OPINIONS OF AFRICAN CARETAKERS OF CHILDREN AT RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL REGARDING THE LINKING OF TRADITIONAL HEALERS TO WESTERN HEALTH SETTINGS

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ABSTRACT

Health care systems play an important role in maintaining good health in communities. In South Africa, Africans are continually faced with the dilemma of choosing western or traditional values.

The literature has shown that African people use both western and traditional systems simultaneously. The South African government is also considering to include traditional healers in the national health policy.

This study examines the opinions of African parents or caretakers of children at Red Cross War Memorial Children's Hospital regarding their use of western and traditional health systems and their opinion regarding their linkage. The research method for this exploratory study was a focus group and structured interview.

The results indicated that in the communities from which the respondents were drawn there are many Africans who consult traditional healers. The results further indicated that many Africans consult both western doctors and traditional healers for the same medical problem. The results also indicated that the respondents considered it necessary to link traditional healers to western health settings. Recommendations for future research are included.

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CHAPTER 1

1. INTRODUCTION

Health is a very important issue for people of all cultures. Staugard (1985) defines health as a state of total physical, mental and social well-being. Various remedies have been used by people of all cultures to restore good health. Western health and traditional health systems have been found by Staugard(1985) and Finau(1970) to be alternatives to restoring good health.

Staugard (1985) defines the western system of medicine as one based on scientific principles, which has been supported and promoted by the governments of both technically well developed and developing countries. He says that the system employs professional people.
Traditional health care is defined by Dr.N. Maseko in Freeman (1992), as a system which uses pure, natural health products, which are found in rivers, the sea, underground, in deep dongas and in dense forests. Staugard (1985) adds that this system has developed complicated systems of theories on the causes and cures of disease.

According to Kleinman (1980), in every culture, illness, the response to it, the individuals experiencing it and treating it, and the social institutions relating to it, are all systemically interconnected. He says that the totality of these interrelationships constitutes the health care system. This system, like other cultural systems, integrates the health-related components of society which include patterns of belief about the causes of illness and norms about the choice and effects of treatment. Patients and healers are very important people in health care systems.

1.2 STATEMENT OF PROBLEM

According to Freeman and Motsei (1991), Freeman (1992), Anokbonggo et al (1990), Pretorius (1991) and Staugard (1985), traditional healers are the health care choice of a large number of South Africans. They maintain that about 80% of the African population make use of traditional healers in particular circumstances, as traditional healing is part of African culture.
Experience from South Africa as well as other African countries suggests that Africans will continue to use these services even if antagonistic policies are adopted (Freeman & Motsei, 1991).

Staugard (1985) suggests that most Africans find themselves living under the influence of two different cultures. Often when they fall ill, they have to face the difficult dilemma of whether to go to the hospital or clinic, or whether to seek help from traditional health care systems. He found this to be common amongst the Tswanas.
My own experience as an African was that this was common in the community in which I grew up. Many young African people who are influenced by western thinking find themselves in this dilemma when there is chronic or even acute illness in the family, especially when elderly people who strongly believe in traditional healers give advice as what to do. Elderly people also experience this dilemma when they are advised by young people.
Dr Maseko (in Freeman 1992), adds that in Swaziland, patients who are under medical treatment and who have been admitted to western hospitals, in many instances ask their families to bring traditional medicines to the hospitals to be taken at the same time as the western medicines.

Dr Maseko (in Freeman 1992) and Dr Fatugana (1992), argue that Swazis believe that traditional medicines are stronger and more

efficient than injections or tablets. Dr Fatugana's experience as a modern doctor in Mozambique exposed him to patients who were given drugs as treatment. However, when these patients got home, they consulted the traditional healers to ask if they should take the drugs. The traditional healers discouraged them to do so. This led to the patients having cupboards full of unused drugs.

My experience as a hospital social worker at three South African hospitals rendering health services to Africans is that it is common for patients in hospitals, especially psychiatric patients, to request to go home for two or more days so that they can consult with traditional healers.

At one of these hospitals where I worked for example Red Cross War Memorial Children's Hospital, the majority of children seen are Africans. In 1992-1993 there were 9471 African children admitted to the hospital and 53386 seen at the Out Patients' Departments (Annual report of Red Cross Children's Hospital, 1992-1993). Harrison et al (1993) also found that African children at the Out Patients' Departments of Red Cross War Memorial Children's Hospital were seen when their illness was already at an advanced stage. They found that most parents consulted traditional healers before bringing their children to the hospital. When the traditional healer could not offer any more help, the child was then brought to the hospital. This was also evident at Ga-Rankuwa Hospital (Ledwaba, 1994).
Many caretakers of African children seen at the Red Cross War Memorial Children's Hospital also experience this dilemma of having to choose between western and traditional systems. Some parents take their children to the local clinics for immunization and when they get there, they are told that the child is very sick and will need to be sent to the hospital immediately. An ambulance is called and on arrival at the

hospital, parents are told that the child can only be treated through surgery. They refuse hospital treatment because they fear surgery and believe that only traditional healers can tell them if surgery is required or not.

Kleinman (1980) states that people tend to prefer health care systems which are socially, culturally, structurally and functionally significant to them. My experience with African patients in western hospitals is that many Africans describe white doctors as kind and understanding when the doctor discusses African cultural issues with them or when the doctor speaks an African language.

According to Freeman and Motsei (1991), people in South Africa did not talk openly about their involvement with traditional healers, because until recently the use of traditional healers was officially outlawed. In 1974, the Health Act forbade healers not registered with the South African Medical and Dental Council (and in 1982 amended to include those not registered with the South African Associated Health Services Profession Board), from practising or performing any act pertaining to the medical profession. In reality, traditional healers continue to practice and are generally not legally harassed by the authorities. In certain areas in South Africa co-operative relationships occur between western and traditional practitioners.

Freeman (1992), points out that during 1990 and 1992, when negotiations for the new South African government were in process, the political parties became interested in traditional healers becoming part of the National Health Service, so that the health of all citizens would benefit.He said that at the conference "Recognition and Registration of Traditional Healers - Possibilities and Problems", held in 1990 the ANC said that traditional healers would become part of the National Health Service as they envisaged it. They also suggested that they

would push for the registration of traditional healers to monitor members and evaluate the quality of care given, and allow cooperation between the two sectors.

The PAC view was that African people have the right to express their value system unhindered. As traditional healing and African culture are inseparable, traditional healers should be given the same status in society as healers from the western health sector (Freeman, 1992).

In 1990, the Nationalist Party's view about linking traditional healers to western health settings was reflected in government policy. A national health plan was developed, with the concept of affordable health care for all people of South Africa. Traditional healers entered into the South African government's thinking as part of this plan. The government saw it as necessary to liaise and negotiate with traditional healers on issues such as a code of ethics and standards of training.

1.3 MOTIVATION

Since the above mentioned political parties are represented in the present government, there is a possibility that the idea of incorporating traditional healers into a western health setting will be pursued. Therefore, I saw it as necessary to explore the opinions of African parents at the Red Cross War Memorial Children's Hospital about the link between traditional healers and western health settings, the extent to which people consulted traditional healers and their reasons for consultation.

Political parties such as the ANC, the National Party and the PAC, which are represented in the present government, are also considering that traditional healers be part of the National

Health Service, so that the health of all citizens will benefit. This issue is still being negotiated. The World Health Organisation's policy of Health for all by the year 2000 further suggests that traditional birth attendants should be incorporated into the health care system (Odebiyi, 1990).

My experience as an African social worker in western hospitals led to the realization that traditional healers play an important role in the culture of African people.

From the literature reviewed and my observations and experiences at the western hospitals I have worked, it seems that both western and traditional healers are widely used by Africans. Therefore the reseacher felt that there was a need to explore and document the opinions of Africans about traditional healers in western health settings.
However this study will only focus on African caretakers of children at Red Cross War Memorial Children's Hospital. The study will not look at traditional healers in all African ethnic groups. It will only focus on experiences of certain African ethnic groups.

This study will also refer to neighbouring countries' experiences of linking traditional healers to western health settings.

1.4 GENERAL AIMS

The general aim of the study is to explore the opinions of African parents or caretakers of sick children at the Red Cross War Memorial Children's Hospital about linking traditional healers to western health settings.

1.4.1 Specific Aims

1. To investigate the extent to which African caretakers of children at Red Cross War Memorial Children's Hospital consult with traditional healers.
2. To investigate the reasons why African caretakers of children at Red Cross War Memorial Children's Hospital consult with traditional healers.
3. To investigate the opinions of African caretakers of children at Red Cross War Memorial Children's Hospital about linking traditional healers to western health settings.

1.5 SIGNIFICANCE OF THE STUDY TO SOCIAL WORK PRACTICE

According to Perlman (1974), a client of a social agency is like all other persons we have ever known, but he/she is different too. He/she is a whole being at any moment of his/her life. He/she operates as a physical, psychological, social entity, whether we are concerned with the problem of his/her neurotic anxieties or of his/her inadequate income. He/she is a product-in-process of his physical and social environment, past experience, present perception and reactions and future aspirations. Therefore social workers need to know and understand the clients' comfort with the health systems which he/she is interacting so that they are able to treat their clients in totality. In order to do this, social workers should also understand their clients' culture. The literature reviewed support that traditional healing is part of African culture Freeman(1992) and therefore Africans will continue to use traditional health systems.

Pincus and Minahan (1978) believe that social work is concerned with interactions between people and their social environment.

These interactions affect their ability to accomplish life tasks which help them alleviate distress and realize their aspirations and values. Therefore the purpose of social work is to:

a) link people with systems that provide them with resources, services and opportunities;

b) promote the effective and humane operation of these systems;

c) contribute to the development and improvement of social policy.

If social workers have an understanding of African traditional healing, they will be able to discern when to refer clients to traditional healers and where these traditional healers can be found.

This study will go some of the way to help hospital social and other health workers, to understand the importance of the role of traditional healers for African clients, and also to indicate to the medical professionals whether to incorporate traditional healers, either within the health care system or outside the system.

1.6 SPECIFIC RESEARCH QUESTIONS.

1. Whether traditional healers are still being widely used by Africans
2. Whether Africans consult with both traditional healers
3. Which diseases are treated by traditional healers and western doctors.
4. Which methods of treatment in traditional healing are preferred.
5. Whether Africans will support the idea of linking traditional healers to western health settings.

5.1. If yes, how should they be linked.

5.2. If no, what are the reasons for not linking them.

1.7 LIMITATIONS

Only those Africans who have approached the hospital are being included in the research. The study therefore does not include Africans who choose not to attend a western hospital.
The sample is small. No claim is made that this study reflects the feeling of the African population generally.

1.8 DEFINITIONS

Africans - People who would have been classified as Black under the previous Population Registration Act of South Africa and whose home language is one of the African languages (for example Xhosa, Zulu and Sotho).

Western Doctor - a person who has a Bachelor of Medicine and Chemistry degree (MBCHB) and has registered with the Medical and Dental Council.

Western Health Setting - a hospital or clinic where western doctors work.

Western Culture - culture influenced by industrialization and advanced technology and originating in Western Europe.

Ethnic Groups - cultural sub-groups in the African society.

Traditional Healer - a person who treats African people but the method is based on African culture.

The following chapter presents a literature review to give background to the study.

CHAPTER 2

TRADITIONAL MEDICINE

2.1 INTRODUCTION

Traditional medicine is an ever present reality in both rural and urban African societies. Recognition that traditional healers constitute the main source of health care in the developing world is long overdue (Pretorius, 1991).

Traditional medicine is defined by Finau (1994), as a method of treating illnesses which evolves from within the social and physical environment of a society. It involves observing and practising rituals which are integrated into customs. The rituals maintain social relationships, confer identity and strengthen bonds between cultural groups before, during and after treatments.

Pretorius (1991) and Freeman and Motsei (1990), argue that despite the influence of industrialization, Africans have never stopped using traditional medicine. In post apartheid times, Africans have fought to rediscover their socio-cultural identity Traditional medicine which is an integral part of their cultural heritage, has benefited from this.

Surveys of traditional medicine usage in Botswana have also shown that the role of the traditional healer is alive and significant in the everyday life of the population of Botswana (Staugard, 1985).
The availability of healers in South Africa was surveyed by Van Rensburg et al (1992). They found that the South African Traditional Healers Council (SATHC), which is the generally accepted umbrella organization for traditional healer

associations, had eleven branches: one in Natal, five in the Cape Province, two in the Transvaal and one each in Namibia, Malawi and Transkei. In 1993 Botswana had 4 associations (Staugard, 1985) with a membership of about 175 000 and a traditional healer-population ratio estimated at 1:200. These branches helped to regulate the practice of traditional healers in communities. For example they ensured that the patientswere treated with respect and were satisfied with the treatment received from the traditional healers.

These numbers prove that traditional healers still exist, and the practice of traditional medicine amongst the African population is still widespread (Anokbonggo et al, 1990).

Current debates by the state and civil health systems, about linking traditional healers to modern health settings, necessitate a better understanding of traditional healers, as they are the choice for health care of many South Africans (Freeman and Motsei, 1991).

Lewis (1990), postulates that nothing distinguishes one community more sharply from another than its beliefs concerning the meaning of life, and the ultimate significance of affliction and suffering.

2.2 TRADITIONAL HEALERS DEFINED

Oyebola (1986) in Van Rensburg et al (1992) defines a traditional healer as a person who is considered by his/her community to be competent in providing health care by using vegetable, animal and mineral substances, and certain other methods based on the social, cultural and religious background of the community.

