Willingness and rationale of traditional health practitioners to collaborate with Allopathic doctors in the eThekwini Metro of Kwa Zulu Natal, South Africa

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Abstract

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. In 2000, the WHO Regional Committee for Africa adopted a resolution on Promoting the Role of TM in Health Systems. In South Africa the Traditional Health Practitioners' Act of 2007 was passed to regulate the profession of traditional 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. Their ages ranged from 46 to 55 years old. The majority (56.7 %) were males, and 34.5 % of them had formal education. Seventy-six percent (130/171) of THPs reported willingness to collaborate with allopathic medical practitioners, while 83.6 % thought that western medical practitioners and THPs could work together; 81.3 % perceived that collaboration between allopathic medical practitioners and THPs would be beneficial for patients; and 87.1 % of them indicated a willingness to learn some aspects of allopathic medicine. The willingness of THPs to collaborate with allopathic medical practitioners and to learn from allopathic medical practitioners is suggestive of positive attitude needed to foster the integration of THPs into the mainstream health care sector.

Keywords: Healthcare care workers, complementary and alternative medicine, healthcare system

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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 (Peltzer et al., 2008).

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 (WHO, 2008).

Compared to rest of the world, there are more of diseases in Africa which are due to poverty, shortage in food, improper health care and inaccessibility to Western medicine facilities. Though knowledge exists for treating endemic diseases through African traditional medicine modalities which have been passed down from generations to generations, it is acknowledged that there is a lack of knowledge about treating the so-called 'new diseases' using TM; hence the demand for generation such knowledge (Nyika, 2009). 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 (African National Congress, 1997).

In South Africa, traditional medicine (TM) and 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) (Gqaleni et al., 2007).

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 (WHO, 2011). The World Health Organization (WHO) Traditional Medicine Strategy 2002-2005 provided a framework to promote TM and its integration into national healthcare as a means to reduce mortality and morbidity, especially in the least-developed countries (WHO, 2002). 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 (Gqaleni et al., 2007). 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 trainees (Parliament of South Africa, 2007).

THPs should be integrated into the main healthcare stream as this integration could be helpful and beneficial for curing some diseases (Mokgobi, 2013) 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. Among them, it is suggested that there is a need for the ideas of THPs to be accepted by bio-medically trained doctors; and that there should be sharing of knowledge between the two partners (Nemutandani et al., 2016). Additionally, points of agreement and or disagreement must be known for the collaboration to work. This study endeavors to contribute to this process. Its aim was to explore whether THPs are willing to collaborate with Western-trained doctors and the reasons thereof of non- collaboration or integration if any.

Methodology

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 KwaZulu- Natal (KZN), South Africa was undertaken between June 2015 to January 2016.

Study population, sampling and inclusion 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, communicable and non- communicable diseases. All THPs not fitting this criteria and who were not willing to participate were excluded from the study. Since it was estimated about 300 THPs operated within the study area, a decision was made to recruit at least half of them into the study.

Ethics considerations and selection of participants

Ethical approval for this study was obtained from the University of KwaZulu-Natal's Bio-medical Research Ethics Committee in 2014. After getting gatekeepers permissions with the help of community health workers, the research team including field workers were able to identify the THPs. Those who signed consent forms were recruited. Up to three attempts were made to contact each respondent selected to participate. Participants were informed about their right not to participate and also the right to withdraw from the study at any time.

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 two sections; section 1 being about the demographic

details of THPs; whilst section 2 addressed questions pertaining to the collaborations between THPs and allopathic medical practitioners.

Trained field workers 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 their workplaces; some others at their homes.

Data Analysis

The data obtained from the study were 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.

Results

In total 171 THPs completed the questionnaire; a response rate of over 50% based on the estimated number of all THPs in the area.

Socio-demographic profile of THPs

Table 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 %). About 34.5% of THPs had reached or completed high school. Over half of them were currently practicing as full time THPs (95/171, 55.6%). More than half of THPs had experience ranging between 6 to 10 years.

Table 1: Socio-demographic data of Traditional Health Practitioners (N=171)

Variables	Frequency	Percentage
Age category		
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 undergraduate degree	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

Willingness of THPs to collaborate with allopathic medical practitioners

Figure 1 illustrates the frequency of responses about the willingness of THPs to collaborate with allopathic medical health practitioners. 76 % of THPs (130/171) said that they are willing to collaborate with allopathic medical practitioners.

