

Should healthcare in rural Botswana focus on integration and group activities to ease the burdens associated with muscle, bone and joint disorders? The World Spine Care MuBoJo project

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Objectives: Healthcare inequities and limited resources exist in Botswana for people with **Muscle, Bone and Joint (MuBoJo)** disorders. In response, World Spine Care established two clinics and initiated research in Botswana. This study examined the burden of living with and caring for MuBoJo conditions among Villagers residing in this rural setting.

Methods: Ethnographic fieldwork over eight months included participant observation and 70 interviews with 48 participants (35 villagers, 13 healthcare providers). Villager interviews were typically conducted in Setswana with an interpreter. Audio-recordings were transcribed verbatim and contextually translated into English. Theoretical perspectives guiding analysis included Kleinman's 'explanatory model' and Bury's notion of 'biographical disruption.' Constant comparative methods facilitated pattern finding to reveal insights for the study aim.

Results: Villagers expressed gratitude for dialogue about MuBoJo conditions to improve daily lives. Interviews revealed social suffering related to drought, poverty and outmigration or other shifts within family structures. The temporal sequence of lives disrupted by MuBoJo troubles was less important than loss of independence and social identity to fulfil traditional duties. Activities limited by pain and disability included: caring for family members who suffer debilitating conditions; walking; sweeping; hand-washing clothes; fetching water; farming; harvesting grasses; and, (re-)constructing homesteads with mud and thatch. Villagers conveyed interest for group activities to improve MuBoJo health. Word of mouth fueled villager concerns about treatment adverse effects, but most were interested in what "the westerners offer at the caravan." Providers encouraged integration of MuBoJo care with health and lay personnel, but thus far provide parallel care without engaging the community.

Conclusion: Uncovering burden is an important first step to address musculoskeletal care needs. In rural Botswana, MuBoJo conditions disrupt everyday lives contributing to loss of independence and social identity. Community-engaged partnerships are needed to develop healthcare programmes to manage the burden of muscle, bone and joint disorders.

How to cite this abstract:

Hondras, M, Johannessen H, Hartvigsen J, Myburgh C, Haldeman S. Should healthcare in rural Botswana focus on integration and group activities to ease the burdens associated with muscle, bone and joint disorders? The World Spine Care MuBoJo project [poster]. In: Proceedings of the World Federation of Chiropractic 13th Biennial Congress, p. 145. Athens, Greece, 13-16 May 2015.