Authors like McClain (1989), Chavunduka (1978) and Staugard (1985), add that a traditional healer addresses both the physical condition and the personal and social circumstances surrounding the illness. Advice on life style as well as the provision of medicine is thought to be crucial to the treatment process. In supporting the above writers, Freeman and Motsei (1990), hold that the traditional healers' approach is holistic.

In some societies, like Shona society, traditional healers are not only regarded as medicine men but also as religious consultants, legal and political advisers, police detectives, marriage counsellors and social workers (Chavunduka, 1978).

According to Chavunduka (1978), traditional healers spend most of their time trying to help people come to terms with their social problems. Amongst the Tswanas for example, traditional healers are always seen as healers who deal with the total situation of the patient, including the patient's personal relations with the community (Staugard, 1985). In the next section, we will look at the different types of traditional healers amongst the Swazis, Pedis, Tswanas, Zulus and Xhosas.

2.3 TYPES OF TRADITIONAL HEALERS

In African communities there are basically three types of traditional healers. They are the diviners (witch doctors) who are commonly called Inyanga or Ngaka ya sesotho or Ngaka ya ditaola. The second group are called the Sangoma and the third group are the faith healers usually called Moprofiti. However different African communities name them differently although they mean the same as they serve the same purpose of healing.
For example the Swazis distinguish between the *Inyanga*, *Sangoma* and *Umfembi* (kind of *sangoma*) (Makhubu,1990). The Tswanas talk about *Moprofiti* (faith healer), *Ngaka ya ditshoswa* (herbalist),

Ngaka ya ditaola (diviner). *Ngaka ya didupang* (sucker), *Sangoma* and *Batsetsi* (traditional midwives) (Staugard,1986). The Pedis around Pietersburg distinguish between *Ngaka ya sesotho* and *Sangoma* (Monnig,1978). *Ngaka ya sesotho* can be a faith healer traditional midwife, herbalist, sucker or diviner.

2.3.1 The *Inyanga* (Diviner)

The *Inyanga*, or *Ngaka ya Ditaola*, possesses the bone throwing skill to determine the cause of sickness (aetiology), an essential diagnostic skill. The *Inyanga* skills are learned from an experienced healer. The Tswanas see the *Inyanga* as the *Ngaka ya Ditaola*. He combines the art of making a diagnosis by means of the holy bones with that of treating the diagnosed disease with herbal preparations (Hogie and Prins, 1991).

Amongst the Pedis, a *Ngaka* (*Inyanga, Ngaka ya Ditaola*) is invariably a male person. The chief is not only the head priest but also a chief *Ngaka*. The position of the "witch- doctor" is an honoured one. They are highly respected and their power and influence is second only to the chief and his councillors. They are also feared. No one will easily risk quarrelling with them. Their powers to control supernatural forces are recognised, and the slight difference between good and bad magic makes it quite conceivable that they could turn their beneficial practice into a harmful one (Monnig, 1978).

In some places, *Inyanga* is known as a "witchdoctor", but in Swaziland a "witchdoctor" is a person who is suspected of causing harm, suffering and misfortune to other people due to hatred or jealousy (Maseko, 1992 in Freeman, 1992).

2.3.2. The Sangoma

The Sangomas are found in every African culture. According to the Swazis, the Sangoma differs from the *Inyanga* in that his diagnosis is based upon a process known as *kubhula*, which is communication through trance with supernatural powers who reveal to him/her the source of the patient's problem.

The Tswanas see the *Sangoma* as one who specialises in some type of exorcism, during which she engages in singing, dancing and in some cases using her drum, and often entering into a state of trance. The *Sangoma* is of Nguni origin and they are commonly found in the Zulu and Xhosa cultures in Southern Africa (Staugard, 1985). During puberty, a *Sangoma* has to go through special initiation ceremonies, which is uncommon among the Batswana.

The Swazis see the *Umfembi* as similar to the *Sangoma*, but the directing spirits during diagnosis may be evil spirits who use the *Umfembi* as a medium to reveal their identity. Swazi *Sangomas* regard themselves both as Christians and specialists in traditional Swazi religion and, along with their clients, see no conflict or inconsistency in this. (McClain, 1989).

2.3.3 Moprofiti (Faith Healer)

In Botswana, a *Moprofiti* is a leader of one of the independent churches. They claim that, through a revelation in a dream, they have been chosen by God to perform healing. They can also diagnose and treat diseases, but there is no formal training.

2.3.4 Ngaka Ya Ditshotswa (Herbalist)

The Batswana see *Ngaka ya Ditshotswa* as a healer specializing in retail or wholesale herbal drugs most often gathered by himself.

He distributes the medicine to customers and traditional healers. Their training takes 2 years and they choose the profession out of interest or because of a close relationship with another herbalist.

2.3.5 Ngaka Ya Didupang (Sucker)

The Batswana define *Ngaka ya Didupang* as the one who performs *golomega* (sucking). He/she combines divination, herbalism and sucking which aims at removing *sejeso*, which is a special type of witchcraft or impurity in the body. *Golomega* is also applied to patients with a diagnosis of "bad blood".

2.3.6 The Traditional Midwife (*BATSETSI*)

Health organizations in the 1970s used the term "traditional midwife" to refer to a person (usually a woman), who assists the mother at childbirth and who initially acquired her skills delivering babies by herself or by working with other traditional birth attendants (Staugard, 1986).

Staugard (1986) states that traditional midwives in Botswana almost always live in the community in which they practice and usually restrict their activities to the local area. Their role is not only attendance at childbirth. They also provide basic care to women throughout the normal maternity cycle, and to the normal newly born infant. They participate in the promotion of western and traditional methods of family planning, and in other primary health care activities with babies, including the identification and referral of high risk patients.

2.4 ORIGIN AND TRAINING OF TRADITIONAL HEALERS

In all African ethnic groups traditional healers experience

different kinds of "calling" to be healers. The call can either be the result of inheritance, ancestral spirit possession or visions in dreams. Training follows after a calling to become a traditional healer. It differs from community to community and from traditional healer to traditional healer. The different kinds of "callings" and the specific kinds of training will be discussed below. Experiences in different African communities will be considered.

McClain (1989) related a story of how a young Xhosa woman from the Transkei became a traditional healer. She was born with a caul covering her head. This is a common sign among the Xhosas that a child can be a traditional healer. Her parents knew from the beginning that she was endowed with special psychic abilities. As she was growing, she was visited by the spirits and experienced visitations. She also had visions about her training as a healer and where she would be trained. She went to a *moprofiti* (faith healer) but the experiences did not stop, and eventually she went to traditional healers, who said that her ancestors wanted her to become a healer. She then went to train as a healer in Swaziland where her visions sent her. Her training took 15 months.

Monnig (1978) and Maseko (1992) in Freeman (1992), explain ways of inheriting traditional healing and how the particular person is trained. According to Monnig (1978), amongst the Pedis, a child will usually accompany his father or grandfather in searching for medicines, carrying his bag, and in this way gradually acquire the essential knowledge. If he wishes to train as a traditional healer, he enters a type of apprenticeship with an established *ngaka*. No payment is required from son or grandson, and naturally not all sons of traditional healers become traditional healers themselves, only those who show interest and prove to have some ability.

Maseko (1992) in Freeman (1992) describes an experience of learning traditional healing. He says that he was taught the use of herbs when he was eight years old. He also practised bone throwing because he was his grandfather's attendant, which in Swazi is called *Luhlaka*. He practised being a nurse aide, digging herbs, collecting bark and roots, brewing herbal mixtures and treating patients. He was also a dreamer about of the kinds of herbal mixtures to be used for their patients. He further stated that it takes a Swazi healer 3 to 5 years to become a qualified healer, which involves years of full study and some of full practice under a trainer.

The Pedi's traditional healer pays his trainer one beast known as *khumo la moraba*, which means "to loosen the bag of the divination set". It takes a traditional healer 3 years to train. The initiate is treated with the heart of an eagle and the fat of an ant-bear to enhance his abilities. He learns chiefly through observation. He is also given the opportunity to learn how to cast the divination bones and is formally instructed at the time, and later tested (Monnig, 1978).

"Calling", as a result of ancestral spirit possession which is inherited from a deceased healer in the family, is common amongst the Shona people (Chavunduka, 1978). Chavunduka (1978) conducted a study with 145 traditional healers and found that 120 of them inherited their healing spirit and 25 received some form of medical instruction. Amongst the ones who inherited their healing spirit, there were some who grew up in a family where there was a healer and they therefore also learnt a great deal about medical
practice before the death of the old man or woman.
The Shona traditional healers believe that there are two spirits guiding them:

- The *Mudzimu*, who is the deceased healer in the family.
- The *Shave*, who is an alien spirit.

When a person is about to be possessed by the spirit of a deceased practitioner, the person usually becomes ill. The illness might be seen as normal at first, but later it becomes clear to the people involved that the illness is abnormal. A diviner is then consulted and a ritual ceremony follows, at which beer is offered to the spirit. The spirit is then accepted and honoured and the possessed individual begins his medical practice (Chavunduka,1978).

Writers such as Van Rensburg, Fourie and Pretorius (1992), and Abdool-Karim et al (1994), found that traditional healers possess ancestral spirits. In addition to this, they write that traditional healers can be called by spirits which are ascribed principally to sorcery.

After an analysis of case histories of Xhosa-speaking diviner-healers in the Transkei, O'Connel (1982) in McClain (1989) and Buhrmann (1984) interpreted ancestral calling to the healing role as a response to acute stress. The person interpretes the stress as a misfortune caused by unhappy ancestors.

2.5 MALE AND FEMALE TRADITIONAL HEALERS

Authors like McClain (1989), Mitchell (1981), Frank (1974) and Lambert, Shapiro and Bergin (1986) in McClain (1989), suggest that women should, on average, be more effective at healing than men because they tend to be more caring and nurturing in nature.

In 1981, Staugard (1986) conducted research in Botswana regarding traditional healers. The results showed that out of 3100 traditional healers, 84% were male and 16% female. However, the majority of traditional midwives in Botswana were found to be female. Male midwives were unknown.

2.6 RURAL AND URBAN TRADITIONAL HEALERS

According to Pretorius (1991), traditional medicine exists in both rural and urban areas. Staugard (1986) argues that most traditional healers are to be found in rural areas. This was evident in the findings of a survey he conducted in Botswana, which showed that, out of the 3100 traditional healers involved, 95% lived in rural areas. This is supported by Maseko (1992) (in Freeman 1992), who reports that 80% of the country's African population live in rural areas, where there are no modern facilities for treatment. She maintains that Swazis are strong supporters of African traditional customs and cultures. They believe strongly in traditional healing. The Swazis maintain that traditional medicine and the Swazi culture go together.

Chavunduka (1978) distinguishes between rural and urban healers. He argues that rural healers have a higher reputation than those operating in the urban areas. Most urban healers are not as well qualified as most rural healers. For example, urban traditional healers are seen as herbalists. They tend not to do divination themselves, nor advise their clients first to seek a diviner to find out the spiritual cause of their illnesses. Urban healers publicize their practice. They receive fees before the illness is cured.

Rural healers are seen as understanding kinship ties and therefore can link patients with kinsmen. The kinsgroup participate in the treatment. Some urban people contact rural healers because they are ashamed of being seen at the urban traditional practitioners' place of healing by those who know them. This is because urban people are more influenced by western values therefore traditional healing in urban

communities is sometimes associated with being uncivilized.

2.7 TABOOS AND PRACTICES OF TRADITIONAL HEALERS

Chavunduka (1978) identified taboos and practices which govern the behaviour of traditional healers amongst the Shonas.

They are not allowed:

a) to take western medicines;

b) to drink beer, tea or coffee or to get drunk;

c) to eat beef, chicken, fish, curry, tinned food, or onions.

d) to eat wild animals, rats or pork;

e) to have sexual intercourse with any man or with prostitutes, or to perform an abortion, or

f) to steal or bewitch anyone.

All African ethnic groups will have some taboos governing the behaviour of traditional healers. However traditional healers will adhere to those they strongly believe affect their functioning. These also depends on the cultural values of a particular community.

2.8 SOCIO-ECONOMIC ISSUES AND TRADITIONAL HEALERS

Studies in Botswana by Staugard (1985) have shown that the higher the proportion of underprivileged people in a given area, the higher the number of traditional healers. They also showed that the major socioeconomic characteristics of the traditional healers are similar to those of the majority of the population. A higher percentage of the people with no formal education chose traditional care than the groups with some formal education (Staugard, 1985). However, we are not sure if this is true in other communities.

2.9 CAUSES OF DISEASE

Traditional healers' treatment depends on the cause of the illness. The causes of illness are more important than the symptoms. Traditional beliefs about the causes of illnesses differ from community to community.

According to Staugard (1985), the well-being of the individual depends on traditional beliefs, not primarily on the person's own beliefs. The person's relations and connections with others are considered to be very important in diagnosing the cause of the illness.

In support of this, Gumede (1990) says that Africans believe in a supreme being whom they worship without seeing. He is known by different names in different African societies. For example, *Tixo* (among the Xhosa), *Tilo* (Tsonga), *Modimo* (Sotho) and *Umvelinqangi* (Zulus). Gumede goes on to say that the ancestors are man's envoys to speak on behalf of the people to this supreme being. The ancestors have a bond with the living ones.

