

# THE ROLE OF HEALTH CARE WORKERS IN COLLABORATING WITH TRADITIONAL HEALERS IN PRIMARY HEALTH CARE. PART 1



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## ABSTRACT

*The Reconstruction and Development Plan as well as the National Health Plan of the ANC supports the reorganisation of health services. In this new system there must be provided for the training, utilizing and support of community workers as cost effective additional or alternative staff. Nurses play an important role in the preparation for collaboration with alternative health workers. Traditional healers have been a central component of African medicine for ages and to ensure that collaboration is a success, more knowledge regarding the practices of traditional healers and medical staff in primary health care services. A sample was drawn with the help of eight of the Departments of Health, in South Africa. Traditional healers, health service staff and patients, making use of primary health services, took part in interviews. These interviews were recorded, transcribed and observations noted on the same day. Summaries, transcriptions, coding and memos were used to highlight the main themes. During the interviews it was essential that a atmosphere of trust be created. Through this study it became evident that mutual respect and trust will contribute considerably to successful collaboration. Health service personnel needs to be more culturally sensitive. Training programmes already in use can be modified as to prepare traditional healers for their role in collaboration. In part one of this article the background, research methodology and different categories of traditional healers identified, will be discussed. In part two a description of the findings and how it relates to collaboration in primary health care services, is explained.*

## OPSOMMING

*Die Heropbou en Ontwikkelingsprogram sowel as die Nasionale Gesondheidsplan van die ANC staan die herorganisasie van gesondheidsdienste voor. Hierdie stelsel moet voorsiening maak vir die opleiding, benutting en ondersteuning van gemeenskapswerkers as koste-effektiewe, addisionele of alternatiewe personeel. Tradisionele genesers is al vir eeue 'n integrale deel van die Afrika gesondheidspraktyk. Verpleegkundiges speel 'n belangrike rol in die voorbereiding van en samewerking met alternatiewe personeel. Om 'n sukses van samewerking te maak is meer kennis oor die praktyke van tradisionele genesers nodig. Hierdie kwalitatiewe studie is onderneem om die moontlikheid van samewerking met tradisionele genesers in die primêre gesondheidsorgdienste te ondersoek. Die steekproef is in samewerking met agt van die Departemente van Gesondheid in Suid-Afrika geneem. Onderhoude is met tradisionele genesers, gesondheidsdienspersoneel en pasiënte wat die primêregesondheidsdienste besoek, gevoer. Die onderhoude is op band opgeneem en getranskribeer, waarnemings is nog dieselfde dag aangeteken. Tydens die onderhoude moes 'n verhouding van onderlinge vertroue geskep word. Opsommings, transkripsies, kodering en memo's is gebruik om die hoof temas uit te lig. Uit die studie het dit geblyk dat onderlinge vertroue en respek 'n groot bydrae kan lewer om suksesvolle samewerking te verseker. Opleidingsprogramme wat reeds bestaan kan aangepas en gebruik word om die tradisionele genesers voor te berei vir samewerking. Gesondheidsdienspersoneel moet groter kulturele sensitiwiteit aan die dag te lê. In deel een van hierdie artikel word die agtergrond tot die studie, die navorsingsmetodologie en verskillende tipes tradisionele genesers, wat tydens die studie geïdentifiseer is, bespreek. Deel twee sal 'n beskrywing gee van die bevindinge soos dit met samewerking in die primêre gesondheidsorg verband hou.*

## BACKGROUND AND RATIONALE OF THE STUDY

Through the reorganisation of health services the Reconstruction and Development Programme (RDP) of the Government of National Unity aims to give all South Africans access to an effective, affordable, acceptable and accessible health service. According to the Reconstruction and Development Programme (1994: 45) "The system must

encourage the training, use and support of community health workers as cost effective additional or alternative personnel." The National Health Plan for South Africa supports this statement and in April 1996 the first phase of the Restructuring of Health Services was implemented.

Traditional healers have been an integral part of African medicine for centuries. Many of the African people still consult both traditional healers and medical doctors, as their love and fear of the spirits still dominate them. As many South Africans do not have access to existing health services, it is important that everyone who can make a contribution towards the provision of health care should be involved.

To collaborate with traditional healers in the African context it is essential that nurses should be able to distinguish between the Sangoma/N'anga (divination) spirit and the Mutakati (witch) spirit. According to Mbigi & Maree (1995: 20) the divination spirit is third in the hierarchy of African spirits and symbolises authority and knows the truth. The witch spirit on the other hand is eighth (last) in line and symbolises cynicism, negativity and destruction. In this paper the spirit of divination will be the topic of discussion. For health care staff to accept and collaborate with traditional healers in primary health care services, background knowledge on how these healers operate in their communities is essential. This qualitative study was conducted to determine the feasibility of traditional healers as health care workers in primary health care services.

