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Collaboration with and integration of African traditional healers into the South African health care system

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Collaboration with and integration of African traditional healers into the South African health care system

Submitted as the dissertation component in fulfilment for the degree of Master of Medical Science in Pharmacology in the Discipline of Pharmaceutical Sciences, School of Health Sciences, University of KwaZulu-Natal, Durban, South Africa.

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// ***Shree Ganesha Namaha*: //**

PREFACE

This study was undertaken to identify the barriers for collaboration and integration of traditional health practitioners into the national health care system in order to improve health outcomes of the population of South Africa.

DECLARATION

I, **Miss. Pradnya V. Gandugade** declare that:

(i) The work described in this dissertation has not been previously submitted to UKZN or any other tertiary institution for purposes of obtaining a degree or any other academic qualification, whether by myself or any other party.

(ii) The research reported in this dissertation, except where otherwise indicated, is my original work. Together with my supervisors I conceptualised the topic, I developed the protocol and the ethics application with the guidance and support of my supervisors and statistician, conducted the survey and entered the data by myself and together with the statistician and guidance of my supervisors, I completed the analysis of the data obtained.

(iii) I drafted the article and together with my supervisors' guidance, input and support submitted the article to the journal. I have completed the dissertation with the guidance and support of my supervisors.

(iv) This dissertation does not contain another person's data, graphs, tables or other information, unless specifically acknowledged as being sourced from other persons.

This dissertation does not contain other person's writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, the information used has been referenced accordingly.

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Finally, but by no means least, I would like to thank my Husband, Mum, Dad and Brother for their unbelievable support. They are the most important people in my world and I dedicate this thesis to them.

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LIST OF ACRONYMS

AHPSCA - Allied Health Professions Council of South Africa

AIDS - Acquired Immune Deficiency Syndrome

ANC - African National Congress

AU - African Union

BHPs - Biomedical Health Practitioners

DFL - Doctors for Life International

DOH - Department of Health

HIV - Human Immunodeficiency Virus

MCC - Medicine Control Council

NCOP - National Council of Provinces

NHCS - National Health Care System

SPSS - Statistical Package for Social Sciences

TCAM - Traditional Complementary and Alternative Medicine

THPA - Traditional Health Practitioners Act

THPs - Traditional Health Practitioners

TM - Traditional Medicine

WHO - World Health Organisation

ABSTRACT

Background

The use of traditional, complementary and alternative medicine (TCAM) is widespread in many countries of the world, specifically amongst patients with chronic or long term illnesses. Research has found that allopathic medical doctors in rural areas regularly encounter patients who visit traditional doctors initially before presenting themselves to allopathic-medical doctors.

The degree of interaction between TCAM and allopathic modalities in the effective treatment of patients visiting both allopathic practitioners and Traditional health practitioners (THPs) are unknown. This poses a major challenge in effectively managing patients. Therefore, a good collaborative relationship between these two different health practitioners and healthcare systems is needed to optimally treat patients.

However, THPs have not shown great enthusiasm to collaborate with Western medicine. The reasons for this and if there are any barriers that prevent THPs from actually getting into western system has not been explored. It is commonly known that, doctors from Western medicine always disagree in terms of quality, efficacy and safety of drugs used by THPs hence their scepticism about THPs.

This study therefore aimed at unpacking the reasons and barriers that THPs forward as to why they do not want to be incorporated into the mainstream health care system.

Methods

A descriptive cross-sectional study was carried out with traditional health practitioners (THPs) working in the eThekwini Metro & surrounding areas, of KwaZulu-Natal, South Africa. Interviews were carried out with traditional health practitioners (THPs) using a structured coded questionnaire. The questionnaire and interviews were administered by interviewers in the language of the THPs (Zulu and English). All responses were recorded in the data sheets. Confidentiality of data was maintained at all times and the THPs remained anonymous. The collected data was entered onto excel sheet and exported onto SPSS and analysed using the SPSS statistical programme for window, version 22. The data was presented in frequency distribution tables. Categorical variables are presented as bar graphs.

Results

A total of 171 traditional health practitioners were interviewed. Seventy-six percent of THPs (130/171) reported willingness to collaborate with allopathic medical practitioners.

The majority of the THPs (83.6 % [143/171]) thought that western medical practitioners and THPs could work together, whilst 81.3 % (139/171) of the THPs perceived that collaboration between allopathic medical practitioners and THPs would be beneficial for patients. Sixty-eight per cent of THPs (117/171) indicated willingness to work side by side with allopathic medical practitioners in clinics. However, 72% (124/171) of the THPs reported that if THPs worked with allopathic medical practitioners, then THPs would lose their identity and if THPs and allopathic medical practitioners worked in the same place 76 % (130/171) then THPs felt that allopathic medical practitioners would steal their knowledge. Over 87% (149/171) of THPs indicated a willingness to learn allopathic medicine.

Conclusion

This study found that traditional healers were willing to collaborate with western doctors as they felt that this collaboration would be beneficial for patients in South Africa. However, there was concern that the collaboration may lead to THPs losing their identity and the possibility of their knowledge being taken away by allopathic medical practitioners.

Dissertation structure

Chapter 1

- Background and context of the study

- Description of the core research problems and its significance

- Formulation of aim & specific objective of study

- Research Methodology

Chapter 2

Presentation of manuscript entitled "willingness of traditional health practitioners to collaborate and integrate into National Health Care System in Kwa-Zulu Natal, South Africa"

Chapter 3

- Dissemination of Findings

- Conclusion

Chapter 1: INTRODUCTION

1.1 Background and context of the study

Traditional medicine (TM), also known as indigenous or folk medicine comprises knowledge systems that developed over generations within various societies before the era of modern medicine. The use of traditional medicines (TM) remains widespread in developing countries.[1] Traditional medicine has remained an important component of health services, despite high rate of modernisation. Traditional medicine is found virtually on all continents where it has been practiced for many centuries and includes formalized aspects of folk medicine, i.e. long standing remedies passed on and practiced by folk people.[2] Practices known as traditional medicines include Ayurveda, Sidha, Unani, Ancient Iranian medicine, Irani Islamic medicine, Traditional Vietnamese medicine, Traditional Chinese medicine, Traditional Korean medicine, Acupuncture, muti, ifá, African traditional medicine and many other forms of healing practices.[3] The terms complementary medicine and alternative medicine are used interchangeably with traditional medicine in some countries. The World Health Organization (WHO) refers to them as "a broad set of health care practices that are not part of that country's own tradition & are not integrated into the dominant healthcare system.[1] The World Medicines Situations report states that 70-95% of the people in developing countries use traditional medicine for their health management. WHO defines traditional medicine as "the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being."[4]

In India formal recognition of ayurveda, siddha, unani, naturopathy, yoga and homeopathy was recognized after the Central Council of India Medicine (CCIM) Act of 1970, which was established to maintain good overall standards of practice and training.[5] In 2012, Sowa Rigpa system of medicine was incorporated in the CCIM. The Department of Indian Medicine and Homeopathy (ISM & H) was formed with the objective of developing the Indian system of medicine (ISM). In 2003, this Department was renamed the Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), and in 2014 a separate ministry on AYUSH was formed. [6]

In China, the integration of traditional medicine into national health care system and the integrated training of health practitioners are both officially promoted. In 1986 the state drug administration of Traditional Chinese medicine was established. In 1997 government reiterated that one of its guiding principles in the field of health care is equality in policies related to traditional and allopathic medicine.

Traditional Chinese Medicine is registered in the same way as allopathic practitioners. The method of apprenticeship, after 1960, was changed to a formal education system, which is a five-year course.[5]
In 1973 the National Research Institute of Medicine, Mali and the Department of Traditional Medicine were established. A 'Scientific and Technical Committee' was later established in 1980. In year 1994, the Government of Mali regulated the opening of private consultation clinics for traditional medicine, medicinal herbs stores, and improved production units for traditional medicine. In June 1995 it established the organizational and functional rules for the private consultation clinics, medicinal herbs stores, and improved production units. In January 1995, it established permits for pharmaceutical products, outlined special rules for requests involving traditional medicines made from plants. The local officials are responsible for the registration of traditional health practitioners and most of the practitioners are involved in primary health care.[5]

In Africa, traditional healing has become an essential part of the people's culture and traditional healers play a paramount role. Nearly 80% of the African population rely on Traditional health practitioners (THPs), for their primary health care needs.[4] The WHO further defines African traditional medicine as "The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing."[4] In Africa, however, a century of colonialism, cultural imperialism and apartheid in South Africa have held back the development of African traditional healthcare in general and medicines in particular.[7] Both traditional and biomedical health care have the potential to make a valuable contribution towards improving the health of all people in South Africa.[8] However, the historic lack of official recognition, research and focused development has created a gap in standards between these systems and biomedicine.[7]

The main focus of health law and policy in South Africa is on biomedicine, its Practitioners and its regulation. Biomedicine, which is also known as evidence based medicine, is based on the application of the principles of the natural Sciences, especially biology and biochemistry. Biomedicine is central to the practice of allopathic health care.[7] Millions of people in South Africa and across the continent make use of traditional forms of health care instead of biomedicine.[9] All medicines for human use are subject to the Medicines and Related Substances Control Act 101 of 1965. In terms of this Act, the Medicines Control Council (MCC) protects the public by ensuring that all medicines that are sold distributed and used in South Africa are safe, effective and manufactured according to acceptable standards of quality.[7]

