I. Abstract

The purpose of the study was to research the possible incorporation of traditional healing with western medicine in South African healthcare policy. Traditional healers can be defined as practitioners of non-allopathic treatment that focus on spiritual and ancestral beliefs. This system of healing has been used by communities in South Africa for generations, with 75 percent of South Africans relying at least partially on traditional herbal medicines. This study was conducted using interviews from healthcare professionals and traditional healers in the deep rural. It also included a survey of a community in the deep rural about their treatment seeking behavior. The results showed that traditional healers may be best involved by serving as advisers and as health representatives in the community.

II. Overview of the Project

In recent years, South Africa has had been redeveloping their healthcare policy to accommodate a changing political structure, and the HIV/AIDS epidemic. With the development of healthcare policy in South Africa, the traditional sector must be considered. Traditional sector is used in this study as a general category for the various non-allopathic segments of health treatment, comprised of healers trained in methods passed down through oral, ancestral
traditions. It is estimated that 60 to 80% of the 11 recognized South African cultures use plants for medicine, thus participating in, and contributing to the traditional sector. Folklore is intrinsic to healthcare in South Africa, with 75% of citizens relying on traditional herbal medicines for part of their healthcare (Makunga et al. 2008: 365).

The reliance on the traditional sector makes the incorporation of traditional healers in healthcare policy a logical and necessary step. To investigate how to best incorporate the traditional healers in healthcare, the use of traditional healers in a rural South African village needs to be studied.

III. Location and Methodology

The study spanned three weeks and was located at three main locations in the northern part of South Africa, mainly in the Limpopo province. Limpopo is one of the most impoverished regions in South Africa. The province has 4.5 million inhabitants; 96% are black and approximately 91% live in rural or semirural areas (Alberts et al 2005). The purpose of the study was to assess health-seeking behaviors within South Africa and the factors that determine which therapeutic methods citizens chose. Then, using the data collected through interviews and surveys, inferences would be made on how to best incorporate traditional healers in healthcare policy development. All participants were asked for their signed informed consent and to discontinue answering the questions should they feel so. Obtaining ethical consent was treated as an on-going process and was continually reinforced through asking permission to proceed and recognizing the refusal to participate and respecting it. Also pseudonym use was used to protect the participants of the study, to respect their rights to privacy and to abide by the regulations of ethical consideration.
The first week of the study was spent in Bushbuckridge, a sub-district of the Mpumalanga district in the Limpopo province. While in Bushbuckridge, health professionals and traditional healers were interviewed about the current healthcare system. Tintswalow hospital, a government funded public hospital, was toured and nurses and doctors were interviewed about their healthcare practices. A traditional healer located 10 km from the hospital was also interviewed about her healthcare practices. The Vukuzenele Nursery and Medicinal garden, a traditional healer community that treats the surrounding community and trains traditional healers located approximately 70 km away from the hospital, was visited. The traditional healers were interviewed and the medicinal gardens were toured. Finally, Nhlengelo Home Based Care, a group of members of the community trained to go out and conduct home healthcare visits to sick or injured people in the area, were accompanied by the researchers on a morning tour of their home visits.

The second week of the study consisted of a community-based participatory survey and home stay in Munganawanga*, a rural village located in the northern part of the Limpopo province. Given that South Africa relies on Munganawanga is in a remote area, it was hypothesized that many people in the community would seek both traditional and allopathic treatment.

The study area was located in Munganawanga village in Hamakuya region in the Vhembe municipality Limpopo province. The language in the area is Tshivenda. The village is accessible by public transport and is located approximately 1.5 kilometers walking distance from the local post office and the Makuya clinic; the nearest clinic to Munganawanga and the surrounding areas. The village has 90 households that live predominantly in mud huts with grass thatching and some brick houses.
Prior ethical approval was given by the South African Department of Health (SA DoH) to conduct the study in the village and the surroundings. All survey participants were members of the village community and households were conveniently selected for evaluation. Over the course of seven days, ten households were selected, and the head of the household was asked to be the key participant.

A questionnaire containing questions about the community and their health seeking behaviors was administered to all participants. Five baseline surveys were also conducted in five of the ten households to understand the background of the community and the households. The overall objective was to investigate the decisions made by patients when seeking medical help. These included factors such as cost, distance, and availability of services. Participants were asked about both allopathic medicine choices (clinic) and the use of a traditional healer. The clinic nearby, approximately 4 km away, was visited to talk to staff about the treatment seeking behavior of the community. In order to assess these same variables, a traditional healer was also engaged in an open-ended conversation. To assist with the field work, the researcher was accompanied by a translator who could speak and write Tshivenda. Data was then entered into a data collection table in order to facilitate quantitative analysis and recognition of patterns within the data.

During the final third week of the study, Rob Fierra public hospital and MediClinic private hospital were visited. Both hospitals were located in the city of Nelspruit, in the northern part of the Mpumalanga province. Healthcare professionals at both facilities were interviewed about their roles and the role of traditional healing in the healthcare system.
IV. Summary of Results

The results of the experiment showed prevalence usage of westernized medicine. It was shown that the usage of traditional healers also existed, though was not as prevalent as western medicine. Of the community surveyed, a pattern found was that those who only chose westernized medicine was from a younger generation and high perceived socioeconomic status.

Two of the traditional healers spoken to characterized their practice as suffering from a shortage of patients and a lack of respect for their practices by the community. All of the traditional healers did recognize the benefits of westernized medicine and said they have recommended patients be treated by westernized medicine when they felt it was necessary. One of the traditional healers worked on a clinic-led intersectoral committee comprised of policemen, social workers, traditional healers, clinic practitioners, and youth.

The health care professionals mainly spoke of an issue in compliance when asking a patient if they had been to a traditional healer.

V. Conclusion

The results support the conclusion that traditional healers need to be incorporated into the national health care system. The landscape of treatment-seeking behavior in South Africa is characterized by a significant prevalence of medical pluralism; patients perceive and treat their illness in diverse ways. However, there does seem to be a shift towards westernized medicine which could lead to the advice that traditional healing not be as heavily incorporated in health care policy development as originally suggested. The intersectoral committee used by the
community in Munganawanga could be a model for the role of traditional healers, serving as
advisers in healthcare policy and as representative of the clinics and hospitals in the community.

VI. Significance of Study

Healthcare policy development is an ever changing issue all over the world. This study
has resulted in important recognition of the treatment seeking behavior in the deep-rural of South
Africa. It also has provided a launching point for other studies on the treatment seeking behavior
in other rural parts of South Africa. Furthermore, the methods and results of this study could also
be used when researching how to best develop healthcare policy that incorporate traditional
healers in other cultures where they are prevalent, such as other areas of Africa and South
America.
References