## PROBLEM STATEMENT

Collaboration of all categories of health care workers is essential as there is a definite need to move from curative health services to primary health care. Health care workers from a wide spectrum of the population need to be involved. The nurse in a health service clinic is an important link between the different categories of workers. In this study the focus is on traditional healers as health care workers and the role of the nurse in collaborating with them in the primary health care clinics investigated. The benefits for the community if collaboration becomes a reality were determined.

## THE AIMS AND OBJECTIVES OF THE STUDY

The purpose of the study was to

- \* identify the attitudes and motivation of traditional healers with regard to collaborating with primary health care services
- \* determine the perceptions of nurses, in primary health care clinics, towards traditional healers as health care workers
- \* assess the benefits for the community should collaboration be established
- \* provide guidelines for nurses to enhance collaboration
- \* compile a programme to prepare traditional healers as health care workers

The following research questions were set as the basis for the design of the research plan.

- \* What is the perception of nurses in primary health care clinics, regarding their role in collaborating with traditional healers?
- \* What are the traditional healers' attitudes towards collaborating with primary health care services?
- \* How do patients visiting primary health care services react to collaboration with traditional healers in the services?

## LITERATURE STUDY AND CONCEPTUAL FRAMEWORK

### The RDP as conceptual framework

The Reconstruction and Development Programme (RDP) was used as basis for the research. The RDP's first priority concerning health care is the inclusion of all role players in a National Health Care System. The organisation of services should be done at national, provincial, district and community level. A complete change in the existing services is envisaged. Communities should be motivated for active participation in the planning, management, delivery, monitoring and evaluation of the service (ANC (b), 1994: 43 - 44).

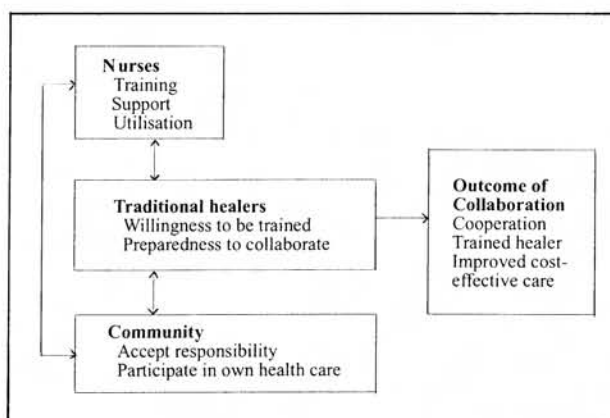
The system should encourage the training, utilisation and support of alternative health care workers. Existing statutory bodies should be revised to reflect the diversity of South Africans. The standard of training must be enhanced and protected and a code of conduct must be set for all health care workers (ANC (b), 1994: 45).

With the RDP as a conceptual framework, it can be seen that the research will contribute towards "Inter-sectoral collaboration and cost-effective care, as well as an integration of preventive, promotive, curative and rehabilitation service(s)" (ANC (b), 1994: 45). The integration of all categories of health care workers into primary health care services requires that existing staff be willing to collaborate and, where necessary, provide training for those care givers who are in need of it. At the same time alternative care givers must be willing to undergo the necessary preparation for their new role. The community must accept and take responsibility for their own health.

The concepts that emanate from this conceptual framework are the following:

- \* Inter-sectoral collaboration and improved, cost-effective care.
- \* Training, utilisation and support of alternative health care workers by nurses.
- \* The willingness of alternative care givers to undergo the necessary preparation and to collaborate.
- \* Communities that are motivated to accept responsibility for their own health and to participate actively.

**FIGURE 1: CONCEPTUAL FRAMEWORK FOR STUDY ON COLLABORATION WITH TRADITIONAL HEALERS**



The purpose of the literature study was to describe, explain, predict and control the main concepts and to reconcile these concepts with the information obtained during interviews with

individual traditional healers, groups of traditional healers, health care clients and health care workers (Woods & Catanzaro, 1988: 20).

The concepts as discussed below were studied to investigate the feasibility of collaboration between traditional healers and other health care workers in primary health care. Discussions were also held with people in the services where a programme has already been started. Television programmes concerning traditional healers and health policies were scrutinised and a seminar on traditional healing versus Western therapy attended.