Traditional health practitioners (THPs) in South Africa known as inyangas, sangomas, and witchdoctors have a crucial role in providing health care to the majority of South Africans. They are deeply interwoven into the fabric of cultural and spiritual life.[10] In 1980, the Traditional Healers' Organization was created in South Africa.[5] In 2007, it was estimated that there were 25000 traditional health practitioners (THPs) in Kwa-Zulu Natal, South Africa,[11] and only 27000 allopathic medical practitioners in South Africa.[5]

The Traditional Healers Organization currently represents more than 180000 traditional health practitioners (THPs) from South Africa and a number of neighbouring countries, including Swaziland, Zambia, and Zimbabwe.[12] Every year 1500 tons of traditional medicines are sold in medicine markets in Durban alone. The traditional medicine industry is worth up to 2 300 000 South African rands per year.[5] South Africa regulates Ayurveda, Chinese Medicine and Acupuncture, Chiropractors, Homeopaths, Osteopaths, and Naturopaths, Phytotherapy, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Therapeutic Reflexology and Unani-Tibb under the Allied Health Service Professions Act of 1982, as amended.[13] Qualified traditional healers register with the Traditional Healers' Organization and are given a book to certify that they are qualified healers. The qualifications are valid in Africa, Asia, Latin America, Europe, and Australia.[12] There are currently about 3600 registered Allied Health Care Professionals in South Africa.[11] The Allied Health Professions Council of South Africa (AHPCSA) is a statutory health body established in terms of the Allied Health Professions Act, 63 of 1982 in order to control all allied health professions, which includes Ayurveda, Chinese Medicine and Acupuncture, Chiropractic, Homeopathy, Naturopathy, Osteopathy, Phytotherapy, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Therapeutic Reflexology and Unani-Tibb but African traditional health practitioners(THPs) are excluded.[13,14.]

Recent amendments to the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965) as outlined by the Department of Health (DoH) and Medicines Control Council (MCC) have set new boundaries for the marketing and sale of Complementary and Alternative Medicines (CAMs) in South Africa. The legislation, published into law on 15 November 2013, calls for certain standards to be met using a phased-in approach for implementation. These standards include, among others, the removal of banned substances and scheduled substances (by December 2013), changes to label information on pack (by 15 February 2014) and registration of certain product groups with the MCC (several dates and call-ups). This relates to products that fall within the CAMs definition as outlined by the DoH and MCC. Furthermore, most, if not all, complementary medicines will need to be manufactured in a MCC-licensed pharmaceutical plant and all Complementary Medicine importers, retailers, wholesalers and marketers are required to obtain a licence to import and sell these products.[15,16]

The African National Congress (ANC) Health Plan of 1994 stated that 'traditional healing will become an integral and recognized part of health care in South Africa. Consumers will be allowed to choose whom to consult for their health care, and legislation will be changed to facilitate controlled use of traditional practitioners.'[17] The Traditional Health Practitioners Bill was introduced to Parliament in 2003, and the Traditional Health Practitioners Act (THPA) of 2004 was signed into law on 7 February 2005.[18] The Constitutional Court ruled that this Act be returned to Parliament, as it was improperly processed by the National Council of Provinces (NCOP).[11] Doctors for Life International (DFL), which upholds Christian moral values,[19] opposed the THP Bill and the THPA, arguing that medical practice not based on the allopathic system is potentially harmful to the public and economically detrimental.[19] Following public meetings in all provinces in 2007, the THP Bill (Bill 20 of 2007) was approved and the THPA (No. 22 of 2007) was signed into law in 2008.[20] The inauguration of the Interim Traditional Health Practitioners Council was done on 11 February 2012 it was an important step towards integrating African Traditional Medicine into the National Health System in South Africa. According to South African traditional health practitioner act, 2007(Act No.22 of 2007), traditional healers who are sangomas (Diviners), Inyanga (traditional doctor/Herbalist), traditional birth attendents, and traditional surgeon (circumcision) practice are legally recognized in South Africa as "traditional health practitioners".

Sangoma (diviner); A sangoma or diviner is the most senior of the traditional healers. She is a person who defines an illness (diagnostician) and also divines the circumstances of the illness in the cultural context (diviner). Diviners are usually female. A diviner may or may not have knowledge of medicinal herbs. They are highly respected in their community for their leadership and mystical powers.[21]

Inyanga (traditional doctor or herbalist); An inyanga specialises in the use of herbal and other medicinal preparations for treating diseases. He possesses an extensive knowledge of curative herbs, natural treatments and medicinal mixtures of animal origin. He does not receive a calling, and chooses to become an inyanga. Approximately 90% of inyangas are male.[21]

Traditional midwife/birth attendant; Traditional birth attendants (ababelithisi) are usually elderly women who have been midwives for many years and are highly respected for their obstetric and ritual expertise. They focus their attention on pregnancy problems and assist pregnant women at deliveries.[21]

Table 1-1. Difference between selected types of traditional healers.[21]

	Sangoma (Diviners)	**Inyanga (Herbalist)**	**Spiritual Healer**
Skills	"Called" by spirits • Apprenticed to an expert • Medical skills acquired as an inyan	Individual choice to become one • Apprenticed to an expert	Trances and contact with spirits
Method of service	• Essentially diagnostic • Throws and reads "bones" • Divination through trance • Contact with patient not needed for diagnosis • History, symptoms and nature of problem not revealed by patients	• Knowledge of symptoms and patient's history necessary • Contact with patient necessary	Essentially diagnostic
Nature of service	• Conflict resolution • Confirms patient's beliefs • Revelation of misfortune and illness • Recommends solution • Provides expertise and leadership	• Comprehensive, curative, prophylactic, ritualistic and symbolic	Lays on hands, prays, provides holy water and other symbols
Accessibility	Depends on grades (relatively few high grade, whilst lower grade much more accessible)	Freely accessible	Freely accessible

1.2 Description of the core research problems and its significance

The research is primarily based upon the need to integrate traditional medicines into western medicine and to facilitate the collaboration of traditional health practitioners with other health care workers of the National Health care system. The collaboration defined as cooperative arrangement in which two or more parties (which may or may not have any previous relationship) work jointly towards a common-goal.[22]

WHO refers to collaborative practice as the practice of health-care when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings. Practice includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, management and sanitation engineering.[23] with integration meaning the combining or adding of different parts to make a unified whole.[24] According to WHO, the most common use of "integration" can be summarized as: "The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.[25]

Research had found that allopathic medical doctors in rural areas regularly encounter patients who visit traditional doctors initially before presenting themselves to allopathic-medical doctors.[26]

The degree of interaction between TCAM and allopathic modalities in the effective treatment of patients visiting both allopathic practitioners and Traditional health practitioners (THPs) are unknown. This poses a major challenge in effectively managing patients especially HIV infected patients where adherence and resistance are important contributors to the HIV epidemic. Therefore, a good collaborative relationship between these two different health practitioners and healthcare systems is needed to optimally treat HIV infected patients.

Secondly it is becoming more apparent that an alternative treatment of medicine is required because of several disadvantages that Western medicine poses.[27] In recent past decades, traditional healing has emerged as an alternative tool to the Western medicine due to the former's holistic approach. In turn this has become an important issue which grabs attention since it is necessary to optimize the best health care which is required for everyone.[27,28] Further African traditional healers have played a paramount role in the South African culture for a long time. These healers are more respected and widely consulted because of their closer and affordable relationship than western counterparts.[11]

In addition, the African Union (AU) declared in 2001 the Decade of African Traditional Medicine , and African governments have recognised the wide use of traditional medicine and the importance of optimising its integration into national health care systems.[29] Also, WHO Traditional Medicine Strategy 2002-2005 has framed regulations in order to promote traditional medicine practice and its amalgamation into nation's health to bring down mortality and morbidity particularly in under developed countries.[1]

The South African government recognised the importance of THPs and approved the THPs bill in 2007 as a measure of improving health care.[29] Under this act, the following are registrable: herbalists (*izinyanga* or *amaxhwele*), diviners (*izangoma* or *amagqirha*), traditional surgeons (*iingcibi*) and traditional birth attendants (*ababelethisi* or *abazalisi*). To endorse all these, some studies have already shown the possible role of traditional practitioners in adherence to HIV prevention and antiretroviral drugs for prevention of mother-to-child transmission of HIV.[20]

Traditional healing is regarded as one of the important treatments for curing diseases in African countries as most of the people believe that this methodology is more effective.[30] Further, traditional healers are regarded as an important national health resource.[31] The findings of this research would provide a road map for the collaboration and integration of African traditional healers into the South African health care system. This study will also enable the South African government to identify the needs and demands of the traditional healer's practitioners in order to have positive health outcomes in South Africa.Traditional healers hold an esteemed and powerful position in Southern African societies[32] People consult THPs for various problems ranging from social dilemmas to major medical diseases

where the role of THPs is that of a physician, counsellor, psychiatrist and priest and hence they play a major role in maintaining the health condition of South Africa.[21] It is a well-known fact that disease burden has severely hit the population of South Africa and there is already a heavy load on biomedical system to meet the demands in terms of man power, and positive health outcomes especially in rural areas. This challenge can be met by the integration and collaboration of western medicine with THPs, thus lessening the impact. Given the widespread usage of THPs this collaboration could be beneficial to the community, which collaboration has long been advocated by the WHO.[33]

In the aforementioned shortcomings, government and some civic bodies have understood that there is a pressing need for more human resources to maintain good health outcomes. The government of South Africa also identified the importance of THPs, thus allowing the THPs to have their own council and promulgate their own Act. However, THPs have not shown great enthusiasm to collaborate with Western medicine. The reasons for this and if there are any barriers that prevent THPs from actually getting into western system has not been explored. It is commonly known that, doctors from Western medicine always disagree in terms of quality, efficacy, safety of drugs used by THPs hence their scepticism about THPs. This study aims at unpacking the reasons and barriers that THPs forward as to why they do not want to be incorporated into the mainstream health care system.