Health and ill health are held in a state of fine balance through this bond of friendship between the living and the dead. Constant sacrifices, such as slaughtering a goat, keep the social equilibrium in a state of fine balance (Cullinana et al, 1992). The spirits have the welfare of the people at heart. The individual African must lead a life that satisfies the happy throng of family spirits in the ancestral world. The ancestors make their wishes known through dreams or illness (Van Rensburg et al, 1992).

The Pedi also believe in life after death. They see lack of respect to elders as lack of respect to ancestors, as when the living are dead, they will not forgive you (Monnig, 1978).

This is also evident among the Batswana. They believe that one of the most common ways for the *Badimo* (ancestors) to express disapproval of the behaviour of one of their earthly relatives would be to cast disease on them (Staugard, 1985 and Freeman, 1992).

Makhubu (1990) also found that the Swazis believe that diseases and misfortunes arise as a result of ancestral anger or the great evil powers of *umtsakatsi* (the evil person considered to be responsible for inflicting suffering and sorrow on his fellow-men). Chavunduka (1978) found the same belief in the Shona community.

Van Rensburg et al (1992) perceive disease amongst Africans to be the result of natural and supernatural forces, ancestral spirits, violating taboos, transgressing kinship rules or failing to observe religious obligations. According to them, conflict manifests itself both horizontally (relatives, neighbours, etc), and vertically (ancestors who influence an individual's relationship with living relatives).

They further write that African people believe that people are often major causes of illness. They inflict pain and misfortune through witchcraft. They identified three stages of causality of African illness which are often expected to be identified by a traditional healer when treating a patient. They are the following:

a) Immediate cause:- The traditional healer will reveal what was done to the person and what was used to cause the illness. For example, whether the person was bewitched through poisoning or not.

b) Efficient cause:- Who caused the person to be ill. The traditional healer has to reveal whether the illness is caused by ancestors or friends or families through witchcraft.

c)Ultimate cause:- What the reasons are for causing this misfortune or illness to this particular person at this particular time.

Recent studies in western South African hospitals confirm that these beliefs are currently held. For example,results of research among parents from the Rehydration Ward at the Red Cross Hospital showed that parents believed that the causes of illness could be attributed to ancestors and spirits (Yach and Arendse, 1991).

Research at King Edward VIII Hospital concerning the experience of black parents whose child was born with profound congenital defects showed that the parents carried out traditional rituals in an effort to bargain with the supernatural powers that were considered responsible for the defect. They hoped that through the ceremonies the ancestors would reverse the situation (Mabaso and Uys, 1990).

The same beliefs were found among Xhosa speaking patients in the provincial hospital in a rural town in the Eastern Cape. They believed that people suffered ill health as a result of supernatural factors (De Villiers, 1991).

Another research project investigating the experiences of sickness and healing of poor, rural families in Lebowa, showed that parents believed that the ancestors were responsible for causing illness (Hugo, 1992).

A further study showed that other African people believed that if their children were stricken with a serious disease, or if the parents became ill, then witchcraft was suspected (Lewis, 1990). For example the Tswanas believe that the disabilities in

children for example dumbness, squinting, mental handicap and or physical disability are caused by the father sleeping with other women while the mother has a newborn baby, or by the woman who sleeps with other men during pregnancy (Staugard, 1986).

2.10 TREATMENT

Makhubu (1990) identified nine methods of treatment amongst the Swazis, which are widely used by other African people throughout South Africa. They are the following: *Kugata, Kucatseka, Kuhlanta, Kufutsa, Kugeza, Kubhunyisela, Kucapha, Kuhlabela, Kumunya and Luhlemane*. These methods will be discussed under the following headings: Diagnosis, Prevention and Treatment.

2.10.1 DIAGNOSIS

Makhubu (1990) and Staugard (1985) found that amongst the Swazis and Tswanas traditional healers do not question the patient about his illness prior to the casting of the bones. They cast the bones first to determine the causes of a disease. The holy bones which are ultimately seen as being directed by the *Badimo* (ancestors), will clarify the diagnosis. The traditional healer and the patient will talk about the findings from the bones and agree if what the bones have reflected is true.

2.10.2 PREVENTION

In Botswana often newborn infants are treated either externally or internally with herbal concoctions in order to prevent disease or misfortune (Staugard, 1986).

KUGATA - is similar to vaccination in western medicine. Two small cuts are made on the body surface by means of a razor blade or a piece of glass. The Pedis use a scalpel for making incisions and a needle for blood-letting (Monnig, 1978). The

cuts are deep enough to cause bleeding. The medication is then applied by rubbing, and thus enters the patient's system. *Kugata* is used as a preventive as well as a curative measure. For example, it can be used as an anti-snake medication to provide resistance against snake poison or for pain resulting from aching knees, broken bones and urinary failure.

Chavunduka (1978) found that in the Shona society a large number of medicines are used for preventative services and charms. They confer immunity against specific types of illness or protect the individual against misfortune. For example, the Shona soak five different roots in water and bath the baby twice a day in the mixture. After six days, if the baby is strong and healthy, the roots are thrown away. However, if the baby is not well, the herbal baths are continued for 2 months. At six months another medicine is given to prevent convulsions. The baby is bathed in this preparation for three weeks (Chavunduka, 1978).

In the Rehydration ward at the Red Cross War Memorial Children's Hospital, Yach and Arendse (1991) found that many children under five years of age wore strings around their bodies. The parents believed that these strings protected the children from evil spirits which might be harmful to the child and cause different kinds of diseases.

Yach and Arendse (1991) identified three preventative methods:
Isipaji - is a small bag containing medicines that is worn around the neck of children under two years of age. Parents believe that if a child does not wear the *isipaji*, evil spirits will enter via the fontanelle and cause it to sink and death will result.

Intambo - is a coloured string that is worn by older children

around the stomach. It also protects the child against evil spirits.

Imbeleko - is a ritual of slaughtering a goat for a child before the age of six. This sacrifice introduces the child to the ancestors and defines the child's place in the paternal lineage, and by so doing, the child is placed under the protection of the ancestors.

Isipajis and *Intambos* are readily available from traditional healers for a fee a about R30,00. *Imbelekos* can be performed whenever the parents have a goat.

2.10.3. METHODS OF TREATMENT

The mode of healing used by traditional healers is both sacred and secular (Helman, 1984 in Yach ; Arendse, 1991 and Staugard, 1985). The patient is treated not as an individual physiological entity but as a physical, social and spiritual being (Yach and Arendse, 1991 ; MacClain, 1989). When treatment is sought and provided, all three dimensions are addressed, according to the perceived aetiology of the condition.

KUCATSEKA (enema) - is used extensively for babies and small children as a tonic (*timbita*), and as cure for indigestion. The enema is considered a good habit for keeping the baby's stomach clean and improving the appetite.

KUHLANTA - an extract of medicinal herbs is made in water. The mixture is stirred vigorously to produce considerable foam before it is taken. Up to a gallon of the solution can be drunk, and vomiting is then induced by inserting a feather or finger into the back of the mouth. This is used:

a) for coughs believed to be caused by disorders of the chest or the presence of a foreign body;

b) for excess bile which causes dizziness;
c) for general bad luck and
d) to promote the general well being of the individual.

KUFUTSA AND *KUGEZA* - these two go together. A hot herbal preparation is drunk, followed by a bath in the same solution, is prescribed for a variety of ailments. Both are used for skin ailments, painful bruises and colds.

KUBHUNYISELA - involves inhaling, and more than any of the others this method uses animal materials, such as skin, fat and hair. These are placed on red hot coals on an open surface, such as a piece of clay-pot. The patient kneels and inhales the fumes under a cover. Several people can be covered together and receive the treatment at the same time. The residue from the burnt medication is powdered and added to water to be given orally. This method is used for newborn babies, to increase their resistance to disease and evil spirits in their environment.

KUCAPHA - the burnt medication is dissolved in water on the hot surface and, using the finger tips, the liquid is placed on the tongue and may be swallowed depending on the nature of the medicine.
In Botswana abdominal discomfort (*diphilo*), is treated by slaughtering a goat, removing the kidneys and cooking them with herbs called *totamadi* and *sekamane*. The patient takes this as soup. The symptoms subside after this treatment (Staugard, 1985).

KUHLABELA - is used to treat sprains and fractures. The nature and extent of the injury is first determined. A variety of herbs is given orally to improve circulation and to prevent swelling.

If the flesh is exposed, herbal powders are applied to the open wound to speed up healing. During the recovery period, aqueous extracts to improve the circulation continue to be taken orally.

KUMUNYA (sucking) - a horn which is open at both ends is placed on the affected part, for example the chest, and then a vacuum is created by sucking at one end of the horn. In this way, blood or the foreign particles believed to be causing the illness, are drawn out of the system, thus relieving the patient. This method is used to remove blood from the temple veins of sufferers of migraine headaches. Bleeding patients by application of leeches, is reported in modern medicine.

LUHLEMANE - when a patient fails to respond to all types of medical treatment, for example herbs, the traditional practitioner usually attributes the sickness to some psychic phenomenon which affects his/her somatic responses (psychosomatic disorders).

Treatment may involve the administration of mind-changing drugs, orally or by inhalation. In this mind-altered state, the patient talks freely about his sickness, usually naming the *umtsakatsi* (witch), and also relating how the disease came about. The effect of the drug can last up to two hours, after which the patient comes round and receives treatment in the normal way, for example either oral treatment or bathing with mixed herbs.

During sacrificial occasions, the *Inyanga* or *Ngaka* is invited as a healer for treatment. He is the one who orders that a goat be slaughtered, or he slaughters it. When it bleats, it summons all the family ancestral spirits to assemble at the house to assist in the healing of the patient (Gumede, 1990). Sacrificial occasions are very important as they link the living with the dead (ancestors), although they involve a large investment of time, money and effort (Gilman et al, 1992).

Staugard (1986) states that the care of the umbilical cord is a significant task of traditional midwives in Botswana. They use razor blades and scissors to cut off the baby's cord after the placenta is delivered. The Zulus use the sharp edge of a reed to cut it, and they cut only after the pulse stops. Following the cutting of the cord, infants are commonly bathed in warm water. Some societies add herbs, oil or soap to the water.

To resuscitate a stressed infant, traditional midwives in Zimbabwe jet water out of their mouths onto the baby. In Malawi, mucous is removed by mouth to mouth suction. The Zulus pour cold water on the baby's abdomen (Staugard, 1986).

Lilian Simon (1993) spoke to a traditional healer who sometimes helped the police to search for missing human bodies. This traditional healer was once called by the police, who had found a head in Zoo Lake and did not know where the body was. She threw the bones and then knew where to look for the body. She has also helped to look for lost children.

2.11 CONCLUSION

From the above discussion, it is evident that the approach of traditional healers is holistic (Freeman and Motsei, 1991).
In relation to this, Booyen (1985) in Van Rensburg et al (1992), says that the "Black" conception is that people do not exist as isolated beings but that they are dynamically enmeshed in a web of relationships and influences with other people, spirits and nature.

Therefore they need a health care system which attempts both to correct both the physical disability of the patient and to undertake a reconstruction of meaning by which the patient and

all those involved with the illness episode can make sense of the new set of circumstances encountered (McClain, 1989).

The following chapter will focus on comparisons between traditional medicine and western medicine, and how the two systems can be linked.

CHAPTER 3

TRADITIONAL MEDICINE AND WESTERN MEDICINE

3.1 INTRODUCTION

The literature reviewed suggests that many Africans in South Africa find themselves living under the influence of two cultures - the western and the traditional systems (Staugard, 1986). Research findings have also shown that many Africans make use of both traditional and western medicine simultaneously (Ledwaba, 1994, Harrison et al, 1993 and Christie, 1991). Therefore, it is suggested that there is a need to link both systems and to focus on both western and traditional healers' importance to African people (Odebiyi, 1990).

Finau (1970) argues that western scientific medicine should not be the only yardstick against which other healing practices are measured. The ultimate yardstick for measuring effectiveness should be the ability of a healer to restore the physical, mental and social well being of individuals.

Odebiyi (1990) argues that, before focusing on the integration of the two medical systems, one should be convinced of the usefullness of both western and traditional systems, and be aware of the advantages and disadvantages of the two systems as they are different.

3.2 AN OVERVIEW OF WESTERN MEDICINE

Finau (1970) defines western medicine as a way of treating diseases by the application of scientific methods. He suggests

that the essential difference in traditional medicine is that the body of knowledge is universally accessible, and is not specifically or commonly exclusive to a given community.

Downie and Charlton (1992) add that the general aim of western healers is to promote good health. In order to do this, they are assisted by paramedicals (for example nurses) who work with them in a team. The paramedicals aims are also to promote good health. However the ultimate goal of relieving physical and mental sufferings in people is the western doctors' responsibility. Western doctors' treatment is either biochemical or surgical.

According to Vogel (1991), the most important achievements made by western medicine are in areas such as diagnosis and treatment of infectious diseases. He describes diagnosis as the recognition of pathological conditions.

Downie and Charlton (1992) say that western medicine is based on a biomedical model which suggest that physical dysfunctions in people partly cause diseases. They continue to argue that western medicine is not just about illness and disease but is also about caring for and even curing people who have illness and diseases.

In the next section we will focus on the similarities and differences between traditional and western medicine.