### **The need for collaboration between traditional healers and bio medicine**

Few third world countries have the resources to develop a health service based on the expensive Western model. According to Dr Green-Thompson, Director of Health Services KwaZulu-Natal, on television news, 25 August 1995 (Green-Thompson, 1995), there is an urgent need to devise an effective, low cost system in which primary health care receives priority. Traditional medicine remains the main and most accessible source of health care for many people in the rural areas. Traditional healers play an important role in treating patients and at a social level also help to maintain social order and preserve cultural heritage (MacClean & Bannerman, 1982: 1815).

At present there is no formal forum for mutual communication between medical doctors and traditional healers. There should be openness between the different health care workers as to exclude misunderstanding (Hugo, 1994). To assist the health care worker in understanding the African patient in his social environment, collaboration is essential with all categories of health workers, even those who are not professionals by Western standards (Conco, 1972: 310). This is also in line with the aim of the RDP. A study conducted by WITS (1991:1) indicated that more than 80% of the black community visited a traditional healer before consulting other health services.

Wessels (1994) states that to enable collaboration with traditional healers the following needs attention: their religion should be respected; their frame of reference known; ideas shared; acknowledgment that there are certain illnesses they can treat more effectively; they should be informed of Western treatment and methods; they should be treated with respect; and there should be a mutual reference system.

The traditional healer serves an apprenticeship and has the ability to make contact with his ancestral spirits according to Zungu (1994). The person training the trainee should have more than ten years experience and there is an ethical committee to approve training. Traditional medicine has a dual approach to disease: that of natural and of supernatural causation. The traditional African believes that illness is caused by a spirit and many illnesses can be cured through remedies found in nature (Conco, 1972: 289). There is a belief that some illnesses are better treated by doctors and others by traditional healers. Medicines used by traditional healers are derived from plant and animal sources. They may be administered by vaccination, inhalation, sauna, poultice, beverage, decoction, enema, emetic or snuff (Green & Makhubu, 1984: 1073). The traditional doctors justify their practices on moral grounds: they fight disease and the forces of destruction. The medicines they use remain a secret (Conco, 1972: 300). The services rendered include treating specific illnesses, social services, spiritual services and it is comprehensive aimed at prevention, rehabilitation and education (Zungu, 1994).

According to Maila (1994) there are at present about 80 organisations for traditional healers in South Africa. An effort is being made to establish an umbrella organisation to control the practice of these workers.

It is clear that to ensure effective collaboration with traditional healers as community health workers more knowledge regarding their practice is essential. To acquire this knowledge it is necessary to obtain information from the traditional healers themselves as well as from nurses who will have to work with them in the services. The patients who are the most important element in health care delivery should be consulted if they are to take responsibility for their own health.

### **METHODOLOGY AND ETHICAL ASPECTS**

To answer the questions and to achieve the purpose of this qualitative research, an exploratory, descriptive study was done. From the data collected during interviews and observations the main concepts were identified, analysed, defined and classified to develop a programme to train traditional healers for collaboration in primary health care services. Exploratory research included the literature study and discussions with experts in the field to verify the concepts.

#### **Target population**

Although the target population consisted of traditional healers, nurses working in primary health care clinics and patients visiting the clinics in South Africa, it was necessary to look at an accessible population. Departments of Health in the nine provinces in the Republic of South Africa were approached to identify the accessible population. Eight out of the nine provinces gave permission to conduct the research and identified the accessible population. According to Venter (1995) it is estimated that there are 300 000 traditional healers in South Africa. As there is no formal register, the exact number is not known.

#### **Sampling**

In the areas identified by the authorities, the traditional healers who could be reached were used as a sample. The nurses involved in the training of these traditional healers as well as the nurse manager in charge of the service, served as a sample for the nursing population. The patients who attended the service on the days the researcher visited the clinics, and who gave permission for an interview, were used as a sample. This also depended on the availability of an interpreter, as many of the patients could not speak English or Afrikaans. In total, 24 primary health care clinics were visited. Thirteen groups of traditional healers (a total of 257), 32 individual traditional healers (if the estimated number of traditional healers is taken as the total population 10,4% were used as a sample), 35 professional nurses, three staff nurses, a group of eleven health advisors, 36 patients, one research officer and one District Medical Officer of Health were interviewed. A total of 123 interviews were conducted over a period of seven months. A distance of 10934 kilometres was covered.