1.3 Research Questions of study

The general question of this study is "What are the factors limiting the integration of traditional medicine into western medicine and the collaboration henceforth of traditional healers into the national healthcare system?" Our specific questions for this study were as follows:

1. What are the socio demographics of traditional health practitioners (THPs)?
2. What are the reasons for willingness & unwillingness of traditional health practitioners (THPs) to collaborate with the allopathic health care professionals.?

Hence the aim and objectives of this study are as follows:

1.4 Aim of the study

To identify the factors that poses a barrier or facilitates the integration of traditional medicine into western medicine and the collaboration of African Traditional Healers (ATH) with Allopathic healthcare professionals .

1.5 Specific objectives of the study

1. To describe the demographics of traditional health practitioners (THPs)
2. To ascertain whether traditional healers would be willing to join the allopathic medicine system.
3. To identify the reasons for their willingness or unwillingness to join the allopathic medicine system.

4. To describe potential barriers that prevents effective collaboration between traditional health practitioners (THPs) and western health practitioners.

1.6 Description of study area

The study was carried out in the eThekwini metro and surrounding areas of KwaZulu-Natal. Kwa-Zulu Natal is one of the 9 provinces of South Africa that has a population of 10.92 million.[34] According to AVERT in the Kwazulu-Natal province 40 % incidence of HIV/AIDS.[35]

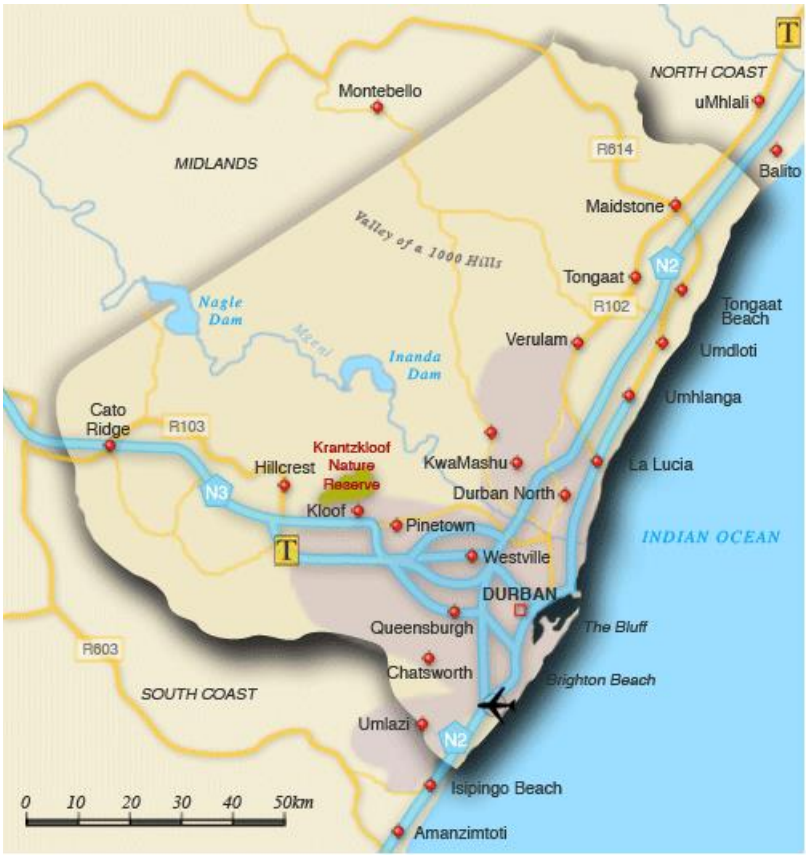

Figure 1-1. eThekwini Metro and surrounding area of Kwazulu-Natal

However data recently released by the Department of Health (DoH), KwaZulu-Natal recorded a notable decrease in antenatal HIV prevalence by 2.1% (39.5% to 37.4%) (95% CI: 35.8 – 39.0%).[33] Though , the prevalence in some districts, still remains above 40%, including Ugu and uMkhanyakude districts which both recorded HIV prevalence of 41.7% and 41.1% respectively amongst pregnant women.[36]

According to the Food and Agriculture Organisation (FAO), in 1998 there were estimated to be between 7 600 and 15 600 traditional healers operating in KwaZulu-Natal.[37]

eThekwini Metro is one of the 11 districts of the province of KwaZulu-Natal of South Africa with a population of 3,442,361. The annual antenatal HIV sero-prevalence result indicate that HIV in the pregnant population has stabilised at an alarmingly high rate of approximately 38% within the eThekwini Metro area.[38]

1.7 Methodology

1.7.1 Study design and Study Area

A descriptive cross-sectional study was undertaken with traditional health practitioners (THPs) working in the eThekwini Metropolitan Health District & surrounding areas, of KwaZulu-Natal, South Africa between June 2015 to January 2016.

1.7.2 Study population

The study population included THPs that were managing patients that were both HIV infected as well as suffering from other communicable and non- communicable disease in the eThekwini Metropolitan Health District and surrounding areas.

1.7.3 Study sample

THPs that were managing patients that were both HIV infected as well as suffering from other communicable and non- communicable disease and who were willing to participate were included in the study. To detect a minimum of 10% difference at 95% confidence interval and a power of 80%, a minimum sample size of 138 was computed using a formula previously described in the literature.[39]

1.7.3.1. Inclusion and Exclusion criteria

All Traditional Health Practitioners (THPs) that were managing both communicable and non – communicable diseases and were 18years and older were included in the sample population.

Exclusion:

Traditional Health Practitioners (THPs) that did not manage both communicable and non-communicable diseases and were below 18 years old were excluded from the study.

1.7.4 Data collection technique and instruments

Using a structured coded questionnaire interviews were carried out with traditional health practitioners (THPs) that gave consent to be part of the study. No participant was identified by name; all participants were coded. The interview was conducted by interviewers in the language of the THPs (Zulu and English). All responses were recorded either by the respondent or the interviewer onto the questionnaire. All information obtained was kept confidential.

1.7.5 Data capture & analysis

The completed questionnaires were then collected and the data was entered onto excel sheet and exported onto Statistical Package for the Social Sciences (SPSS) and analysed using the SPSS statistical programme for window, version 22. The data was presented in frequency distribution tables. Categorical variables are presented as bar graphs.

1.7.6 Ethical considerations

The study received ethical approval under reference number BE418/14 from the Biomedical Research Ethics Committee of the, University of KwaZulu-Natal.

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Chapter 2: Willingness of traditional health practitioners to collaborate with Allopathic doctors in the eThekwini Metro of Kwa Zulu Natal, South Africa and the reasons there of.

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Abstract

Compared to rest of the world, there are more of diseases in Africa which are due to shortcomings like poverty, shortage in food, improper health care and unable to reach the Western medicines/treatment. Nearly 80% of the South African population rely on Traditional Health Practitioners (THPs) for their primary health care needs. In 2000, the WHO Regional Committee for Africa adopted Resolution AF/RC50/R3 on Promoting the Role of TM in Health Systems: A Strategy for the African Region. In South Africa the Traditional Health Practitioners' Act of 2007 was passed to regulate practitioners. The purpose of the study was to determine willingness of traditional health practitioners to collaborate and integrate into National Health Care System (NHCS) in Kwa Zulu Natal, South Africa**.** A cross sectional survey was conducted in the eThekwini Metropolitan Health District and surrounding areas of KZN, South Africa with a sample of 171 THPs using semi structured interviews. The mean age of THPs were between the age group of 46 to 55 years. Majority 97 (56.7 %) were males, and almost 59 (34.5 %) THPs had formal education. Seventy-six percent (130/171) THPs reported willingness to collaborate with allopathic medical practitioners. Majority THPs 83.6 % (143/171) thought that western medical practitioners and THPs could work together. The 81.3 % (139/171) perceived that collaboration between allopathic medical practitioners and THPs was beneficial for patients. Total 87.1 % (149/171) THPs indicated a willingness to learn allopathic medicine. The willingness of THPs to collaborate with allopathic medical practitioners and learn allopathic medicine with allopathic medical practitioners has positive suggestions in the eThekwini Metropolitan Health District and surrounding areas of KZN, South Africa.