3.3 SIMILARITIES AND DIFFERENCES BETWEEN TRADITIONAL AND WESTERN MEDICINE

3.3.1. SIMILARITIES

Traditional and western medicine both have the same goal, namely

that of helping the sick. Their aim is to cure the illness if they can and to comfort the sufferer and his or her relatives (Gumede, 1990). They both have a status in the community and follow a process in their training and treatment.

Finau (1970), argues that the clinical practices of traditional and western medicine are not isolated, but integrated into a complex network of beliefs and values. In all societies, treatment of diseases, as well as preventative measures, follow logical beliefs regarding causation. Although the approaches of the traditional healer and the western doctor to treatment are different, they do have common goals.

This section will focus on similarities in terms of prevention and treatment.

PREVENTION

The traditional taboos which aim at preventing illness are also seen as corresponding to preventative health measures in the western medical system.

For example, Yach and Arendse (1991) associate the *isipaji*, which is a string around young children's bodies, worn to protect them from `evil spirits ' in the atmosphere, with the vaccination that protects children against germs in the atmosphere.

TREATMENT

Harrison (1980) in Pretorious (1991) states that the counterpart of herbalism in traditional medicine is found in pharmaceutical services in western medicine, and that traditional midwifery

corresponds to the area of maternal and child health.

Harrison (1980) maintains that the surgical aspects of western medicine correlate with ritual manipulations such as bone setting, blood-letting and the extraction of foreign objects.

In Uganda, a total of 292 traditional healers from five districts were interviewed to discover how diarrhoeal diseases were treated by them. It was found that 42% of their patients were treated using water as the main vehicle for their herbal preparation. They advised their patients to take as many fluids as possible. These findings indicate that traditional healers use the same method of oral rehydration therapy as western medicine. Only their techniques needed improvement (Anokbonggo, 1990).

3.3.2. DIFFERENCES

Gumede (1990) in discussing traditional medicine in Mozambique identified major differences between traditional and western medicine. His classification is useful in examining the differences in general.

Origin

Western healers are western in origin and were imported into Africa. They are commonly known as doctors or medical practitioners.

Traditional healers, on the other hand, are indigenous and African in origin. They are known as medicine men, *Dingaka*, *Gqira*, *Izinyanga*, and all the names used mean 'healer'.

Training

Western healers take seven years after completing school to train as doctors. They have to have the necessary means and entrance qualifications to enter a medical school. For example, a person should have good matric results (matric exemption) with science and mathematics as major subjects. They can also study further to become specialists in their practice as doctors. For example they can be psychiatrists specialising in mental health.

The training of traditional healers is via knowledge passed from father to son, or from Master *Inyanga* to trainee, apprentice, journeyman and full blown *Inyanga*. Training takes a life time. The constitution of the *Inyanga's* National Association prescribes a period of ten years. During this period, they can practice under an experienced traditional healer.

Aetiology of Disease

In western medicine, aetiology of disease is partly based on the germ theory which maintains that diseases are caused by germs in the environment. The aim of western healers is to find the offending organism and deal with it, using pharmaceutical technology now available to western medicine.
According to traditional medicine, aetiology is man-made through the agency of a spirit. The traditional healer is not only expected to diagnose the malady from which the patient is suffering, but should be able to decide whether or not he or she has been bewitched and if so by whom?
McClain (1989) also points out that western healers concern themselves mainly with physiological distress, whereas traditional healers place physical distress in a larger social context. For example a physical distress can be associated with

ancestors' dissatisfaction with a person or witchcraft.

Diagnosis

For western healers, diagnosis entails what caused the illness. The doctor takes a history first and then diagnoses the patient.

The traditional healer is concerned not only with what illness the patient has, but also who caused the illness. According to De Villiers (1991), the traditional healer informs the patient fully about his condition without the patient telling him anything about himself. The patient consults the traditional healer with the knowledge that he will be fully informed about his condition without having to describe his symptoms.

Treatment

The western healer's treatment is specific, individualized and streamlined to meet the presenting problem. The western healer treats the disease, destroys the germs in the body and the patient will be well.

The traditional healer's approach on the other hand is holistic. Man is seen as a total being, including his body, mind and soul. Therefore, healing is a total process involving the living, the dead, supernatural forces and the patient.

The traditional healer treats the patient within his physical, spiritual, emotional, past and present environment. The approach is based on cultural values.

According to Vogel (1991), traditional healer's medicines, compared to western medicines lack standardization. One cannot tell the strength of the chemicals in a dose.

3.4. DUAL CONSULTATION OF TRADITIONAL AND WESTERN HEALERS

Research done by De Villiers (1991) to investigate beliefs and behaviour in transcultural health among Xhosa-speaking patients in the Eastern Cape, found that dual consultation of a western doctor and a traditional healer was common. Western doctors were only consulted for medication for symptom relief, before going to a traditional healer.

As mentioned earlier studies at Red Cross War Memorial Children's Hospital and Ga-Rankuwa Hospital showed that prior consultations with a traditional healer were evident from small scratch marks on a patient's body or advanced symptomatology produced by the traditional healer's medicine (Harrison et al, 1993 and Ledwaba, 1994).

The patients also stated that they were consulting traditional healers on discharge from the hospital to determine the cause of an illness, the actions that were necessary to prevent its recurrence, or for alternative treatment if that of the doctor was regarded as ineffective or inadequate.
This was also the researcher's experience at the two hospitals.
In Botswana, Staugard (1985) also found that people showed interest in both traditional and western doctors.

A study in California on the influence of refugee traditions on the use of western services, showed that the Mien used more than one therapy for diseases, including a combination of western medicine, Mien traditional herbal treatments and spiritual rituals. This study demonstrated that the Mien have not abandoned traditional methods of healing, although they have accepted western medical care (Finau, 1990).

South African traditional healers very often accept that in

certain instances western medicine is preferable, and can cure health problems which they cannot but will still believe that their system of healing is extremely powerful and necessary (Freeman, 1992).

In supporting the above writers a comment by a parent from Lebowa who shared her opinions about experiences of sickness and healing will be quoted:
"It is important to consult ancestors through traditional healers before going to the hospital so that they open the way and also bless the medicines that western doctors give. If I do not do that, the medicine will not work because the ancestors will not be happy about that" (Hugo, 1992).

In conclusion, Pretorius (1991) states that the utilization of western medical services by non-westerners does not mean that their own traditional ideas are abandoned.

3.5 LIAISON BETWEEN TRADITIONAL AND WESTERN HEALERS

Pretorius (1991) suggests that, for any linking programme to be successful, it is important that the authorities responsible for health care delivery, the health care workers trained in western medicine, the traditional healers, and the users of these services cooperate .

Finau (1970) emphasizes the importance of changes in the attitudes of western practitioners if the resources of traditional medicine are to be used as part of the national health care system. He says that traditional medicine must first be accepted before a rational investigation of the entire system, and study of all its different aspects is made.
In this section we will also look at the experiences of other countries which already have the liaison between traditional

healers and western doctors and then look at the advantages and disadvantages of the liaison.

Dennis and Harrison (1976) in Abdool-Karim et al (1994), noted in their study of Liberian health, that traditional healers expressed great willingness to cooperate with western practitioners. They were even willing to make certain concessions for the sake of cooperation, such as undergoing training in western techniques. However, they saw western practitioners as angry, uncompromising and arrogant people who were waiting to grab their business.

Dennis and Harrison (1976) say that most western practitioners associated traditional healing with myth, magic and a "primitive" culture that uses non-scientific techniques. They objected to traditional medicine because they have witnessed apparently harmful treatments by traditional healers, for example the use of enemas as treatment for patients with kwashiorkor or severe dehydration.

Abdool-Karim et al (1994) add that many studies in Africa (none from South Africa) have indicated that western practitioners felt that they were more effective than traditional healers, and were therefore reluctant to have close professional contact with traditional healers.

In Nigeria, western trained nurses supported the collaboration between traditional and western healers, but felt that they should occupy the superior position, and the traditional healers should work under them (Odebiyi, 1990).

On the contrary, however, Christie (1991), found that a dialogue group between traditional and western healers in Norway yielded positive results. For example, the general use of traditional

healers grew during the period, and patients were not afraid to tell western healers that they had consulted with traditional healers.The group served many purposes:

a) It brought different kinds of practitioners closer.

b) It allowed them to meet as professionals and as human beings whose primary goal is to help patients.

c) It helped to prevent confrontation.

d) It created understanding and respect between practitioners.

e) It allowed them to hear and experience what other professionals were able to do for patients.

f) Barriers between professions were broken down.

g) The healers became more attentive to what the patients saw as their needs.

h) More referrals were sent to alternative care.

i) Better health care for patients resulted.

3.6 ADVANTAGES AND DISADVANTAGES OF THE LIAISON BETWEEN TRADITIONAL AND WESTERN HEALERS

Pretorius (1991) points out that liaison between practitioners of traditional and western medicine can be fruitful in programmes aimed at altering health behaviour or the attitudes of the target groups. She listed a number of the advantages and disadvantages of liaison between traditional and western systems.

3.6.1 ADVANTAGES

If there is a liaison between traditional healers and western doctors, health care knowledge would be improved and this would benefit everyone especially in terms of extended and more efficient population coverage.

Western medicine would benefit from the liaison as the problem of inappropriate cultural or technological approaches would be

avoided. Secondly, when excessive demands are made on the inadequate supply of health care workers, the problem could be alleviated by the mobilization of traditional health care resources.

Patients would benefit more from such a venture because of accessibility as well as the appropriateness of health care. Appropriate referrals between traditional healers and western doctors could be made in cases of serious or extraordinary conditions as both healers would have better knowledge of the two health care systems.
Traditional healers could also benefit from the liaison by improving their skills and knowledge as they do not have standardized training. This could be done through contact with or actual training in western procedures. Additional skills could also generate increased income.

3.6.2 DISADVANTAGES

The different views regarding illness aetiology, treatment methods, religious principles, morbidity and mortality held by the healers of the two medical systems constitute fundamental obstacles to mutual understanding which could lead eventually to legitimising the traditional medical system.

The fact that traditional medicine is governed by secrecy, means that healers would be hesitant to divulge much information about their practice. Standardisation of traditional medicines could be impossible because of the considerable variation in the recipes of traditional healers.

The fact that traditional medicine practices are based on supernatural powers makes it difficult for those working in the western sector difficult to accept the practice.

3.7 COOPERATION BETWEEN TRADITIONAL AND WESTERN HEALERS

Pretorius (1991) and Van Rensburg et al (1992), describe systems which regulate the practice of traditional medicine i.e. the inclusive (parallel) system and the integrated system.

3.7.1 The Inclusive System

This system legalises the practice of traditional medicine. Both traditional and western medical systems co-exist. The traditional system has to be highly formalized, meaning that the system must also possess some literature about its practice. Such systems are not to be found in Africa, but may be found in parts of Southern Asia, such as India.

3.7.2 The Integrated System

In this case, modern and traditional medicine are united in terms of medical training, and jointly practised in one unique health care system. The integrated training of both traditional and western health practitioners is an official policy. This means that both traditional and western healers can be trained in one institution. This system is found in China and Nepal (Staugard, 1985).

Pretorius (1991) further suggests that traditional medicine can be made relevant in either of the following ways, namely cooperation (complementarity) or integration.

3.8. COOPERATION

3.8.1 Cooperation

Cooperation means that traditional and western medicine co-exist

as two independent sectors, each respecting the uniqueness of the other. It is a multifaceted process, which includes aspects such as mutual referral and the recognition of the professionalism of traditional medicine.

In Botswana (Staugard, 1986), cooperation with traditional healers has been a gradual development. The emphasis is on improving mutual understanding, especially regarding the practices and techniques of the traditional practitioners. Staugard (1985) suggests that cooperation with traditional healers could be made possible at central, regional and local levels.

a) Cooperation at Central Level - This would occur in relatively small communities. Central, interministerial committees would have to be capable of performing the coordination of health care work, and of taking initiatives at the national level.

b) Cooperation at Regional Level - The formation of rural health committees should be encouraged. Chairmanship should rotate between western and traditional healers.

c) Cooperation at Local Level - This is an important aspect of a national cooperation policy, as it would secure local community participation. In primary health care, particularly in preventative work, cooperation should be initiated by the village health committees. Patients could be discussed daily by the healer and the nurse at the clinic.

3.8.2 Mutual Referral

In order to effect cooperation between traditional and western medical practitioners by means of a system of mutual referral, it is imperative that each type of healer take part in some

basic training pertaining to the types of care offered by the other. This would enable them to refer patients to the "alternative" when appropriate.

Pretorius (1991) adds that this process would have the further advantage that practitioners could incorporate some of the ideas and practices employed by their counterparts, thus improving their own practice. Quality care for patients could also be improved. Staugard (1985) adds that mutual referral systems would reduce the failure rate in effecting cures.

3.9 INTEGRATION

This refers to the utilisation of traditional healers in the official medical sector as an inexpensive way to extend the availability of efficient medical services. According to Pillsbury (1982) in Pretorius (1981), this entails the recruiting of traditional healers into a newly established scheme of community health care workers, and training them in a new repertory of tasks. The integration of traditional midwives into the official medical sector in countries like Botswana has been a success (Staugard, 1985).

3.10 PROFESSIONALISATION OF TRADITIONAL MEDICINE

This encompasses the institution of more standardised empirically-based training for traditional healers, the adoption of aspects of western medicine, and especially the establishment of traditional healers' associations.

