways relating to witchcraft. It is believed that smoking it at night will keep witches away. However, if a person is seen to be smoking chamba, then others may assume that the person has been bewitched. Yet again, it is also believed that chamba can be used to put a spell on another person. Chamba also has a place in several ritualistic ceremonies that are commonly practiced, such as initiation rites. Finally, although the aforementioned uses of chamba may suggest a permissive attitude towards it from society in general, this is not the case. Traditionally parents have warned their children against using it, and those who use it are often denigrated as degenerates.

#### *10. Could chamba smoking during rituals lead someone to later abuse of chamba?*

Opinion was divided on this question, not so much within each of the groups, but between the various groups. Within the groups there tended to be virtual unanimity, where the first person that spoke out was agreed with. Perhaps this was because discussion of ritualistic use of chamba is a sensitive, and to some extent, culturally prohibited subject. Those groups who said "No", argued that if someone smoked chamba it was because he made a personal decision to do so, and not because they had encountered it in other contexts, such as it being used medicinally. Furthermore, one group pointed out that when children are given it for medicinal purposes, they don't understand/know what it is. On the other hand, one group did support the notion that smoking chamba during traditional dances made you feel very happy and so people would smoke it outside ritualistic setting in order to experience the same happiness. It was also suggested that since during "chinamwali" (initiation/circumcision ceremonies) you smoked chamba to get happy and to remove shyness, then later on you might also want to use it for these reasons.

### **Discussion**

The Focus Group methodology has provided us with a rich insight to chamba use in Malawi. The psychiatric in-patients who were the participants in our

Focus Group discussions first encountered chamba at home or at school. They distinguished the sort of people who used chamba into three groups - 'ordinary', 'public' and 'aspiring' people - most of whom were male. Chamba is used for a variety of reasons: to give strength, increase intelligence, give courage, ease social situations, as a distraction from worries and for medicinal purposes. In Zomba, it can be bought at the market, at the Prison or Army barracks, from subsistence farmers, and in some cases people grow their own. It can be smoked, bubbled through a Bango, drank as tea or in beer, chewed or eaten in cake mix. Any form of use other than smoking chamba was reported to lessen its effects. A range of different positive and negative effects of using chamba was reported, and no consensus could be reached regarding whether it was addictive, or not. Although chamba continues to be used in a number of traditional contexts - as medicine, in witchcraft, as a 'booster' and as part of traditional rituals - parents actively discourage their children from using it recreationally. Opinion was divided as to whether using chamba in rituals could lead someone to later abuse it recreationally.

It is clear from our results that in Malawi chamba has a broader range of uses than in many more industrialised countries. The overriding impression of the people in our Focus Groups (most of whom had used chamba to their detriment) was that chamba is a *functional drug*, rather than a purely recreational one. For instance, people commonly use chamba in order to help them work harder, or better. As such, it is seen as a means of combating tiredness and distractibility, and as a means of giving strength. These perceptions of the functional and occupationally positive role of chamba are not widely reported in the literature generated from 'Western' countries.

The perceived medicinal properties of chamba also constitute an important functional role. Its use in treating measles, earaches and coughs appears to be widely known. Furthermore, its reputation as a general panacea identifies it as a therapeutic agent. Again, this is contrary to how it is seen in many 'Western' countries. The form in which chamba is used, reasons for using it, the sort of person using it and sources for supplying it, render it a functionally 'pluralistic substance' in Malawi. Despite this, and in common with most 'Western' countries, Malawian law proscribes its use. Such prohibition, while obviously not effective, is also insensitive to the important roles that it fulfills culturally. Aside from its *cultural value* it may also be seen to have *contextual value*, in that it may provide a medium of treatment in a context of scarce resources, where few other treatment options are available. Consequently it may have value for those administering the treatment (for instance, by alleviating the anxiety of a mother attempting to treat her child's measles), independent of its

efficacy. This realisation should not however diminish the importance of empirically evaluating different methods of treatment.

Our findings suggest that both the occupational and medicinal functions of chamba are rooted in traditional cultural beliefs. In addition to this, the use of chamba in ceremonies of initiation, to ward off evil spirits, to put a spell on another person, or to help people express themselves through traditional dancing, also reflects inherited cultural values in Malawi. It is important to stress that while the origin of such beliefs and practices may be historical (i.e. they are traditions), they are maintained in contemporary use. These expressions of culture are therefore not 'locked in the past'; instead they are current and contemporary expressions of the cultural understanding, and cultural construction, of chamba use.

It is not at all clear that these indigenous traditional cultural uses of chamba increase the likelihood of people misusing or abusing chamba as a recreational or 'escapist' drug. While the wide range of alternative uses of chamba in Malawi may certainly present greater opportunities to experience the drug, this may not necessarily constitute an 'at risk' factor. Several groups believed that if one smoked chamba then it was for "personal reasons" rather than being led into it through using it in another context. Indeed the different contexts of using chamba (e.g. occupational, medicinal, traditional and recreational) provide for a different meaning *experience* of the drug. This contrasts with its use in 'Western' countries where it is almost exclusively used in a recreational sense, and its 'meaning' is determined by that context.

This study set out to explore the cultural and contextual significance of chamba use in Malawi, by facilitating structured group discussions among psychiatric in-patients who were familiar with chamba. No clear consensus emerged concerning whether traditional uses of chamba might predispose to abusive recreational use. However, few participants seemed to support the idea of what might be called (paraphrasing a term from genetics) 'horizontal chamba transfer': chamba being experienced in one context, resulting in its increased use in an entirely different context. Where this had happened, it was suggested that other factors in the individual's life were responsible for overuse of the drug. Furthermore, when chamba is used in its 'recreational' context in Malawi, these users are denigrated in the same way that they often are by some sections of society in 'western' cultures.

## Conclusion

The present study therefore does not support the notion of a strong link between traditional uses of chamba and the problems of contemporary drug abuse. While some abusers may have had their first encounters with chamba through 'traditional contexts', it is likely that other factors are responsible for them using the drug in a manner which ultimately results in their own detriment. Delineating what these other factors are should be the focus of further research.

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