1. Introduction

In countries with limited access to allopathic medicine, the main source of health care is traditional medicine (TM). For centuries, traditional African healing has played an important role in the health care system in South Africa and elsewhere on the African continent. Nearly 80% of the South African population rely on Traditional Health Practitioners (THPs) for their primary health care needs.[1]

The World Health Organization (WHO) defines traditional medicine as "the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being."[2]

Compared to rest of the world, there are more of diseases in Africa which are due to shortcomings like poverty, shortage in food, improper health care and unable to reach the Western medicines/treatment. Though knowledge exists for treating old diseases through African traditional medicines which has been passed down from generations to generations, there is a lack of knowledge about treating the so-called 'new diseases' by the TM and there is a much demand for generation of this knowledge.[3]

The African National Congress (ANC) Health Plan of 1994 stated that 'traditional healing will become an integral and recognized part of health care in South Africa. Consumers will be allowed to choose whom to consult for their health care, and legislation will be changed to facilitate controlled use of traditional practitioners.'[4]

In South Africa, traditional medicine (TM), complementary and alternative medicine (CAM) are governed by two separate bodies. TM is regulated by the Traditional Healers Council (THC) and CAM by the Allied Health Professions Council of South Africa (AHPCSA).[5]

In 2000, the WHO Regional Committee for Africa adopted Resolution AF/RC50/R3 on Promoting the Role of TM in Health Systems: A Strategy for the African Region.[6] The World Health Organization (WHO) Traditional Medicine Strategy 2002-2005 provided a framework to promote TM and its integration into national healthcare to reduce mortality and morbidity, especially in the least-developed countries.[7] The African Union (AU) in 2001, declared the period 2001–2010 as the Decade of African Traditional Medicine and in 2003 adopted a plan of action for its implementation. However, there is provision in the Traditional Health Practitioners Act (Act 35 of 2004) to accommodate more practices.[5]

The Traditional Health Practitioners' Act of 2007 was passed to regulate practitioners. The main aim of the Act was to ensure "the efficacy, safety and control of traditional health care services, to provide for the management and control over the registration, training and conduct of practitioners and students."[8]

THPs should be integrated into the main healthcare stream as this integration is helpful and beneficial for curing deadly diseases,[9] since both the THPs and bio-medically trained doctors can work together

for the benefit of the patient. However, to motivate this and to have strong collaboration, various factors have to be taken into consideration. It is suggested that the ideas of THPs must be accepted by bio-medically trained doctors and their methods and knowledge must be shared between the two types of partners.[10]

The present study therefore explored the collaboration and integration of THPs into NHCS in the province of KwaZulu-Natal, South Africa and the reasons thereof of non- collaboration or integration.

2. Methodology

2.1 Study design and Study Area

A descriptive cross-sectional study involving traditional health practitioners (THPs) working in the eThekwini Metropolitan Health District and surrounding areas of Kwa Zulu Natal(KZN), South Africa was undertaken between June 2015 to January 2016.

2.2 Study Population and Method of Recruitment

2.2.1 Study population with Inclusion and Exclusion Criteria.

The study consisted of THPs practising in the eThekwini Metropolitan Health District and surrounding areas of KZN South Africa. The THPs had to be 18 years and older and to be managing both communicable and non- communicable diseases. All THPs not fitting this criteria and who were not willing to participate were excluded from the study.

2.2.2. Recruitment and selection of participants

After getting gatekeepers permissions with the help of community health workers, the researcher together with the field workers were able to identify the THPs. The nature of the study including all ethical considerations and in particular the THP right not to participate and also the right to withdraw from the study at any time was explained to the THP. Those who signed consent forms were recruited. Up to three attempts were made to contact each respondent selected to participate.

2.3 Data Instrument and Collection of Data.

The data collection tool was a structured coded questionnaire that was available in both English and IsiZulu. The questionnaire was divided into different sections with Section 1 the demographic details of THPs, whilst section 2 covered the demographic details of the patients that visited the THPs and . Section 3 addressed questions pertaining to the collaborations between THPs and allopathic medical practitioners.

A trained field worker administered the structured questionnaire *via* face to face interviews with THPs, after obtaining their consent. Interviews were carried out by interviewers in the preferred language of the participant. Some interviews were conducted in the Markets and some interviews at the THPs home.

2.4 Data Analysis

The data obtained from the study was entered onto an Excel sheet and exported onto SPSS and analysed using SPSS statistical programme (version 22). The data was presented in frequency distribution tables and the categorical variables represented as bar graphs.

2.5 Ethical consideration

Ethical approval for this study was obtained from the University of KwaZulu-Natal's Bio-medical Research Ethics Committee (Ethical Approval number: BE418/14).

3. Results

171 THP completed the questionnaire.

3.1 Socio demographic of THPs

Table 2-1 presents the socio-demographic characteristics of participants. More than half of the participants (93/171, 54 %) were between the age group of 46 to 55 years. The majority of participants were male (97/171, 56.7 %), results further displayed many of the THPs had completed high school (30/171,17.5%) and or had some high school education (29/171,17 %) Among, 171 interviewed, 55 % were currently practicing as full time THPs (95/171, 55.6%). More than half of THPs had experience ranging between 6 to 10 years.

3.2 Willingness of THPs to collaborate with allopathic medical practitioners

Figure 2-1 illustrates the frequency of responses about the willingness of THPs to collaborate with allopathic medical health practitioners. 76 % of THPs (130/171) reported willingness to collaborate with allopathic medical practitioners.

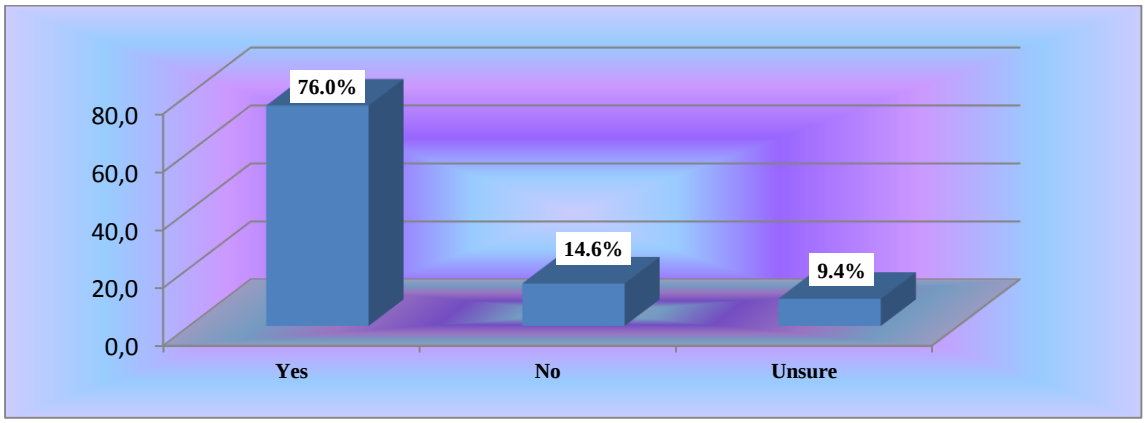

Figure 2-1. Willingness of THPs to collaborate

Table 2-1. Socio-demographic data of Traditional Health Practitioners (THPs)

Age	**Frequency**	**Percentage**
19-25	6	3.5
26-30	4	2.3
31-35	23	13.5
36-40	15	8.8
41-45	17	9.9
46-50	53	31.0
51-55	40	23.4
56-60	8	4.7
61-65	5	2.9
Gender		
Male	97	56.7
Female	68	39.8
Transgender	6	3.5
Level of Education		
No Formal Education	13	7.6
Primary	11	6.4
Some High School	29	17.0
Completed High School	30	17.5
Higher Certificate	10	5.8
Diploma	1	0.6
Completed UG	2	1.2
Practice of THPs		
Currently Practicing as full-time	95	55.6
Currently Not Practicing as full-time	76	44.4
Work Experience		
Below 1 year		
1-5 year	19	11.1
6-10 year	88	51.5
Above 10 years	64	37.4
Total Number of Respondents 171(100%)		

Table 2-2. Main reasons of Traditional Health Practitioners (THPs) for willingness and unwillingness for collaboration

Sr. No.	Willingness reasons of THPs for collaboration	Unwillingness reasons of THPs for collaboration
1	Western doctors are more aware	Practice is spiritual method not scientific
2	Some patients need medical observation it would easy to transfer patients to near hospital	Cause confusions on beliefs
3	Increase knowledge of healers	Some prefer only traditional practice they don't have any problems against western doctors
4	Screening done by doctors help for diagnosis	Western doctors using chemicals medicine and THPs using herbs
5	Both i.e. indigenous and western knowledge combined together beneficial for patients	Different methods of diagnosis
6	Collaboration build the trust between two systems	Only willing to collaborate if they having mutual respect between THPs and western doctors
7	Facilities more for patients in the hospitals	THPs wants to work in their place not in hospitals/clinics

Majority of the interviewed THPs 83.6 % (143/171) thought that western medical practitioners and THPs could work together and only 16.4 % (28/171) indicated that both could not work together.

A large number of the interviewed THPs 81.3 % (139/171) perceived that collaboration between allopathic medical practitioners and THPs was beneficial for patients whilst 18.7 % (32/171) THPs found that it was not beneficial for patients. Sixty-eight per cent of THPs (117/171) indicated willingness to work side by side with allopathic medical practitioners in clinics and 31.6 % (54/171) of the THPs were not willing to work with allopathic medical practitioners in clinics. Seventy-two percent (124/171) of the THPs reported that if THPs worked with allopathic medical practitioners, then THPs would lose their identity.