Staugard (1985) sees this professionalisation as governmental control over activities of traditional healers by means of laws and regulations. In addition, McCormack (1986) and Staugard (1986), in Pretorius (1991), state that the process of professionalisation will alienate the traditional healer

socially and culturally from his local community. They further state that it would run the risk of forcing the traditional healer to concentrate on those elements of traditional medicine, such as herbalism, which could be accommodated within the framework of modern medical thinking.

3.11 COLLABORATION ATTEMPTS IN SOUTH AFRICA

According to Abdool-Karim et al (1994), in South Africa, traditional healers have no legal standing and are not officially recognised as health care personnel. However, in 1974, attempts were made to control traditional healers through registration with the South African Medical and Dental Council.

In contrast to the above, Gumede (1991) refers to two occasions when physicians were prevented by ethical rules from referring patients to African healers. Despite these obstacles, commendable individual attempts at collaboration have been and are still being initiated.

Abdool-Karim et al (1994), refer to institutions in South Africa in which experiments involving collaboration between African traditional healers and western medical personnel were conducted.

At Medunsa, African traditional healers participated alongside western medical personnel. Patients were referred by one group to the other and vice versa. Meetings to discuss drugs and other treatments were held. When herbal medicines used by the traditional healers were analyzed at the university laboratory, therapeutically active ingredients, as well as harmful agents, were identified.

Abdool-Karim et al (1994), listed other institutions which

established professional meetings and exchanges between traditional healers and western medical personnel. They are as follows:

a) The Valley Trust, through the efforts of Doctors H.H. Stott and I. Friedman.
b) Underberg Hospital, under the auspices of Sister M. Nhleko.
c) In the North-Eastern Transvaal, the Health Services Development Unit of the University of the Witwatersrand, which runs primary health care courses for nurses.
d) George Masebe Hospital invited traditional healers to primary health care meetings and workshops. The problem of communication between traditional healers and western medical personnel was discussed, and it was agreed that there was a need to learn about each other.
e) In KwaZulu, since the early 1970's, Doctor Gumede, the then Secretary for Health, encouraged traditional healers to form associations in order to facilitate registration and licensing.

Work in this area has also been conducted in other countries. For example, in 1977, at the Frelimo Congress, an open discussion was held regarding the practice of traditional healers in western health settings (Jurg and Marrato, 1992). Traditional healers started to demand some kind of written document to prove that they were professionals in their field. From the health perspective, they were considered key informants regarding medicinal plants.

In Botswana, a statement of strengthening cooperation with traditional healers was adopted in the National Development Plan between 1979 and 1984 (Staugard, 1986). As a result, most clinics held monthly meetings and occasional seminars with practitioners from the traditional sector, such as *Dingaka*, faith healers and traditional midwives.

3.12 CONCLUSION

Although traditional healers do not have legal standing yet in South Africa, it seems that existing collaboration attempts are well accepted by western medical personnel and patients benefit from this collaboration.

Abdullah (1993), says that people should be encouraged to promote beneficial traditional practices and active steps must be taken to discourage harmful practices. These steps should include public education campaigns and improvement in communication between medical professionals and their patients. Willingness to collaborate in some way should be expressed, as has been the case in some other developing countries.

The following chapter will describe the methodology used in conducting this study.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

In this study, I wanted to gain familiarity with the phenomenon of traditional healers, and to achieve new insights into the issue of linking traditional healers to modern health settings. This issue is still under debate, and there is little research on the subject. Therefore, the use of an exploratory study was the preferred method of choice, since it taps the opinions and insights of those familiar with the phenomenon (Polansky, 1975).

According to Polansky (1975) in the absence of conceptual leads or strongly held hypotheses, some type of exploratory study is the best strategy. He adds that the purpose of an exploratory study is to gain familiarity with a phenomenon, or to achieve new insights into it, often in order to formulate a more precise research problem, or to develop hypotheses.

4.2. RESEARCH QUESTIONS

i. Whether traditional healers are still being widely used by Africans.
ii. Whether Africans consult with both traditional healers and western doctors simultaneously for the same problem.
iii. Which diseases are treated by traditional healers and western doctors.
iv. Which methods of treatment in traditional healing are preferred.
v. Whether Africans will support the idea of linking traditional healers to western health settings.
vi. If yes, how should they be linked.

vii. If no, what are the reasons for not linking them.

4.3. The Population

The population consists of African parents or caretakers of children in the out patients' departments and the wards at the Red Cross War Memorial Children's Hospital. There are 17 wards, which are similar in size, each accommodating about 20 children. The out patients' departments include the general medical, surgical and specialist clinics. There are about four different specialist clinics each day, and about 400 children per day are seen at each clinic. The general medical clinics see about 600 children, and the surgical clinics see about 300 children per day.

4.4. The Sample

The sample consisted of 30 African parents or caretakers. Seventeen of the parents or caretakers were selected from the seventeen wards, one from each. Thirteen parents or caretakers were selected from the out patients' departments. Six were from the general medical clinics, four from the specialist clinics and three from the surgical clinics.

4.5. Sampling Procedure and Rationale

Systematic, random probability sampling was used as a procedure for selecting the sample. From the wards, the first African patient admitted on the day that I was sampling in that particular ward, was selected.

From the specialist, general medical and surgical clinics, the first African parent in every one hundred patients was included

in the sample. According to Babbie (1973), systematic, random probability sampling ensures similarity and representativeness, and gives each member of the population an equal chance of being selected. In this study, I wanted the sample to be representative of the different departments at the Red Cross War Memorial Children's Hospital. However the in-patients are over represented in the sample. As generalisabilityis not claimed in this study, sampling will not be a major issue.

4.6. Method of Data Collection

4.6.1. The process

a) A focus group, as a qualitative method for gathering data, was used to offer the researcher a chance to develop an interview schedule which is grounded in participant understanding of the topic (Folch and Frost, 1981).

b) A pilot study was conducted on the questionnaire that was developed from the focus group. Question 3 of section B of the questionnaire was altered. For example, the question included a yes\always and sometimes columns. The yes\always column was changed to a yes only and the sometimes column was deleted.

Question 3.1 had a list of examples of diseases taken to both traditional healers and western doctors. The list confused the respondents and did not allow them to give their own opinions. The question was changed to an open - ended question so that the respondents could give their own examples.

Question 3.2 was added to the interview schedule as it seemed important to know the diseases that African people take to western doctors only.

c) Data was collected through a structured interview, in which

the interview schedule was used.

4.6.2. Instruments

a) For the focus group, the general research questions were used as a discussion guide. The research questions led to more specific issues, which were useful in the formulation of the questionnaire (see **Appendices A and B**).

b) An interview schedule was used for data collection (see **Appendix B**). It was used to:
i. investigate the extent to which, and the reasons for African parents or caretakers consulting with traditional healers;
ii. investigate their opinions as to whether there should be any link between traditional healers and western health settings;
iii. if so, how should traditional healers be linked to western health systems.

The questionnaire assumed a variation format, with open-ended and closed questions, and yes- and no- answer questions, allowing for general comment to facilitate discussion of findings. An attempt to address the sensitivity of the subject was done by first asking general questions about experiences of other people with traditional healers and then the respondents' personal experiences.
The questions were constructed in English. However the interviews were conducted in the language that the interviewees were comfortable. Although I was Tswana speaking, I was familiar with a variety of African languages; for example Xhosa, Sotho, Zulu and Pedi.

4.7. PROCEDURE

4.7.1 Focus group

The sample consisted of six parents/caretakers from the mothers' rooms of the Red Cross War Memorial Children's Hospital. Mother's rooms are rooms where parents or caretakers of children admitted to the wards, stay. Only mothers who are breastfeeding, or parents living far away from the hospital (outside Cape Town) are accommodated in these rooms. Availability sampling was used.

There were 10 parents/caretakers resident at the time during which the researcher requested volunteers for the focus group. All the parents/caretakers were called to a meeting, where they were told about the subject and the purpose of the study. The group chose volunteers amongst themselves. The researcher was not present during the decision making about the volunteers. This was to make the volunteers feel no pressure in joining the focus group.

One group session, which lasted an hour, was held on the 10th September 1994. The research questions were used as a discussion guide. More detailed information on the focus group is presented in Appendix A.

4.7.2 Pilot study

After the focus group, an interview schedule was developed (see Appendix B). Six parents/caretakers were randomly selected from the wards on the ground and first floors of the hospital. The researcher asked for the permission of the parents/caretakers to involve them in the pilot study.

The purpose of the research was discussed with them, and they were assured of confidentiality. Structured interviews were held in the researcher's office by appointment. The interviews were

conducted between the 3rd and the 8th of October 1994, over a period of one week.

4.7.3 Data collection

A structured interview was conducted by the researcher with each participant. Thirty parents or caretakers were interviewed between the 24th October 1994 and the 26th November 1994, in the researcher's office.

Firstly, the researcher approached the participants to ask their permission for inclusion in the research. Appointments were then made for the interviews. The interviews were conducted soon after admission to the wards (after about 2 days), and at the outpatients departments, soon after seeing the doctor, whilst the parents/caretakers were waiting for medicine.

All the participants were assured of confidentiality. The interviews were conducted in the language that the parent or caretaker was most comfortable, for example Xhosa.

4.8. LIMITATIONS OF THE STUDY.

The primary limitations of this study are related to the fact that an exploratory study method was used as the research design since it has implications for generalizability. Further implications for generalizability are that only the opinions of Africans who have approached Red Cross War Memorial Hospital were elicited by the study and that the sample size was small. Therefore the results cannot be generalized to all Africans attending western hospitals.

Attempts were made however to ensure that the results were as valid and reliable as possible. To improve validity I indicated

my knowledge and acceptance of traditional healers and told the respondents that their childrens' care by the hospital would not be affected by their responses. Another factor that helped improve validity was that I spoke the same language as the respondents.

The use of the focus group and the pilot study was also aimed at improving both validity and reliability. Morgan and Spanish (1984) say that focus groups give the researcher access to the participants' common sense conceptions and everyday explanation. This offered the researcher the opportunity to develop an interview schedule which was grounded in participants understanding of the topic. However because of the sensitivity of the subject, the respondents might have been influenced by the hospital setting as many Africans are under the impression that traditional healers are not accepted in western hospitals. Therefore this could have made the caretakers guarded in their responses.

The next chapter will focus on data analysis. This is a descriptive outlay of data, followed by qualitative and quantitative analysis of the results.

CHAPTER 5

PRESENTATION OF FINDINGS

5.1 INTRODUCTION

This chapter presents the research findings of this study. It includes a demographic profile of the sample. The results are recorded in graphs, tables, percentages and examples of responses given by the respondents. Interview data is analyzed in terms of the variables described in the research design: knowledge of exposure to traditional healers, traditional healers' treatment, and views on linking traditional healers to western health settings. The findings of the focus group will be presented in summary, and a full description will be given in Appendix A.

5.2 FINDINGS OF THE FOCUS GROUP

5.2.1 DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS

TABLE 5.2.1

PARTICIPANT	GENDER	AGE	EDUCATION	HOME	WARD
1	Female	24 Yrs	Std 7	Urban	G1
2	Female	31 Yrs	Std 9	Urban	D2
3	Female	31 Yrs	Std 2	Rural	E2
4	Female	60 Yrs	Std 2	Rural	B2
5	Female	26 Yrs	Std 8	Urban	B1
6	Female	27 Yrs	Std 6	Urban	F1

Only one of the participants was a grandmother. The rest of the participants were mothers.

QUESTION 1 - ARE TRADITIONAL HEALERS STILL USED IN RURAL AND URBAN COMMUNITIES ?

All the participants felt that, where they came from, there were still many African people who made use of traditional healers. Most parents mentioned that they also consulted with traditional healers, and that people do advise one another that it is important to consult with traditional healers. They all agreed that traditional healers were found in both rural and urban areas.

QUESTION 2 - WHEN DO PEOPLE CONSULT TRADITIONAL HEALERS?

The following reasons were given by most of the respondents:

a) When a child is not well.

b) When there are family and marital disputes.

c) When a child has diarrhoea and is vomiting.

d) When a person has bad luck.

e) When a person sees visions in dreams and cannot interpret them.

f) When a person has *mafufunyana*, which African people believe is a disease which makes people mentally ill, and is usually caused by ancestors who are dissatisfied with the person, or evil spirits, or witchcraft.

QUESTION 3 - DO PEOPLE STILL USE TRADITIONAL HEALERS EVEN WHERE THERE ARE HOSPITALS AND CLINICS?

They all agreed that African people do consult with traditional healers even if there were hospitals and clinics available. They believed that there are some diseases that can only be cured by

western healers, and others which can only be cured by traditional healers.

QUESTION 4 - IS THERE DUAL CONSULTATION OF TRADITIONAL HEALERS AND WESTERN DOCTORS?

The respondents mentioned that they knew that both healers were important to them, and they did not want to lose either, as they play different roles. They believed that the traditional healers could diagnose the illness, and the western doctor could treat the illness. They said that sometimes western doctors couldnot detect some diseases at an early stage, i.e. before the symptoms are manifest, as African diseases are very tricky.

They also said that sometimes a disease presented itself physically, but was caused by either evil or ancestral spirits, and does not have a physical cause. Therefore, it is important to go to both the traditional healers, who will deal with the spirits, and then to the western doctor, who will treat the physical part of the disease.

An example was given which involved diarrhoea and vomiting in children. They believed that a child with this disease would lose a lot of water in the body, and would need a drip, which is given by western doctors. However, the cause could only be treated by traditional healers, as the ancestors or evil spirits were involved. If the ancestors were not happy with someone, that person, or his or her children, could present with an illness as punishment.