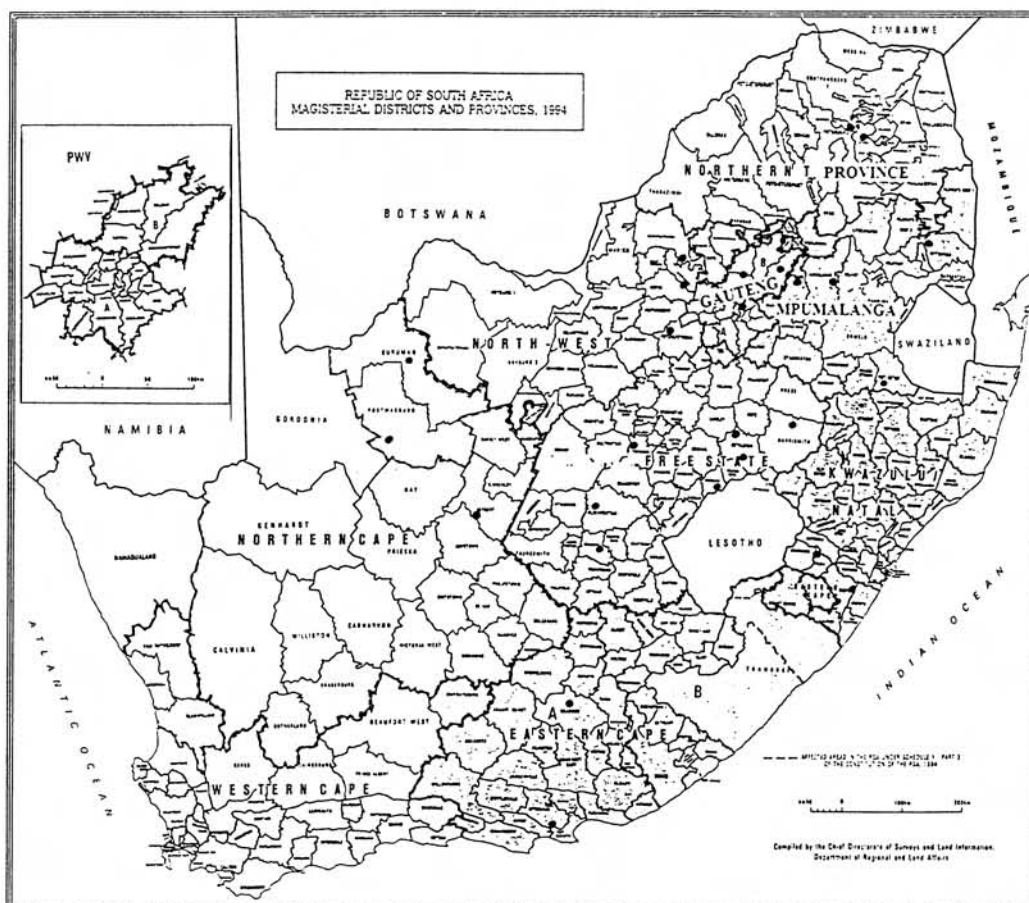
#### **Method of data collection**

The data collection commenced on 12 February 1995. The following methods of data-collection were used:

- \* For the nursing staff and other categories of health



**FIGURE 2: AREAS OF RESEARCH**



workers, unstructured interviews, with the use of a tape recorder and field notes, were used.

- \* When interviewing traditional healers, a semi-structured interview schedule was used. A tape recorder was used to record the interviews when permission could be obtained. In only a few cases permission was not granted and notes had to be made. An interpreter had to be used as most of the traditional healers could not speak English or Afrikaans.
- \* A structured interview was used for the patients using an interpreter and tape-recording the interview. It was also necessary to take field notes.
- \* Observations on the behaviour and attitudes of participants were made and recorded.
- \* Documentation on activities which related to traditional healers' participation in health care affairs were studied. In addition literature on programmes that are presented to traditional healers as well as articles in recent journals, newspapers and other mass media, were consulted to verify the data collected.

During the participative observations the daily experiences of the participants were observed and the activities accurately recorded (Huysamen, 1994: 170). During this process a trusting relationship was developed, maintaining confidentiality and anonymity at all times.

Interviews with two training officers in the Free State and one from Gauteng revealed that there were already programmes in place, to train traditional healers as health care workers in these provinces.

### Validity and reliability

Guba in Lincoln & Guba (1985:290-294) refers to the following criteria for trustworthiness of naturalistic inquiries:

credibility, transferability, verification and confirmation as means to enhance the validity of a study. These strategies are discussed briefly as they were applied to the study.

*Credibility:* Triangulation using different sources of information as well as different methods of data collection were used to help obtain credibility. Observations were done until a point of saturation was achieved which enhanced the credibility of the study. The literature was also studied to obtain referential adequacy. The findings were checked with people from the same cultural background as the informants, as well as experts in the field of primary health care. The data collection was conducted using unstructured and semi-structured interviews as well as observations.