A question on whether they could work in the same place, yielded the following response, 76 % (130/171) of the THPs thought that allopathic medical practitioners would steal their knowledge with 0.6 % (1/171) of the THP reported that they were not sure.

Another finding was that, 36.8 % (63/171) of the THPs thought allopathic medical practitioners believe that THPs are not good whilst 63.2 % (108/171) THPs said western medical practitioners believe THPs are good. Total 87.1 % (149/171) THPs indicated a willingness to learn allopathic medicine with 12.9 % (22/171) THPs not willing to learn western medicine.

4. Discussion

This study found that more than half of the participants were between the age group of 46 to 55 years. The older age of THPs in many countries could be one of the reasons for the popularity of TM because the elderly is respected among local communities.[11]

The majority of THPs in this study were male, this is in agreement with studies conducted in Lagos, in Nigeria[12] and Limpopo, in South Africa, where male THPs were predominant.[13]. This supports the conception that traditional healing is a male dominated practice.[14] Although gender role in traditional healing in African settings are influenced by cultural beliefs and differ with countries and regions,[15] Cheikhyoussef reported that in the Oshikoto region of Namibia, female THPs were more involved in traditional healing than males.[16]

The current study found that most of the THPs had 6 to 10 years of experience which is in agreement with studies conducted in Lagos, in Nigeria showing that 6 to 10 years of experience [12] and/or in Limpopo, South Africa where male THPs had 5 to 10 years of experience and female THPs had 6 to 10 years of experience.[13] In this study it can be seen that THPs were willing to work with bio-medically trained healthcare workers since they found that the collaboration was beneficial for their patients. A similar trend of results was also observed in a study conducted in the Tutume sub- district (Botswana) which describes that the majority of the THPs had positive attitudes towards Biomedical Health Practitioners (BHPs) and were eager to collaborate.[17] On the contrary, a study conducted in Amathole District in the Eastern Cape, South Africa has reported that almost all the allopathic health practitioners who participated in the study stated that they had negative attitude towards THPs and often advised patients against seeking the services of THPs.[18] To support this negative effect, another study from Ttutume sub- district, Botswana reported that BHPs were not ready to collaborate with THPs in HIV and AIDS care. BHPs wanted collaboration to be on their terms, that means, they preferred the collaboration to be limited to one way referrals from THPs to BHPs; they wanted to teach THPs but they were not willing to learn from them and they had negative opinions of the traditional health practice. Therefore, lack of specific guidelines on collaboration negatively affected collaborative efforts in the sub-district.[19]

The present work reports that THPs are willing to work with Western medical practitioners in public clinics but the majority of THPs thought that if both worked together they would lose their identity and the allopathic medical practitioners will steal their knowledge. Moreover, interviewed THPs believed that western medical practitioners had a wrong attitude and mistrust towards the practice of traditional healers. To support our findings, a study conducted in Tutume sub-district, Botswana, had a view where in the majority of THPs were willing to accept BHPs as colleagues and also they believed that biomedical health system was useful for HIV/AIDS treatment. Almost all THPs would like to share their knowledge with BHPs and they referred patients to BHPs.[17] Similarly, another study conducted

among the traditional healers in Ethiopia has revealed that those THPs who obtained their knowledge from their relatives, expressed willingness to convey knowledge to Western medical practitioners.[20] Another similar finding was observed in a study conducted in Bui Division, Cameroon, which stated that there is little collaboration between the oral health workers and THPs and only 6% of all patients seen by THPs are referred to the dentist. Traditional healers are willing to co-operate with oral health workers in improving oral health.[14]

A study conducted in the Pacific island nation of Vanuatu, found that eighteen of the nineteen traditional healers that were interviewed, were willing to collaborate with the national TB programme(NTP). Seven healers indicated that a small token of appreciation including money, would be appreciated.[21] Another study that was carried out in June 2007 with 24 traditional healers practicing in three villages of the Eastern Cape region, showed that almost all the healers had a desire to collaborate with allopathic physicians (88%), but many noted that this was not occurring. When discussing collaboration, many healers stated a desire to work side-by-side with allopathic physicians in hospitals and clinics. However the healers believe that the allopathic physicians do not want to work with traditional healers because they do not view them as effective and valuable health professionals. Three traditional healers stated unwillingness to collaborate because of their belief in the efficacy of their practices and the ineffectiveness of Western medicine to cure patients.[22] Findings of another study demonstrated that allopathic health practitioners employed by Limpopo's Department of Health, stated they are not ready to work with traditional health practitioners because of the challenges of quality of health care, difference regarding concept of sciences, source of knowledge and the lack of policy on collaboration.[23] Therefore it would be important to gauge the willingness of the allopathic doctors in the private health care sector and those working for the department of the KwaZulu Natal provincial health department (including their patients) to a collaborative practice with THPs and their reasons thereof, in order to successfully facilitate such collaboration. The opinions of western doctors and patients are crucial for a greater understanding of factors contributing to the willingness for collaboration and effective integration of THPs into the mainstream health care system. For effective integration the most evident barrier is the immensely different belief of traditional health practitioners i.e. the way of practicing is different with regards to illness, health, diagnosis and healing. Another barrier for integration is the THPs' beliefs on the connection between ancestors, spirit and illness and the THPs feelings of disrespect from western health practitioners with some having a fear of losing their identity if they share ideas and information.

5. Limitations of the study

Since this study was conducted in the eThekwini Metropolitan health district and surrounding areas of KZN, which is only 1 province, the results cannot be generalised to the entire THPs practices of South

Africa. Moreover, this study was limited to THPs. The views and perceptions of allopathic medical practitioners and subsequent patients of both health practitioners have not been surveyed which limits the conclusion of this study. Another limitation relates to this being a self-reported study, where the reliability of self-reporting is difficult to substantiate as information was collected and analyzed based on what the THP reported. Finally, as a cross-sectional study, the direction of the association may not be causal.

6. Conclusion and Recommendations:

The enthusiasm of THPs to learn from bio-medically trained healthcare workers and their inclination to share their knowledge on traditional healing with allopathic medical practitioners have been demonstrated in the eThekwini Metropolitan Health District, South Africa. Collaboration between THPs and allopathic medical practitioners is possible but can only be successful if the attitudes of allopathic medical practitioners towards THPs are improved and barriers to collaboration are dealt with. The willingness of THPs to learn some biomedical skills suggests that THPs would be receptive to knowledge concerning HIV/AIDS and represents a unique opportunity for collaboration. More efforts should be taken to strengthen the sharing of knowledge through seminars and workshops as stipulated in the National policy on traditional medicine. Further studies are needed, to look at barriers to collaboration from bio-medically trained health care workers and or patients in the mainstream healthcare system.

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Chapter 3: Synthesis

Introduction

In this chapter, we discuss the major findings of this research, followed by conclusions and recommendations based on the work carried out and its outcomes.

1. Demographics of Traditional Health Practitioners

This study found that the largest proportion of participants were in the age group of 46 to 55 years with less than 6 % of traditional healers being in the 19 to 30 years age groups. This finding is consistent with another study done in Zambia with 2 urban sites where the average age of the THP's was found to be 48 years old.[1] The dominance of male THPs in the study area of the eThekwini Metropolitan and surrounding areas of KwaZulu-Natal is in contrast with 2 other studies. The first study that was done in the province of Northern Cape South Africa, found that female THPs outnumbered their male counterparts [2] and the second study done in Zambia also reported that female THPs were in majority compared to male healers.[1]

In this study it was reported that the majority of the THPs had some formal education which is similar to studies carried out in the areas of Arusha and Dar-es-Salaam municipalities in Tanzania and Zambia. In the former study area, it was stated that most of the THPs had primary education[3] whilst in the Zambian studies it was reported that most of the THPs were literate.[1] However, these findings are not consistent with a study done in the Limpopo province of SA where it was found that THPs had no formal education.[4] Gessler *et al*. however showed that these low levels of education were not universal in Africa; for example, 61% of the healers in Tanzania reportedly reached primary school, with only 23% with no formal education.[5]

In this study fifty-five percent of respondents were currently practicing as full time workers which is consistent with finding of another study conducted in Mankweng, Northern Province of South Africa. where THPs were practicing as full- time workers.[6]

In terms of their experience the majority of traditional healers had 6 to 10 years of work experience. This is similar to a study carried out in the area of Awolowo market at Odi-Olowo, Mushin Local Government Area of Lagos State Nigeria, where the THPs had 6 to 10 years of work experience[7] and to a study done in Shirka district, Arsi zone, Ethiopia, where it was found that 55 % THPs had work experience below 10 years.[8]

2. Importance of Traditional Health Practitioners (THPs) for HIV/AIDS and their Collaboration with Western Medicine system.