The participants believed that if the child were only treated by the clinic, he or she would not become better, as the ancestors would still be unhappy. The traditional healers could tell a

person how to make the ancestors happy, for example by slaughtering a goat, or how to make a child stronger, in order to protect him/her against evil spirits or witches.

QUESTION 5 - CAN TRADITIONAL HEALERS AND DOCTORS WORK TOGETHER, AND IF SO, HOW?

The participants felt that they were already working together in some places, where one could tell a traditional healer that one is using western medicines, and could tell the western doctor that they were going to consult with a traditional healer.

They personally felt that they sometimes found it difficult to tell the western doctor that they were making use of traditional healers, as western doctors did not understand the role of the traditional healers in their culture.

The participants felt that they would support the idea of linking traditional healers to western health settings. They said that this idea would enable them to have a free choice of whom to consult and when. They felt that if there was to be a link, traditional healers should also display their framed certificates, as some are not well trained.

They felt that traditional healers and modern doctors should offer their treatment at the same hospital, if they are to be linked. They said that the two types of healer could educate one another about the causes and treatments of disease. This was seen as being very beneficial for African people, as time would be saved by having both healers in one venue, and illnesses would be detected and treated at an early stage.

5.2.2 FACTORS INFLUENCING RESULTS

There appeared to be an easy flow of communication and

discussion about traditional healers during the group session. This was possibly aided by the fact that I shared with the participants the same sex, culture, language and general knowledge about traditional healers.

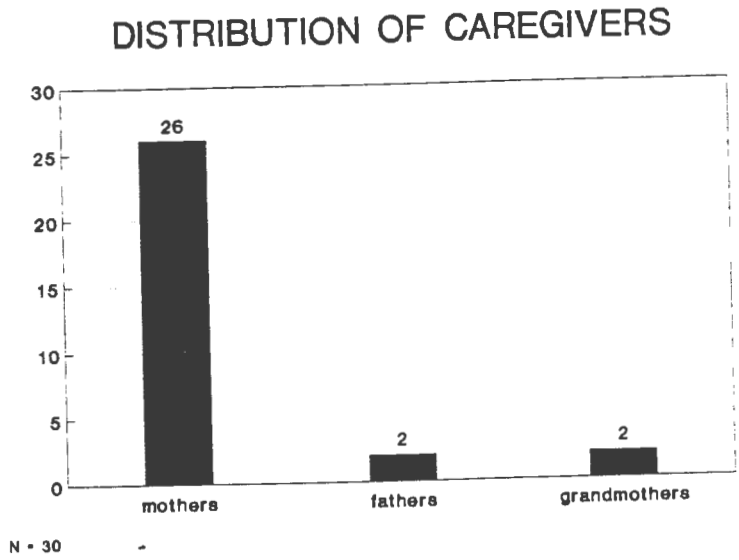
5.3 THE STUDY SAMPLE

The sample consisted of thirty African parents or caretakers; seventeen from the wards and thirteen from the out patients' departments (general, medical, surgical and specialist clinics).

5.4 DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

The sample was divided into the following ethnic categories: Xhosa, Zulu and Swazi. Ninety three percent (n=28) were Xhosa, 3.3% (n=1) Zulu, and 3.3% (n=1) Swazi. However they could all speak Xhosa.

5.4.1 Figure 1 - Distribution of caregivers' relationship to the child.



The sampling procedure yielded a sample of 30 with 93% (n=28) females, and 6.6% (n=2) males. The males were fathers, and of the 93% (n=28) of the females, 6.6% (n=2) were grandmothers and 92.8% (n=26), were mothers.

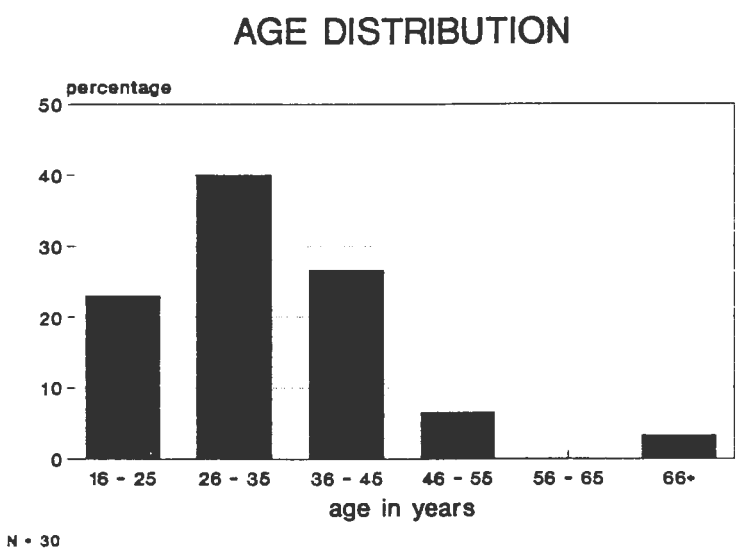
5.4.2 RESPONDENTS'HOME ARE

Of the total sample, 33.3% (n=10), came from rural areas, and 66.6% (n=20), from urban areas. Of the 66.6% from urban areas, 5% (n=1), came from a so-called "coloured" area.

5.4.3 NUMBER OF YEARS IN HOME AREA

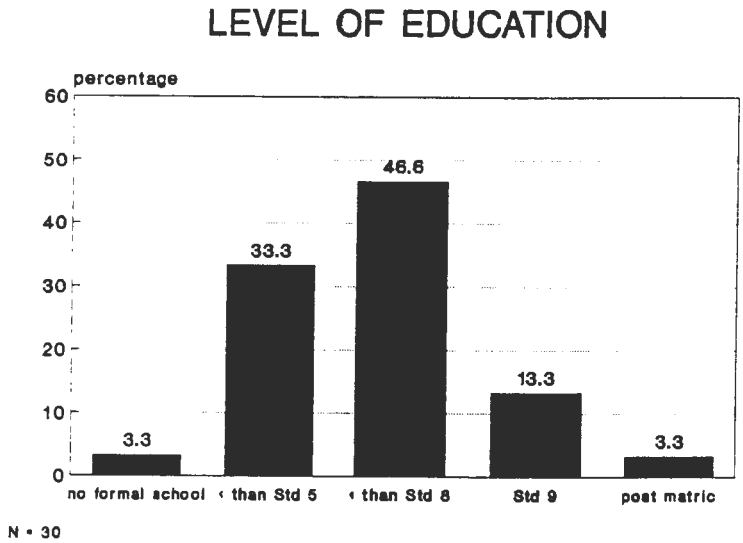
The number of years for which the respondents had lived in an area ranged between two and fifty. 20% (n=6) had lived in an area for a period between zero and five years; 23.3% (n=7) had lived
in an area for a period between six and ten years; 50% (n=15) for a period between eleven and twenty years, and 6.6% (n=2) for a period of more than twenty years.

5.4.4 AGE DISTRIBUTION



The age range was between 16yrs and 70yrs. 23% (n=7) of the sample were aged between 16yrs and 25yrs; 40% (n=12) were between 26yrs and 35yrs; 26.6% (n=8) were between 36yrs and 46yrs; 6.6% (n=2) were between 46yrs and 55yrs and 3.3% (n=10 was over the age of 65yrs.

5.4.5 EDUCATIONAL STANDARD



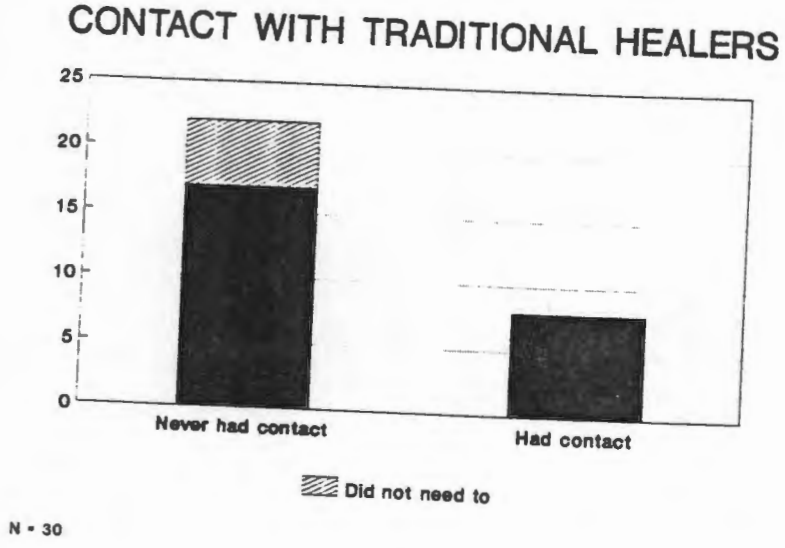
Of the total sample, 3.3% (n=1) had no formal school education; 33.3% (n=10) had an educational standard of less than Std 5; 46.6% (n=14) had an educational standard between Std 6 and Std 8; 13.3% (n=4) had passed Std 9; and 3.3% (n=1) had a post-matric qualification and was a professional nurse.

5.5. RESPONDENTS' KNOWLEDGE OF AND EXPOSURE TO TRADITIONAL HEALERS

5.5.1. Respondents' knowledge about traditional healers in their communities.

The data showed that 93.3% (n=28) knew traditional healers in their community, and 6.6% (n=2) did not know any traditional healers in their community.

5.5.2. Participants'Personal Contact with Traditional Healers



Of the total sample 73.3% (n=22) said that they had never had any personal contact with traditional healers. The reasons given were the following:

- "I do not believe in them, I believe in prophets".
- "I do not believe in them, my family has never used them".
- "I do not believe in them, they are too expensive".

Some said:

- " I do not like them, they use strong medicines".
- " I do not like them, I have never heard of any successful traditional healer".

The 22.7% (n=5) of those who had never used traditional healers said that this was so only because they had never suffered from any illness needing them. in other words if they had suffered

from illnesses that needed traditional healing, they would have used traditional healers.

However, 26.6% (n=8) of the sample said that they had had personal contact with traditional healers. The reasons given for the contact were for the treatment of headache, swollen legs, lies on pubic hair and under arm pits, backache, sore throat and stomach cramps. One respondent said that he felt he was not lucky in life and one wanted a job.

5.5.3. RESPONDENTS' KNOWLEDGE OF PEOPLE IN THEIR COMMUNITY MAKING USE OF TRADITIONAL HEALERS

Ninety percent(n=27) of the sample said that they knew people in their communities who made use of traditional healers and 10% (n=3) did not know anybody making use of traditional healers in their communities. People known to be using traditional healers included families, friends and neighbours.

Of the 73.3%(n=22) who said that they never had any personal contact with traditional healers, 70% (n=21) of them said that they knew people who made use of traditional healers.

5.5.4. DUAL CONSULTATION

In response to the question which explored the dual usage of traditional healers and western doctors, 66% (n=23) of the sample said that people used both traditional healers and western doctors for the same problem; 6.6% (n=2) said people never used

both for the same problem; and 16.6% (n=5) were uncertain about the issue.

5.5.5. WHICH DISEASES ARE TAKEN TO BOTH TRADITIONAL HEALERS AND WESTERN DOCTORS

Those who said that people went to traditional healers and western doctors for the same problem, made suggestions of diseases taken both to traditional healers and western doctors. They are the following: TB, sore legs, skin problems, stomach problems (including diarrhoea and cramps), cancer, heart problems, chest problems, fits, mental illness, *mafufunyane*, headache (including head infections and *isidlizo* (poisoning).

5.5.6. REASONS FOR TAKING DISEASES TO BOTH TRADITIONAL HEALERS AND WESTERN DOCTORS

The following are examples of responses given:

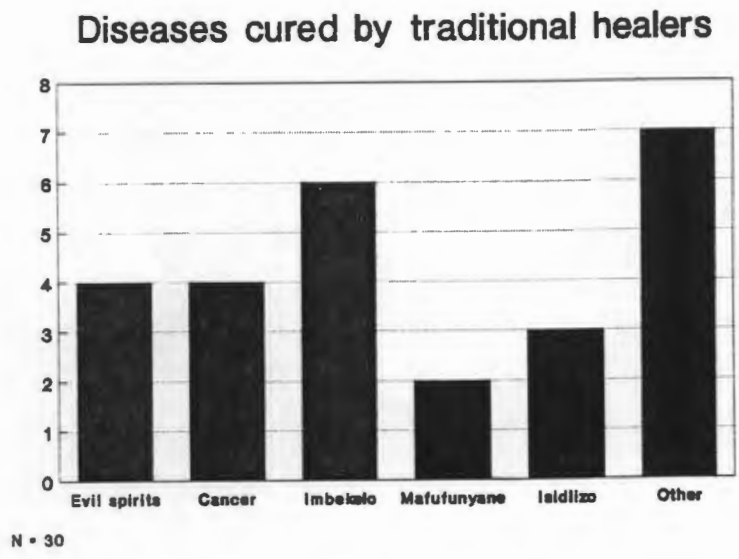
- "Sometimes western doctors fail to treat diseases like cancer after diagnosis and then people go to traditional healers"
- "With sore legs, the doctor gives you treatment for pain and the traditional healer helps stop the evil spirits or witches from continuing to cause the illness".

5.5.7. DISEASES TAKEN TO WESTERN DOCTORS

The respondents felt that the western doctors could successfully cure all the diseases mentioned in 5.4.9 (diseases taken to both western and traditional healers). For example, all common medical problems mentioned in 5.4.9 were taken to western doctors, except *mafufunyane* and *isidlizo* (poisoning).