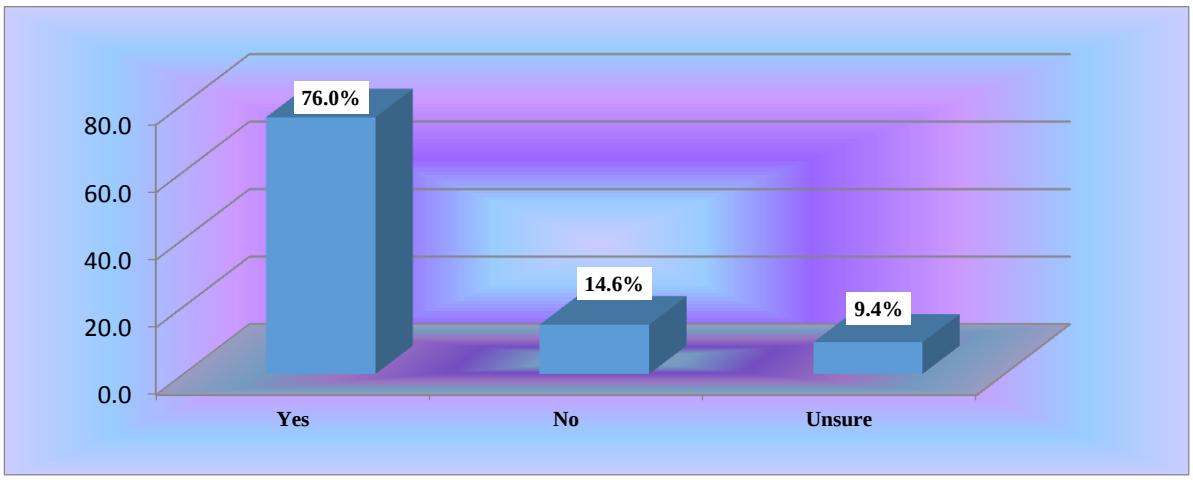

Figure 1: Willingness of THPs to collaborate (n=171)

Furthermore, the majority of the interviewed THPs (83.6 %) stated that Western medical practitioners and THPs could work together and only 16.4 % (28/171) indicated that both could not work together. A similar umber (139/171, 83.6%) said that the collaboration between allopathic medical practitioners and THPs was 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, seventy-two percent

(124/171) of the THPs reported that if THPs worked with allopathic medical practitioners, then THPs would lose their identity. Interestingly, 63.2 % (108/171) of THPs thought western medical practitioners believe that they (THPs) are good and the majority of them (87.1 % or 149/171) indicated a willingness to learn something from allopathic medicine practices.

Table 2 presents the reasons why THPs were either willing or unwilling to collaborate with biomedically-trained doctors. 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.

Table 2: Reasons for and against collaboration between THPs and Western doctors

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 be easy to transfer patients to nearest 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 but THPs using herbs
5	Both i.e. indigenous and western knowledge combined together would be beneficial for patients	Different methods of diagnosis
6	Collaboration build the trust between two systems	Only willing to collaborate if there is 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

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 (Ragunathan et al., 2010).

The majority of THPs in this study were males; this is in agreement with studies conducted in Lagos, in Nigeria (Awodele et al., 2012) and Limpopo, in South Africa, where male THPs were predominant (Semenya and Potgieter, 2014). This supports the conception that traditional healing is a male-dominated practice (Agbor and Naidoo, 2011). Although gender role in traditional healing in African settings are influenced by cultural beliefs and differ with countries and regions (UNAIDS, 2007), Cheikhyoussef et al., (2011) reported that, in the Oshikoto region of Namibia, female THPs were more involved in traditional healing than males.

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 (Awodele et al., 2012) 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 (Semenya and Potgieter, 2014).

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 (Madiba, 2014). On the contrary, a study conducted in Amathole District in the Eastern Cape 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 (Rooyen et al., 2015). To support this negative effect, another study from Tutume sub- district 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. Moreover, the lack of specific guidelines on collaboration negatively affected collaborative efforts; this is a matter that policy-makers should consider as one of steps required to foster collaboration (Madiba, 2010).

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 may steal their knowledge. It seems that there is suspicious attitude on the part of THPs which is met by an equally wrong attitude and mistrust towards traditional healers, by Western doctors. The above finding is in contrast with reports from astudy conducted among the traditional healers in Ethiopia in which THPs expressed willingness to convey knowledge to Western medical practitioners (Addis et al., 2002). Another similar finding was observed in a study conducted from Cameroon, which stated that there is little collaboration between the oral health workers and THPs; and that 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 (Agbor and Naidoo, 2011).

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 (Viney et al., 2014). This positive note about collaboration was also previously reported in a study from Eastern Cape region, in which 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. As reported by some respondents in this study, some traditional healers stated that they are unwilling to collaborate with them because of their belief in the efficacy of their practices and the ineffectiveness of Western medicine to cure some patients (Sorsdahl et al., 2010). 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 (Nemutandani et al., 2016).

The above discussion has dwelled on the views of THPs; it would be important to gauge the willingness of the allopathic doctors set up collaborative practices with THPs and their reasons for agreeing to do it or not. 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, and 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.

The following limitations apply to this study. It was conducted in the eThekwini Metropolitan health district and surrounding areas of KZN, the results cannot be generalised to all THPs in South Africa. Moreover, this study was limited to THPs. The views and perceptions of allopathic medical practitioners and patients were not sought. Another limitation relates to the self-reported data; because social desirability bias, it is not certain that THP reported correctly the truth.

Conclusions

This study has revealed that there is enthusiasm of THPs to learn from bio-medically trained healthcare workers and 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 both THPs and allopathic medical practitioners are addressed positively. Towards THPs are improved and barriers to collaboration are dealt with. The willingness of THPs to collaborate with allopathic medical practitioners and to learn from allopathic medical practitioners is suggestive of positive attitude needed to foster the integration of THPs into the mainstream health

care sector. More initiatives should be implemented 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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