This study found 77.8 % THPs managed HIV/AIDS infection where 22.8 % THPs explained they are not managing HIV/AIDs the disease as such but are treating conditions like chlamydia, body rash, bone problems, gonorrhoea, hepatitis, headache, female infertility, erectile dysfunction, dehydration, ulcers, backache, hypertension, stomach-ache, shingles, vaginitis, bone problems, tuberculosis. In another study where THP's were managing HIV/AIDS it was found that 75% of them who claimed to manage HIV/AIDS knew some symptoms of HIV/AIDS and some of the THPs attempted to manage these symptoms.[3] Whilst in a study done by Mills *et al*, it was found that the role of THP in HIV management was also important.[9] A number of studies have been conducted in most African countries and particularly South Africa and Tanzania to determine the role of traditional healers in sexually transmitted infections including HIV/AIDS as well as with addressing collaboration between traditional and biomedical health care systems.[3,9,10] A similar study carried out by the United States President's Emergency Plan for AIDS Relief (PEPFAR), the University of KwaZulu-Natal (UKZN), KZN Department of Health, eThekwini Municipality Health Unit and KZN THPs, concluded that the development and empowerment of THPs could play a meaningful role of national strategic importance in health care service delivery in South Africa.[10] A study carried out in Northern Cape, South Africa reported that less than 50% of both trained and untrained THPs on HIV/AIDS management would treat a person they suspected of being HIV positive in Kuruman, Northern Cape province, South Africa.[2] This was shown in the expression of enthusiasm about the possibility of collaborating with bio-medical practitioners in the prevention and care of HIV and AIDS patients.[2]

3. Attitude of Traditional Health Practitioners towards collaboration with Western medical practitioners

In this study, 76% of the THPs (130 out of 171) expressed their willingness to collaborate with western medical practitioners. Alliances between traditional and allopathic health care workers will benefit communities significantly. A project involving THPs, health care workers and a University was the first and largest of its kind that had successfully demonstrated that collaboration between these sectors is possible and had suggested that collaboration should include the management of all disease conditions and not just HIV/AIDS.[10]

For African nations collaboration between traditional healers and western medical health systems is an innovative and effective strategy that can play a vital role in Africa's AIDS prevention and control programs.[11]

According to the UNAIDS programme, collaboration between THPs and BHPs means bringing the two parties together to assist people afflicted by different diseases such as TB and HIV/AIDS; this could

be seen as a means of creating mutual understanding between THPs and BHPs.[12] Collaboration between traditional healers and biomedical practitioners has been accepted by the South African Government because of the increasing problem of HIV/AIDS.[13] In Namibia, people with HIV/AIDS still regularly consulted THPs even though access to antiretroviral drugs is available; the authors further stated that all THPs in north-eastern Namibia were willing to collaborate with University of Namibia (UNAM) in order to have their traditional medicines subjected to scientific validation for the management of HIV infection.[14]

A study conducted in the area of Mankweng, Northern Province of South Africa, showed that THPs were willing to work within government health services[6] Whilst another study conducted in Nigeria, had reported that THPs had intention to collaborate with orthodox medical practitioners if such opportunity was given to them.[7] Other studies done in the area of Tutume sub district Botswana, found that THPs were eager to collaborate with allopathic health practitioners[15] but the allopathic health practitioners were not ready to collaborate with THPs.[16]

THPs practising in the in the Shirka district, Arsi zone, Ethiopia, were also willing to collaborate.[8] Another study, conducted in Tutume sub district Botswana revealed that THPs believed that the biomedical health system was useful in HIV/AIDS treatment and ART can treat HIV/AIDS.[15] This may explain why the WHO (2010) states that collaboration between the traditional healing and biomedical health systems can help to stem the tide of many of the disease pandemics that afflict the people of Africa. In order to strengthen collaboration, the UNAIDS (2006) has put together a collection of best practices on collaborating with THPs in Sub Saharan Africa.

3.1 Reasons cited by THPs for collaboration

This study found that 81.3% of traditional healers felt that collaboration with biomedical healthcare professionals would be beneficial for patients, as collaboration could assist in THPs referring patients to western healthcare system for further care. A study done in Kilombero valley, Ukerewe, Bukoba town, Dar-es-Salaam, in Tanzania, found that THPs referred some of their patients to the hospital for better treatment.[5] .Two other studies carried out in Mankweng, Northern Province of South Africa, and Zambia reported that most of the THPs had referred patients to modern health sector[6] and to BHPs.[1] In this study THPs reported that they did not have specialized equipment to diagnose the patient's illness effectively. The study done in in Kilombero valley, Ukerewe, Bukoba town, Dar-es-Salaam, in Tanzania, reported that a few THPs referred patients to the hospital just for diagnosis tests.[5]

Another reason cited in this study by THPs as to why collaboration between THPs and BHPs would be beneficial to patients was that such a collaboration would build trust between THPs and western trained doctors. This trust will allow patients to be more open and eliminate any fear of discrimination. This

finding is consistent with the findings of another study conducted in Makueni County, located in the arid and semiarid areas of Eastern Kenya, which concluded that dialogue formation between the formal and the informal health workers was crucial in establishing trust and respect between both practitioners and in improving mental health care in Kenya.[17]

A further finding in this study that lends support to the THPs wanting to collaborate was the fact that the majority of THPs interviewed (83.3%) felt that they could work together with the western medical practitioners. Sixty-eight percent indicated their willingness to work with the western medical practitioners in clinics., this is similar to the findings of the Mankweng, Northern Province study where THPs were willing to work within government health services, irrespective of place.[6] According to the WHO (2007), most Governments in Africa strongly believe that THPs can be a valuable resource in communities if they work closely with BHPs in clinics and hospitals. (WHO 2007).

However, a study conducted amongst nurses in KwaZulu-Natal, demonstrated a different finding. In this study it was shown that professional nurses had mixed attitudes towards traditional healers, mostly negative (e.g. lacked training, used expired medicines, gave improper dosages, and kept poor or no records) though they did concede that THPs contribute to the management of opportunistic infections (STIs).[18]

Some of the reasons cited as to why collaboration was not welcomed by THPs was demonstrated in a study conducted in the rural area of KwaZulu-Natal, where traditional healers mentioned a lack of appreciation from the Western health services. They were also fearful of exploitation, as they did not receive any mutual referral or even feedback on their clients. In spite of this experience, they indicated that they would like training and support in mental health from the Western-style public health sector and were prepared to collaborate in this regard.[19] Another study done in KZN further elaborated on THPs unwillingness to collaborate where THPs had mixed attitudes towards nurses. The traditional healers believed that nurses undermined their work (did not accept their efficacy in treatment and consequently did not refer patients). Notably, most of the traditional healers were willing to learn and refer patients to clinics and hospitals, while this was not true for the nurses.[18] In Addis Ababa, Ethiopia, THPs reported that there was no form of co-operation with modern health professionals and the reasons were lack of motivation to collaborate and communicate with modern health service workers.[20]

3.2 Barrier for the collaboration with western medical practitioners

This study has shown that the majority of THPs wanted to collaborate with western medical practitioners and are willing to work with western medical practitioners in clinics/hospitals.

However some barriers were identified that inhibited an effective collaboration between the THPs and western medical practitioners. One of them was the difference in the levels of education, where the majority of THPs only had basic senior certificate, that affected the collaboration due to communication and understanding which made it to effectively exchange knowledge with each other.

TM is fundamentally a spiritual practice, in which the THPs believe in ancestors and the way of treatment is mainly herbal/natural in nature. The THPs find this difference in the management of patients to be far too great which will affect the collaboration. In addition the unscientific method of management also poses a challenge for collaboration. This is also a finding in a study carried out in Amathole district by Rooyen et al., where it was stated that most of western medical practitioners have a negative attitude towards THPs and their unscientific treatment methods, therefore they are unwilling to initiate any type of collaboration with them.[21]

4. Limitations of Study

This study was confined to the eThekwini Metropolitan area of KwaZulu-Natal province which is largely urban and only 1 province. Therefore, the findings could not be generalized to the entire population of traditional healers especially those practising in the rural area and to the whole of South Africa. The another limitation of this study was that the views and perceptions of the Department of health (provisional/national) as well as that of the medical establishment i.e. General practice in the area or clinics, healers representative groups, possibly patients group about collaboration and integration have not been surveyed. The opinions of western doctors and patients are crucial for a greater understanding of factors contributing to the willingness for collaboration and effective integration of THPs into the mainstream health care system. Another limitation relates to this being a self-reported study, where the reliability of self-reporting is difficult to substantiate as information was collected and analyzed based on what the THP reported. Finally, as a cross-sectional study, the direction of the association may not be causal.

5. Conclusions

It can be concluded that the majority of THPs practising in the eThekwini Metro of KZN are males, between the ages of 46 and had some formal education.

The THPs in this study were willing to collaborate with western doctors and felt that this collaboration would be beneficial for patients in South Africa.

6. Recommendations

(i) For the programme to be successful, it seeks the positive collaboration of the two health systems in order to share the knowledge among themselves. There should be a two-way education system between THPs and western doctors. Both THPs and western practitioners should be open and honest to each other in order to understand the benefits and also limitations of each system thereby strengthening the collaboration.

(ii) Government through the Department of Health and other agencies should support THPs to improve their practice by investing their own resources in the form of kits, masks and also should provide financial as well as transport assistance to participate in collaborations. Further, government should create awareness among the THPs to strengthen their view by integrating the modern practices into their system in the form of hand outs, publicity, through conducting seminars/workshops etc.

(iii) The government should pass necessary acts and policies to guide and regulate the practice of TM so that some degree of self-regulation and professionalism among THPs is provided for.