5.6. TRADITIONAL HEALERS TREATMENT.

5.6.1. DISEASES CURED BY TRADITIONAL HEALERS

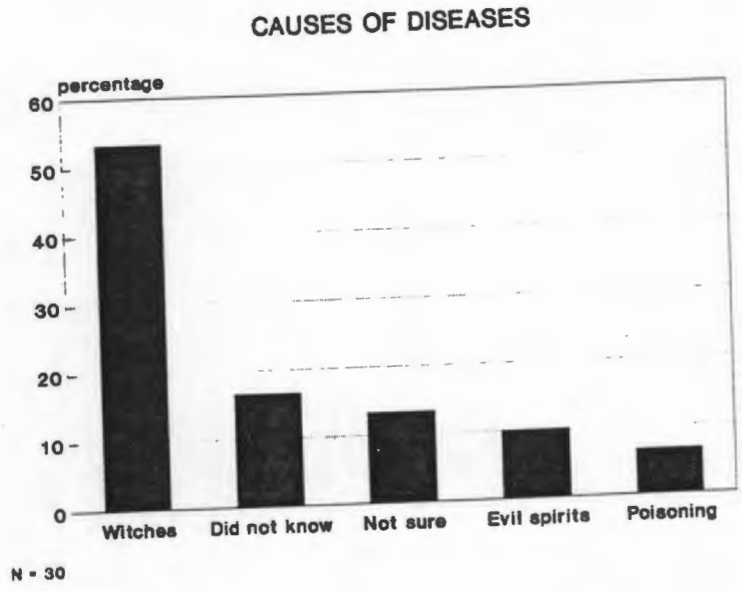


The following were common diseases cited by the respondents; erection problems in men, infertility, bad dreams, skew mouth, backache, dirty blood, lice under arms, *imbekelo* and *isidlizo* (poisoning), witches, evil spirits, cancer, swollen legs caused by poisoning or witchcraft, *mafufunyane*, mental illness, headache, fits and worms.

Only 10% (n=3) were not sure of what diseases could be cured by traditional healers. One of the respondents did not know at all, and another one said "none", because she felt that traditional

healers were never successful.

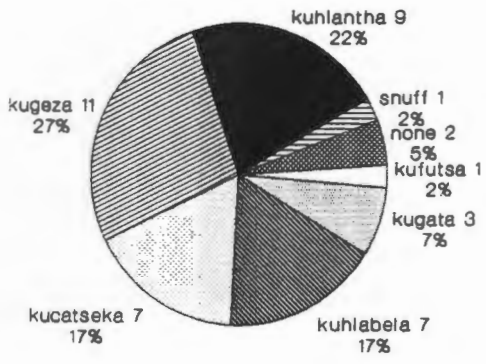
5.6.2. CAUSES OF DISEASE THAT CAN BE CURED BY A TRADITIONAL HEALER



The findings on this issue were as follows:
About 53.3% (n=16) believed that witches were the cause of diseases that could be cured by traditional healers. Ten percent (n=3) believed that evil spirits were the cause; 6.6% (n=2) believed that poisoning was the cause; 16.6% (n=5) did not know; and 13.3% (n=4) were not sure.

5.6.3. PREFERRED METHODS OF TRADITIONAL HEALING

PREFERRED METHODS OF TRADITIONAL HEALING



The data showed the following:

36.6% (n=11) preferred *kugeza* (bathing).

30% (n=9) preferred *kuhlanta* (extract of medical herbs mixed herbs mixed in water to produce foam. It is taken orally and vomiting is induced).

23.3% (n=7) preferred *kucatseka* (enema).

23.3% (n=7) favoured *kuhlabela* (herbs given orally).

10% (n=3) preferred *kugata* (small cuts made on the body by means of a razor blade).

Only one of the respondents preferred *kufutsa* (sauna). Another one preferred snuff, which was not listed. She said that she did not like the traditional healers' medicines as they were too strong.

6.6% (n=2) did not favour any because they did not like traditional healers.

5.6.4. CHOICE BETWEEN FEMALE AND MALE TRADITIONAL HEALERS

It was found that when asked if they preferred female or male traditional healers, 76.6% (n=23) female respondents said that they preferred female traditional healers for the following reasons;

- "Male healers are bad. They can make you their wives."
- "Men are naughty. I do not want to be touched by men".
- "Men can give wrong medicine because they do not understand women".
- "Traditionally married women are not supposed to mix with men".
- "I like female traditional healers because we share the same sex and they are supportive".
- "I will feel free if a female healer examines me physically".

Only 3.3% (n=4) of the females in the sample were not concerned about whether the traditional healer was a male or female. They felt that there was no difference, as they all have the same purpose, namely healing. Only one female made no choice as she did not like traditional healers.

The only two males in our sample, 6.6% (n=2), preferred male traditional healers. They said that male traditional healers were good, strong and powerful, and they could go to the bush, where the right and strong medicines are found. Women are only expected to be in the kitchen.

5.6.5. CHOICE BETWEEN RURAL AND URBAN TRADITIONAL HEALERS

The data showed that there was a strong preference for rural traditional healers. 73.3% (n=22) favoured rural healers, as:

- they were also born in rural areas.
- rural traditional healers were strong and respectable, knew the best medicines and were experienced.
- traditional healers were traditional people and rural areas

were associated with tradition.

Urban healers were seen as dishonest, being after money. One respondent said; "Urban traditional healers can contact your enemy while you believe that the particular person bewitched you".
Another respondent said: "Urban healers only sell medicines".
Only one respondent showed a preference for urban traditional healers, as she was born and bred in an urban area. Only 16.6% (n=5) said that they would go to any healer, as they believed that they have the same purpose, and their medicine was the same. One said "I will choose the best". Another said "I will go to the one who is always successful in his/her treatment".
Some 6.6% (n=2) did not show any interest in either, as they did not like them.

5.7. LINKING TRADITIONAL HEALERS TO WESTERN HEALTH SETTINGS

5.7.1. Support for the linking of traditional healers to western health settings

The study showed that 73.3% (n=22) supported the idea of linking traditional healers to western health settings. The 26.6% (n=8) who said that they had had personal contact with traditional healers, supported the idea of linking traditional healers to western health settings. Of the 73.3% (n=22) who said that they had never had any personal contact with traditional healers, 46.7% (n=14) supported the idea of linking traditional healers with western health settings.

The following statements were given by the respondents to support their reasons for wanting traditional healers to be linked to western health settings:

- "Traditional healers will be officially accepted. They will not hide themselves. Patients will benefit".
- "Both healers are already being used by people for the same problems. Traditional healers will do the right things as they know other people are also involved".
- "Traditional healers and western doctors will advise one another about how to cure diseases that they do not understand".
- "We will have an easy choice of whom to consult as they are both accepted".

5.7.2. No support for the linking of traditional healers to western health settings.

Only 23.3% (n=7) of the respondents did not support the idea of linking traditional healers with western health settings. The following statements supported their answers:
- "I believe in the hospital only".
- "I do not see the role of traditional healers".
- "Traditional medicines and western medicines do not go together".
- "These two healers think differently".
- "I do not like traditional healers".
- "Traditional healers take chances therefore they are never successful".

Only one respondent was uncertain about the link, because she felt strongly that the two types of medicine do not go together, and that the hospitals do not want traditional healers.

5.7.3. SYSTEMS PREFERRED IN THE LINKING OF TRADITIONAL HEALERS TO WESTERN HEALTH SYSTEMS

5.7.3.1. INTEGRATED SYSTEM (Traditional healers and western doctors working in the same setting, both with governmental

control)

The integrated system was the most preferred system. 43.3% (n=13) of the sample showed interest in this system. Their reasons for supporting the system were as follows:

- communication would be direct.
- the traditional healer and the western doctor would know each other well.
- proximity would be to the advantage of patients because referral would be easy.
- both healers would educate and advise one another and the patient would benefit.
- traditional healers could easily be regulated by other professionals and this would make them do the right thing at all times.
- both healers have the same purpose.

5.7.3.2. **INCLUSIVE SYSTEM** (Traditional healers and western doctors work in their original settings, but refer patients to one another).

The inclusive system was supported by 36.6% (n=11). Statements such as these were used to support this system:

-"People do not want to be seen when they consult with traditional healers"
- "Traditional healers visit homes and they use a lot of things during treatment"
- "The traditional healer and western doctor's medicine are not the same"
- "They do not go together"
- "Method of treatment is different"
- "The hospital is too full for the traditional healer to help people. They will be disturbed".
- "People who like priests and do not like traditional healers would not be happy to see traditional healers at the hospital".

13.3% (n=4) said that they preferred neither system because the "traditional healers should first go to formal schools". Another one said "I will not support this for any reason". Only one respondent said that she did not mind either of the two systems mentioned. "In any case they will be working together". Another respondent preferred a system that would allow traditional healers to have their own hospital.

These results will be discussed in the next chapter (Chapter 6). The discussion of the findings, the conclusion and recommendations that include possibilities for future research will be presented.

CHAPTER 6

DISCUSSION OF FINDINGS

6.1 INTRODUCTION

In this study an attempt was made to investigate the extent to which the Africans attending Red Cross War Memorial Children's Hospital consult traditional healers, and their reasons for doing so. Further, it attempted to ascertain whether they support the idea of linking traditional healers to western health settings, and if they do, how this should be done.

Although there were some limitations in the research, the results appear to be remarkably similar to the findings of previous, similar research in the same field. The research also highlighted certain important issues.

6.2 DEMOGRAPHIC DATA

The majority of the respondents (93% (n=28)), were Xhosa-speaking. This is due to the fact that the Red Cross War Memorial Children's Hospital is situated in the Western Cape Province, where the majority of the African population are Xhosa-speaking. There were more females (93% (n=28)) than males, because women are more commonly regarded as primary caretakers of children in the African communities.

The respondents' place of origin did not significantly influence the extent to which traditional healers were consulted. All the respondents, irrespective of whether they came from rural or urban areas, said that there were traditional healers in their

communities, and that people did make use of them. Pretorius (1991), says that traditional medicine exists both in rural and urban societies. People are still utilizing traditional healers in both rural and urban societies.

The age range of respondents was between 16 and 70 years. Almost all the developmental stages of adulthood were included. The age of the respondents did not influence their knowledge about traditional healers. The literature reviewed indicated that traditional healers have been practising their profession for over 200 years (Dr Maseko in Freeman, 1992), and that traditional healing is part of the African culture (Freeman, 1992). Respondents of all age groups knew about traditional healers, even if they themselves did not make use of them. It is interesting that younger caretakers have not distanced themselves from the African culture.

Similarly, the length of time respondents had spent in the communities in which they were living at the time of the interviews did not affect their knowledge about traditional healers. In all the African communities mentioned by respondents in this study, there were traditional healers, who were being consulted by the people.

The level of education had no significant effect on the respondents' knowledge or use of traditional healers. Most of the literature reviewed indicated that people with no formal education chose traditional care, while those with some formal education were more inclined to choose modern medicine (Staugard, 1985). However, in this research, the level of formal education was relatively high, with 13.37 (n=4) having passed Std 9, 3.3% (n=1) with a post-matric qualification, and 46.65 (n=14) with an educational standard between Stds 6 and 8. Of the group of the 26.6% (n=8) respondents who said that they had had some personal contact with traditional healers, 25% (n=2), had

passed Std 9, 10% (n=1) had a post-matric qualification, and 40% (n=4) had passed Stds 6 to 8. This finding was suprising and it will be interesting to follow-up this in later studies. The implication is that the interest in traditional healing is unlikely to diminish as the education standard of African people improves.

6.3 THE EXTENT TO WHICH TRADITIONAL HEALERS ARE CONSULTED AND REASONS FOR CONSULTATION

It is significant that the respondents felt that traditional healers were still consulted by a large number of South Africans (Freeman and Motsei, 1991). Many respondents (90% (n=27)) said that they knew people in their communities who made use of traditional healers. They mentioned that their families, neighbours and friends had had contact with traditional healers. This is comparable with the research results at Ga-Rankuwa Hospital, where the responses of parents from the paediatric wards showed that a large number of Africans had a strong belief in traditional healers (Ledwaba, 1994).

Only one respondent in this research said that there were no traditional healers in her area. As she was the only one who came from a so-called "coloured" area, this is not surprising, as, according to Freeman 1992), traditional healing is part of African culture.

According to Freeman and Motsei (1991), in South Africa, people do not talk openly about their involvement with traditional healers, because the use of traditional healers was officially outlawed. Most of the respondents in the sample (73.3% (n=22)), indicated that they had never had any personal contact with traditional healers. This could possibly be due to the setting

where the interviews were conducted. The responses of parents or caretakers may have been affected by their knowledge that traditional healers are not accepted in many western hospitals. It seems that in a group situation people can easily admit that they use traditional healers themselves because in the focus group, everyone said that they had personal contact with traditional healers.

Only a few respondents (26.6% (n=8)), said that they had had personal contact with traditional healers. These respondents believed that their medical and social problems were caused by witches and evil spirits, and that therefore only traditional healers could cure them. This reflects the findings of many other studies, which have shown that African people believed that the causes of their diseases were witchcraft and supernatural powers, which include evil and ancestral spirits (Mabaso and Uys, 1990; Hugo, 1992; Yach and Arendse, 1991 and Lewis, 1990).