(iv) Further post graduate studies are needed to investigate the above mentioned points, especially the persistent inadequate communication between THPs and BHPs.

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Appendix 1: Information sheet about the study

Dear Sir/Madam

I am Ms. Pradnya Vinayak Gandugade, student number: 214583879, who is a Master's student in the Discipline of Pharmaceutical Sciences, at the School of Health sciences, University of KwaZulu-Natal, Westville, Durban.

As part of my masters' programme I am conducting a research on the topic entitled **"Collaboration with and integration of African traditional healers into the South African health care system".**

HIV is a pandemic disease that is taking lives of millions globally and hence treating this infection becomes most vital. There are different methods of treatment and there is a gap between western and traditional medicine. Use of traditional medicine with allopathic can be problematic in the management of patients since little is known about traditional medicines (TM), mostly due to poor interaction with traditional health practitioners (THPs). Therefore, forming a good working relationship with Traditional Health practitioners (THPs) will help bridge the gap of knowledge of traditional medicine that are used to manage patients especially HIV infected ones. This added knowledge will help to produce positive health outcomes for the patients.

Hence, this study would be conducted to form an important alliance by collaborating and integrating traditional health practitioners (THPs) into western counterparts.

I am therefore requesting you to participate in this study by filling in the attached questionnaire.

Participation in this research is voluntary, if you do not want to participate, or after agreeing to participate you want to withdraw, you will not incur any penalty or loss of treatment or any benefits to which you are normally entitled to. There will be no costs to you for your participation and also no incentive or reimbursements will be paid for your participation. You will remain anonymous and confidentiality will be protected at all times. No personal names or personal ID of patient will be used, only a code known to supervisor and researcher will be used. The information and collected data will be stored in a locked cabinet under the supervision of supervisor of this study and after five years this stored data will be destroyed. During that time the collected data will not be abused or given to any unauthorized individual. This study has been approved by the UKZN Biomedical Research Ethics Committee.

If you agree to participate, please fill the informed consent form first.

I thank you most sincerely.

Pradnya Vinayak Gandugade

In the event of any problems or concerns/questions you may contact me

Pradnya Vinayak Gandugade

Email: ayur.24@gmail.com

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OR

My supervisor

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OR

My Co-supervisor

Mr. Manimbulu Nlooto

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OR

The UKZN Biomedical Research Ethics Committee, contact details as follows:

Biomedical research Ethics administration, Research office, Westville campus, Govan Mbeki Building, Private bag X54001, Durban-4000, KwaZulu-Natal, South Africa

Telephone: +27 31 260 4769, FAX: 27 31 260 4609, Email: BREC@ukzn.ac.za

Appendix 2: Ulwazi ngocwaningo

Ngingu Ms. Pradnya Vinayak Gandugade, inombolo yokufunda: 214583879, ngingumfundi we-Masters eMnyangweni we-Pharmaceutical Sciences, eSikoleni se-Health sciences, University of KwaZulu-Natal, Westville, Durban. Njengengxenye yohlelo lwe-Masters ngenza ucwaningo olisihloko sithi "**Collaboration with and integration of African traditional healers into the South African health care system".**

I-HIV iyisifo esibulala amamiliyoni abantu emhlabeni jikelele yingakho ukwelapha lokhu kutheleleka kubalulekile. Kunezindlela ezihlukene zokuselapha kanti kunegebe elikhona phakathi kwemithi yasentshonalanga neyesintu. Ukusetshenziswa kwemithi yesintu ngokwelapha ngokuthi kunikezwe imishanguzo ingaba yinkinga ekuphathweni kweziguli njengoba kukuncane kakhulu okwaziyo ngemithi yesintu (TM) ikakhlukazi ngenxa yokungaxhumani kahle kwabelaphi bendabuko (THPs). Ngakho-ke ukwakha ububudlelwano obuhle bokusebenzisana nabelaphi bendabuko (THPs) kuyosiza ukuvala igebe lolwazi emithini yesintu esetshenziswayo ukuphatha iziguli, ikakhulukazi kulabo abasuleleke nge-HIV. Lolu lwazi olwengeziwe luzosiza ukukhiqiza imiphumela emihle ezigulini. Yingakho lolu cwaningo kufanele lwenziwe ukwakha ubudlelwano obubalukile ngokubambisana nokuhlanganisa abelaphi bendabuko (THPs) nabelaphi basentshonalanga.

Ukuzibandakanya kulolu cwaningo kungukuvolontiya, uma ungathandi ukuzibandakanya, noma emva kokuvuma ukuzibandakanya usufisa ukuhoxa angeke kube nokulahlekelwa kwakho, ukungalashwa noma eminye imihlomulo obewukade uyithola. Azikho izindleko ozozikhokha ngokuzibandakanya kwakho kanti futhi awukho umhlomulo noma ukubuyiselwa imali ngokuzibandakanya kwakho.

Igama/imininingwane yakho angeke yaziwe futhi ubumfihlo buyovikelwa ngaso sonke isikhathi. Akekho amagama abantu noma inombolo yaMazisi (ID) wesiguli eyosetshenziswa, ikhodi eyaziwa umeluleki kuphela kanye nomcwaningi eyosetshenziswa. Ulwazi oluqoqiwe luyogcinwa endaweni ekhiyiwe ngaphansi kweso likameluleki walolu cwaningo kanti luyoshatshalaliswa emva kweminyaka emihlanu. Ngaleso sikhathi, ulwazi oluqoqiwe angeke lusetshenziswe ngendlela okungesiyona noma lunikezwe kunanoma ubani ongagunyaziwe.

Lolu cwaningo luvunywe noma lugunyazwe yi-UKZN Biomedical Research Ethics Committee.
Uma kunezinkinga, imibuzo noma okukukhathazayo ungaxhumana no:
Pradnya Vinayak Gandugade

Email: ayur.24@gmail.com
+27(0)847427600

Umeluleki
Dr. Panjasaram (Vassie) Naidoo
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My Co-supervisor
Mr. Manimbulu Nlooto
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+27 (0)31 260 7030

(Noma) i-UKZN Biomedical Research Ethics Committee, imininingwane nansi:
Biomedical research Ethics administration, Research office, Westville campus, Govan Mbeki Building, Private bag X54001, Durban-4000, KwaZulu-Natal, South Africa
Ucingo: +27 31 260 4769, FAX: 27 31 260 4609, Email: BREC@ukzn.ac.za

Appendix 3: Informed Consent Form

I ……. have been informed about the study entitled" **Collaboration with and integration of African traditional healers into the South African health care system** "by Pradnya Vinayak Gandugade.

I understand the purpose and procedures of the study" **Collaboration with and integration of African traditional healers into the South African health care system".**

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any treatment or care that I would usually be entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at Email: ayur.24@gmail.com, cellular phone: +27(0)847427600.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604769 - Fax: 27 31 2604609
Email: BREC@ukzn.ac.za

_____ _____

Signature of Participant Date

_____ _____

Signature of Witness Date

_____ _____

Signature of Translator Date

Appendix 4: Ifomu yemvume/Yokuvuma

Mina……. ngazisiwe ngocwaningo olisihloko sithi: **"Collaboration with and integration of African traditional healers into the South African health care system"** lwenziwa uPradnya Vinayak Gandugade. Ngiyaziqonda izinhloso kanye nenqubo yocwaningo olisihloko: "**Collaboration with and integration of African traditional healers into the South African health care system".** Ngilinikiwe ithuba lokubuza imibuzo ngocwaningo ngase ngithola izimpendulo ezingigculisayo. Ngiyaqinisekisa ukuthi ukuzibandakanya kulolu cwaningo kungukuvolontiya kanti futhi ngingahoxa nanoma yingasiphi isikhathi ngaphandle kokuthikameza ukwelashwa noma unakekelo engijwayele ukuluthola. Ngazisiwe ngokuba khona kwanoma yisiphi isinxephezelo esikhona noma ukwelashwa ngemithi uma ngilimala ngenxa yokuzobe kwenziwa okuphathelene nocwaningo.

Uma ngisenemibuzo/okungikhathazayo noma izinkinga eziphathelene nocwaningo ngiyaqonda ukuthi ngingaxhumana nomcwaningi kule Email: ayur.24@gmail.com, umakhalekhukhwini: +27(0)847427600. Uma ngingaba nanoma emiphi imibuzo ngamalungelo ami njengozibandakanyayo ocwaningweni, noma uma kukhona okungikhathazayo ngokuthile ocwaningweni noma abacwaningi ngingaxhumana ne:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Ucingo: 27 31 2604769 - Ifeksi: 27 31 2604609
Email: BREC@ukzn.ac.za

_____ _____

Kusayine Ozibandakanyayo Uusku

_____ _____

Kusayine Ufakazi Usuku

_____ _____

Kusayine Umhumushi Usuku

Appendix 5: QUESTIONNAIRE (English version)

Dear Sir/Madam,

Please fill in the questionnaire by making a cross or a tick in the box provided. Some questions expect you to write, please do so in the spaces provided.

The questionnaire and interviews will be administered by interviewers in appropriate language (Zulu and English). Please inform the researchers for the language of choice.

I thank you for your participation and your time.

SECTION A: Demographic of Traditional Health Practitioners (THPs)

1. Participant Code

2. Age

< 18 years	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	Above 66

3. Gender

Male	Female	Transgender

4. Education

No Formal Education	Some Primary Education	Completed primary Education	Some High school Education	Completed High school Education	Higher certificate	Diploma	University	
							Completed UG	Completed PG

5. Are you working?

Yes	No

IF YES PLEASE FILL IN QUESTIONS 6 AND 7, IF NO SKIP QUESTIONS 6 AND 7.

6. Work Location

7. Work Experience

<1 year	1-5 years	6-10 years	Above 10 years

8. Marital Status

Single	Living with partner	Married	Divorced

9. Mother language

Zulu	Afrikaans	English	Others

10. Do you manage HIV/ AIDS patients?

Yes	No

<u>SECTION B: Collaboration between traditional health practitioners (THPs) and allopathic medical practitioners</u>

11. Would you like to collaborate with western medical practitioners?

Yes	No	Have not thought of it

12. A) Do you think Traditional Health Practitioners (THPs) & Western Medical Practitioners can work together?

Yes	No

12B) If yes,

Do you think the collaboration will be beneficial for patients?

Yes	No

If yes, why?

If no to 12A please state why?

---

13. Would you like to work with western medical practitioners in a clinic/ hospital?

Yes	No

If yes, why?

If no, why?

---

14. Do you think that if traditional healers and western practitioners work together Traditional Health practitioners risk losing their identity?

Yes	No	Not likely. Please explain

15. Do you think if Traditional Health Practitioners (THPs) are working with western medical practitioners in the same place, then western medicine (WM) can steal all knowledge of Traditional Health Practitioners (THPs)?

Yes	No	Not likely. Please explain

16. Do you think that western medical practitioners believe that Traditional Health Practitioners (THPs) are not good?

Yes	No

If yes, why you feel that?

---

17. Would you like to learn about western medicine if given the opportunity?

Yes	No

Appendix 6: Uhlu lwemibuzo ngesiZulu

Ngiyabingelela Baba/Mama,

Ngicela ugcwalise lolu hlu lwemibuzo ngokufaka isiphambano ebhokisini olinikeziwe. Eminye yemibuzo idinga ukuthi ubhale, bhala ezikhaleni ozinikeziwe.

Uhlu lwemibuzo nokuxoxisana kuzokwenziwa abacwaningi ngolimi olufanele (IsiZulu neSingisi). Sicela wazise abacwaningi ngolimi olukhethayo.

Ngiyanibonga ngokuzibandakanya nangesikhathi senu.

ISIGABA A: Izinhlobo zabelaphi bendabuko ngokwebala nalapho behlala khona (THPs)

1. Ikhodi yozibandakanyayo

2. Ubudala

Ngaphezu kuka 18 iminyaka	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	Ngaphezu kuka 66

3. Ubulili

Owesilisa	Owesifazane

4. Imfundo

Ayikho	Encane yamabanga aphansi	Ngiqede eyamabanga aphansi	Encane yamabanga aphezulu	Ngiqede eyamabanga aphezulu	Isitifiketi Esiphezulu	I-Diploma	Inyuvesi	
							Iziqu zokuqala	Iziqu ozithola sewuqede iziqu zokuqala

5. Uyasebenza?

Yebo	Cha

Uma impendulo yakho kungu Yebo. Sicela ugcwalise umbuzo 6 no 7, uma impendulo kungu Cha, ungawugcwalisi umbuzo 6 no 7.

6. Indawo lapho usebenza khona

7. Isikhathi osewusisebenzile

Ngaphansi konyaka (< 1 year)	Iminyaka 1 -5	Iminyaka 6-10	Ngaphezu kweminyaka eyishumi

8. Isimo somshado

Awushadile	Uhlala nophathina wakho	Ushadile	Udivosile

9. Ulimi lwebele

IsiZulu	IsiBhunu	Isingisi	Okunye

10. Uyazelapha iziguli ezine-HIV?

Yebo	Cha

ISIGABA B: Ukusebenzisana phakathi kwaBelaphi beNdabuko (THPs) kanye nabelaphi basentshonalanga.

11. Ungathanda ukusebenzisana nabelaphi basentshonalanga?

Yebo	Cha	Bengingakaze ngicabange ngakho

12. A) Ucabanga ukuthi aBelaphi Bendabuko (THPs) kanye nabaseNtshonalanga bangasebenza ndawonye?

Yebo	Cha

12 B) Uma impendulo kungu Yebo,
Ucabanga ukuthi ukusebenzisana kuyoba nomhlomulo ezigulini?

Yebo	Cha

Uma impendulo kungu Yebo, kungani usho kanjalo?

…..……

……..

Uma impendulo ku 12 A) kungu Cha, chaza ukuthi kungani?

……

……

13. Ungathanda ukusebenza nabelaphi basentshonalanga emtholampilo/ esibhedlela?

Yebo	Cha

Uma impendulo kungu Yebo, kungani usho kanjalo?

…….

……..

Uma impendulo kungu Cha, chaza ukuthi kungani?

……

……

14. Ucabanga ukuthi uma aBelaphi Bendabuko besebenza ndawonye nabelaphi basentshonalanga endaweni eyodwa, abelaphi bendabuko basengcupheni yokulahlekelwa ububona?

Yebo	Cha	Kungase kungenzeki. Sicela uchaze

15. Ucabanga ukuthi uma aBelaphi Bendabuko (THPs) besebenza endaweni eyodwa nabelaphi basentshonalanga (WM) abasentshonalanga bangantshontsha ulwazi lwaBelaphi Bendabuko (THPs)?

Yebo	Cha	Kungase kungenzeki. Sicela uchaze

16. Ucabanga ukuthi abelaphi basentshonalanga bakholelwa ekutheni aBelaphi Bendabuko (THPs) abekho ezingeni elikahle?

Yebo	Cha

Uma impendulo yakho kungu Yebo, yini ucabange kanjalo?

……

……

17. Ungathanda ukufunda ngemithi yasentshonalanga uma unikwa ithuba?

Yebo	Cha

Appendix 7: TREE Certificate

TRREE

Zertifikat
Certificat
Certificado
Certificate

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale
Promoting the highest ethical standards in the protection of biomedical research participants

Clinical Trials Centre
The University of Hong Kong

Certificat de formation - Training Certificate

Ce document atteste que - this document certifies that

pradnya gandugade

a complété avec succès - has successfully completed

Research Ethics Evaluation

du programme de formation TRREE en évaluation éthique de la recherche
of the TRREE training programme in research ethics evaluation

July 4, 2014
CID : UVaIMyBabe

Professeur Dominique Sprumont
Coordinateur TRREE Coordinator

FMH Continuing Education Program (5 Credits)
Programme de Formation continue (5 Crédits)

Foederatio Pharmaceutica Helvetiae FPH Programmes de formation continue
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European and Developing Countries Clinical Trials Partnership (EDCTP) (www.edctp.org) - Swiss National Science Foundation (www.snf.ch) - Canadian Institutes of Health Research (http://www.cihr-irsc.gc.ca/e/2891.html) - Swiss Academy of Medical Science (SAMS/ASSM/SAMW) (www.samw.ch) - Commission for Research Partnerships with Developing Countries (www.kfpe.ch)

[REV : 20140328]

Appendix 8: BREC Approval

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

23 June 2015

Ms Pradnya Gandugade
69 Hatfield Road
Reservoir Hill
Durban
4090
ayur.24@gmail.com

Dear Ms Gandugade

PROTOCOL: Collaboration with and integration of African Traditional Healers into the South African health care system: Degree Purposes (MMedSc) - student number: 214583879. BREC REF: BE418/14.

EXPEDITED APPLICATION

A sub-committee of the Biomedical Research Ethics Committee has considered and noted your application received on 09 September 2014.

The study was provisionally approved pending appropriate responses to queries raised. Your responses received on 02 June 2015 to queries raised on 16 January 2015 have been noted by a sub-committee of the Biomedical Research Ethics Committee. The conditions have now been met and the study is given full ethics approval.

This approval is valid for one year from **23 June 2015.** To ensure uninterrupted approval of this study beyond the approval expiry date, an application for recertification must be submitted to BREC on the appropriate BREC form 2-3 months before the expiry date.

Any amendments to this study, unless urgently required to ensure safety of participants, must be approved by BREC prior to implementation.

Your acceptance of this approval denotes your compliance with South African National Research Ethics Guidelines (2015), South African National Good Clinical Practice Guidelines (2006) (if applicable) and with UKZN BREC ethics requirements as contained in the UKZN BREC Terms of Reference and Standard Operating Procedures, all available at http://research.ukzn.ac.za/Research-Ethics/Biomedical-Research-Ethics.aspx.

BREC is registered with the South African National Health Research Ethics Council (REC-290408-009). BREC has US Office for Human Research Protections (OHRP) Federal-wide Assurance (FWA 678).

The sub-committee's decision will be **RATIFIED** by a full Committee at its meeting taking place on **14 July 2015.**

We wish you well with this study. We would appreciate receiving copies of all publications arising out of this study.

Yours sincerely

Professor V Rambiritch
Deputy Chair: Biomedical Research Ethics Committee

Biomedical Research Ethics Committee
Professor J Tsoka-Gwegweni (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000