Although there were respondents who felt that traditional healers were useful to them, there was much scepticism regarding the oral treatments (herbs mixed in water), and enemas used by the traditional healers. Only 23.3% (n=7) preferred oral treatment, and 23.3% (n=7) preferred the enema. Most of the respondents (36.6% (n=11)), preferred bathing. Many respondents felt that traditional medicines were too strong. These responses could be due to the many incidents known to people, involving enemas being given to children with diarrhoea, and the resulting complications (Staugard, 1985). A further reason for this response may be the fact that traditional medicines are not standardized (Vogel,1991) and therefore the results of taking these medicines are sometimes unpredictable.

Almost all the women in the sample (76.6% (n=23)), preferred female traditional healers, and all the men in the sample

preferred male traditional healers, as the women did not feel comfortable with male healers and vice versa. Authors like McClain (1989) and Mitchell (1981), suggest that women should, on average, be more effective at healing than men, as they tend to be more caring.

The female respondents in the sample said that they favoured female traditional healers because male traditional healers take advantage of their female patient in a sexual way. However, the men said that male traditional healers were physically stronger than female traditional healers. The men in the sample appeared to support the traditional views of male authority. They said that women are expected to do household chores.

Although many respondents (66.6% (n=20)), came from urban areas, the majority of the respondents in the sample (73.3% (n=22)), preferred rural traditional healers. They saw rural traditional healers as strong, respectable and experienced in prescribing the best medicines. Urban healers were seen as dishonest. These responses support Chavunduka's (1978) argument that rural healers have a higher reputation than those operating in urban areas. The urban healers do no divination, and they receive fees before the illness is cured.

This corresponds to the fact that there is a tendency on the part of many African people living in urban areas, to travel to rural areas to visit a traditional healer. This was found to be common practice at hospitals where I worked. Many patients would not follow up on their treatment, as they were not at home. On enquiring where they had been, the answer would invariably be that they had gone to consult a traditional healer in a rural area.

6.4 LINKING TRADITIONAL HEALERS TO WESTERB HEALTH SETTINGS

The need to link traditional healers to modern health settings appeared to be very significant, because many respondents (76.6% (n=23) said that many African people used both traditional healers and modern doctors for the same problem. Traditional healers and modern doctors were seen as playing different, equally important roles in the treatment of diseases. Traditional healers were perceived as treating the causes of diseases, such as evil spirits or witches, and modern doctors as treating the symptoms.

This corresponds to the research results of De Villiers (1991), who investigated beliefs and behaviour in transcultural health amongst Xhosa-speaking patients in the Eastern Cape. He found that modern doctors were only consulted for symptomatic relief, before going to a traditional healer. At the Red Cross War Memorial Children's Hospital, research findings in the rehydration ward (A9), revealed that a number of children had been referred to the hospital by traditional healers (Harrison et al, 1993). Similarly, at Ga-Rankuwa Hospital, out of 40 mothers interviewed in the paediatric wards, 55% of them were found to have taken their children to traditional healers before bringing them to hospital (Ledwaba, 1994).

The linking of traditional healers to modern health settings was strongly supported by almost all the respondents in the sample (73.3% (n=22)). The results also showed that, of the respondents (73.3% (n=22)), who said that they had never had any personal contact with traditional healers, 46.7% (n=14) nevertheless supported the idea that traditional healers should be linked to modern health settings. This could be due to the fact that the question regarding the linking of traditional healers with modern health settings was less intimidating for respondents than the one regarding personal contact with traditional

healers, as it was more general. The link was also supported by those who said that they had personal contact with traditional healers 26.6%
(n=8).
Many respondents who supported this idea felt that patients would benefit from this link, as the traditional healers and doctors would be able to consult and advise one another regarding diseases with which they were not familiar. Secondly, patients would find it easier when they wished to consult traditional healers, as they would be acceptable to modern health systems.

Pretorius (1991) says that liaison between traditional healers and modern doctors could improve health care knowledge and benefit everyone, particularly with regard to the inherent possibility of extended and more efficient population coverage. Research findings of a dialogue between traditional healers and modern doctors showed that, during this period, patients received better health care, and there were more referrals to traditional healers (Christie, 1991).

A minority of respondents in this research did not support the idea of linking traditional healers with modern health settings (23.3% (n=7)). They felt that traditional healers and modern health settings did not go together, and that the two types of healers thought differently. One respondent said that traditional healers were never successful in their treatment. Pretorius (1991) says that the linking could also be plagued by issues such as the different views held by traditional healers and doctors regarding the aetiology of illness, treatment methods, religious principles, morbidity and mortality. She says that these issues constitute fundamental obstacles in the way of essential mutual understanding. Gould (1958) and Asumi (1978), did not support the idea of linkage, as they believed that the

two medical systems were too different.

The majority of respondents in this study who supported the linking of traditional healers with western health settings (43.3% (N=13)), preferred the idea of the integrated system, which entails both types of healer working in the same setting, both subject to governmental control. They felt that with this system, communication would be direct and proximity would be an advantage, as they would not have to travel between the two. These responses were comparable to the suggestions made by Pretorius (1991), that once a link was established, patients would benefit, as both healers would be easily accessible, and appropriate referrals, in serious or extraordinary cases, would become possible.

The inclusive system, which involves the two types of healers remaining in their original settings, but referring patients to one another, was supported by 36.6% (n=11) of the respondents. They felt that traditional healers could not operate in hospitals, as they used a lot of objects during treatment, and sometimes treatment could only be performed in the home of the patient, for example, the ritual slaughter of goats. Some respondents felt that the traditional healers would be disturbed during treatment, as the hospitals were too full and busy. Traditional healers and their patients generally preferred privacy.

Pretorius (1991), goes on to say that the linking of traditional healers with western health settings could be problematic, as traditional medicine is governed by secrecy, and traditional healers would be hesitant to divulge information regarding their treatments. In similar studies, such as that of Freeman (1992), traditional healers felt that their practice would be restricted if modern legislation recognised them, or insisted that they were registered, because their legitimacy comes from the people

they serve, and their ancestral history.

It seems that despite these problems, there is a need to link traditional healers to western health settings. However these issues need to be taken into consideration.

CHAPTER 7

CONCLUSION AND RECOMMENDATIONS

7.1 CONCLUSION

This research investigated the extent to which Africans consult traditional healers, and their reasons for doing so. It further explored their opinions regarding linking traditional healers with western health settings.

The research indicated that African parents and caretakers at the Red Cross War Memorial Children's Hospital acknowledged that there were still many Africans who made use of the services of traditional healers in their communities.

Although many respondents in the sample said that traditional healers were widely used in African communities, most of them were sceptical about some of the treatments given by traditional healers, and this issue needs to be explored further.

The results presented in this study showed many similarities to other studies of the same nature which were conducted in other African countries, for example Botswana and Swaziland.

In the literature reviewed, it was significant that many authors suggested that traditional healers should be linked to modern health settings (Odebiyi, 1990; Pretorius, 1991; Freeman and Motsei, 1991; and Christie, 1991). There is a strong feeling amongst the respondents' of this study that traditional healers should be linked to modern health settings.

7.2 RECOMMENDATIONS

Based on the findings of this research, the researcher recommends that the following issues be considered, in the interests of traditional healers, modern health professionals, patients and future research.

7.2.1 - This research only studied a group of African parents/caretakers, mostly Xhosa-speaking, at the Red Cross War Memorial Children's Hospital. Therefore it is not representative of all Africans in South Africa. It is recommended that a larger sample be used in future research, so that the results could be generalised to include the total African population. The sample should also include more male parents or caretakers, and other ethnic groups, for example, Tswanas, North Sothos, South Sothos, Vendas and Shangaans.

7.2.2 - The findings of this research have indicated that parents or caretakers might find it difficult to talk about their personal experiences with traditional healers in a hospital setting, as traditional healers are not yet considered acceptable in western health settings. It is therefore recommended that, in future research on the linking of traditional healers with modern health settings and the extent to which traditional healers are consulted, and the reasons for consultation, respondents should be interviewed in their communities as well as in hospital settings in order to obtain a more balanced result.

It is further recommended that communication between patients, traditional healers and western health professionals should be improved, by means of all parties involved showing sensitivity to the culture and traditions of others.

7.2.3 - The research findings indicated that, for a linking programme to be successful, cooperation between health care workers trained in western medicine, traditional healers, and patients, is imperative. Therefore, it is recommended that further research be undertaken in order to explore the feelings of modern health professionals and traditional healers regarding the linking of traditional healers with modern health settings.

7.2.4 - Another issue highlighted by the research findings is that most African parents or caretakers were concerned about some of the treatment procedures provided by traditional healers. It is therefore recommended that further research be conducted in order to investigate the methods of treatment used by traditional healers, so that quality, safety and efficacy can be ensured.

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APPENDIX A

FOCUS GROUP

The group session was held in the researcher's office. Introduction of group members and the researcher were made. The group members were assured of confindentiality that their responses will not affect their hospital care. The researcher made them feel at ease by also sharing her knowledge about traditional healers. The researcher also communicated with the group members in Xhosa. This made them share information with ease as they were able to express themselves clearly.

SUMMARY OF FINDINGS

The participants felt that there were still a lot of people where they come from who made use of traditional healers. Most parents mentioned that they also consulted with traditional healers and that people did advise one another that it was important to consult with traditional healers.

The reasons people consult with traditional healers were the following:

a. Diarrhoea and vomiting in children

b. When a child is not well.

c. Family and marital disputes.

d. When a person is badluck.

e. When a person sees visions in dreams and cannot interprete them.

f. When a person has "mafufunyana" which is a disease people believe that a person is mentally ill and usually this is causes by ancestral or evil spirits or a person is bewitched.

They all agreed that traditional healers were used both in urban and rural areas. They also said that people did go to traditional healers even if there were hospitals.

They believed that there were diseases that could only be cured by western healers and some only by traditional healers.

They thought that traditional healers were very successful in the treatment of problems they mentioned above.

They believed that a bad traditional healer was the one who is unable to diagnose the cause of illness or who could not bring any improvement in the problem that was presented to him.

Concerning dual consultation with western and traditional healers, the parents said that they knew that they were both important to them and they did not want to loose both.

They sometimes went to traditional healers so that they could diagnose the illness and go to the western healer who would then treat the illnesss. They sometimes believed that western

healers could not detect other diseases at an early stage. i.e before symptoms are manifested. They said that African diseases are very "tricky".

The disease presents itself physicaly but the cause being the evil or ancestral spirits and not a physical cause.
Therefore it is important to go to traditional healers who will treat these spirits and then to the western healer who will treat the physical part of the disease. An example of diarrhoea and vomiting in children was given. They believed that a child with this disease would loose a lot of water in the body and would need a drip which is given by western healers but the cause of the disease could only be treated by traditional healers as the cause is spiritual.If the ancestors were not happy with someone, that person or his/her children could present with an illness as punishment.

The participants believed that illness was sometimes caused by unhappy ancestors.The participants believed that if a child was only treated by the clinic, the child would not improve as the ancestors would still be not happy. The traditional healers could tell a person how to make the ancestors happy or could make the child stronger to protect him/her against evil spirits or witches.

Concerning western and traditional healers working together, the participants said that they were already working together at some places where one could tell a traditional healer that he/she was using western medicines and the western healer that they were going to consult a traditional healer.

The participants said that it was difficult for them to tell the western doctors that they were making use of traditional healers as western doctors did not understand the role of the traditional healers in their culture.

The participants said that if the law said that the traditional healers could be linked with western health systems, they would support the idea as they would freely consult with either western or traditional healer.

They would have the right to choose who to go to first. They said that traditional healers should produce their training certificates if they were to be linked with western settings because some were not well trained. A well trained healer must be trained by another healer and must have a certificate.

They said that traditional healers were called by the ancestors to become traditional healers. This call sometimes came in the form of a dream and the person was shown how to treat specific diseases. This person must be trained by an elderly traditional

healer with experience and then after a period of time could then work independently.

Concerning how traditional healers and western healers could work together, the participants said that the traditioal healers must be at the hospital setting with their treatment. They must educate each other (western and traditional healers) about the cause and treatment of diseases. This would save parents or patients time as the same disease would be treated at the same time by both western and traditional healers. The illness would also be detected at an early stage and parents would have the right to choose freely where to go for a particular disease.
In conlclusion the participants felt that the use of traditional healers in African communities is a tradition.

All people know about traditional healers but one had to believe in them to have confidence in them.

APPENDIX B

This survey explores the opinions of African parents of caretakers at Red Cross War Memorial Hospital regarding traditional healers in Western settings.

Confidentiality regarding respondent's identification will be insured.

Interview schedule

Section A

Demographic Information

1. Gender

Male	
Female	

2. How are you related to patient?

Parent	
Grandparent	
Family Member	
Friend	
Other	

If other please state.

_____

_____

5. Do you prefer female or male traditional healers?

Female	
Male	
Any	
Uncertain	

Please motivate your answer.

Section D

Linking traditional healers to western settings.

1. Do you think traditional healers and western doctors could work together?

Yes	
No	
Uncertain	

Please motivate your answer

2. If traditional healers are to be linked to western health settings, which system will you prefer?

Inclusive system	Tradition healers and western doctors work in their original settings, but they refer patients to one another.	
Integrated system	Tradition healers and western doctors work in the same setting, both with governmental control.	
Uncertain		
Other		

Please motivate your answer.

COMMENTS.