*Transferability:* The experts in the field of primary health care have the expertise to determine the transferability of the findings in any primary health care service. The people who are going to implement collaboration in the health services should however have the necessary insight to apply the proposed strategies.

*Verification:* It would be possible for another person to follow the same steps from the onset of the research project to verify the study.

*Confirmation:* Triangulation and maintaining a reflective journal was an aid to the process of confirmation

Objectivity is one of the most debatable subjects when conducting a qualitative study. Even if this is partially true the researcher still strived to be objective in order to enhance the validity and reliability of the study. The researcher's own Christian values could easily have influenced the

interpretation of the data. However an attitude of tolerance and acceptance that the traditional way of thinking is not the same as that of a Christian's, realising that there are both good and bad characteristics in African way and Western ways, helped to obtain a certain degree of objectivity. Findings are reported in an objective way on what was found and said and are not necessarily the researcher's beliefs.

A relationship of mutual trust and respect had to be built up to ensure that the participants revealed their innermost feelings and beliefs. The interpreter was always someone known to the healers and patients and of the same cultural background. The role of the researcher and the purpose of the study was explained to the participants. Participants were not recruited selectively but everyone that qualified had an equal opportunity to participate.

The observations were recorded immediately and whenever possible a tape-recorder was used. Transcriptions and notes on how to categorise the data were made on the same day as the interviews took place. The following day the transcriptions were referred back to the participants where possible. A summary was made of the traditional healers answers and confirmed with them, to ensure that it was in fact what they had said. The transcribed data was also given to the interpreter to verify. Coding was done by the researcher as well as by experts in the field of primary health care as well as those who had the same cultural background as the participants (Woods & Catanzaro, 1988: 136). The categories were discussed and adjusted and the transcriptions reread and adjustments made before linking the data to the literature (Burnard, 1991: 461- 466). Triangulation was done by combining data gathered from observations and interviews with the different population groups (Mouton & Marais, 1989: 90). Data was collected from individuals as well as from groups and compared with the literature that had been studied, for triangulation and to serve as a control measure. Independent verification of the observed phenomena by a number of observers as well as the analysis of discrepancies and observations attempted to confirm the

validity of the research (Woods & Catanzaro, 1988: 137).

## DATA ANALYSIS

During the course of the research the data was continuously analysed, as to evaluate the data collected and to develop strategies for more effective data collection - as indicated in the discussion above. Summaries, transcribing, coding and memos were used to extract main themes, problems and matters of importance while it was still fresh to the memory. Coding of the information helped to identify words that were meaningful to the study. Figure 2 is an example of the coding done for healers, their calling and training.

## FINDINGS

Eleven themes could be extracted from the data collection. These themes have been coded and sub-coded to compare the data from the different respondents.

After analysing and comparing the data collected from individual traditional healers and groups of traditional healers no significant difference was found. The data collected from individuals and groups were analysed and will therefore be discussed as one.

### Different categories of healers, their calling, training and method of diagnosis

The following types of healers were presented in the study, isangomas, inyangas, faith healers (umprofeti), herbalists, traditional midwives. Although the literature clearly distinguishes between the different types of healers, many of the participants did not categorise themselves in the same manner.

**FIGURE 3: CODING FOR TRADITIONAL HEALERS TRANSCRIPTION**

Healer	Code	Actual training	Code	Calling	Code
Sangoma	Healer-Sango	Time to train	Train-Time	Dream	Cal-Dream
Inyanga	Healer-Inya	Procedure	Train-Proc	Illness	Cal-Ill
Herbalist	Healer-Herb	To qualify	Train-Qual	Age	Cal-Age
Umprofeti	Healer-Prof	Mother	Train-Moth	Ancestors	Cal-Ancest
Trad. healer	Healer-Th	Father	Train-Fath		
Many	Healer-few	Inlaw	Train-Inla		
Many	Healer-many	Aunt	Train-Aunt		
		Train Other	Train-Oth		
		Trainer	Train-Tra		
		Pay to train	Train-Pay		
		Special dress	Train-Dres		

**Figure 4: DIFFERENT TYPES OF HEALERS REPRESENTED IN THE STUDY**

**N = 289**

Types of healers	Sango-prof	Sango-birth	Isangoma	Inyanga	Umprofeti	Herbalist	Birth attendant
Percentage	15,2%	9,1%	33,3%	3,0%	12,1%	6,1%	21,2%

\* Sango = isangoma

\* Prof = umprofeti

*Isangomas.* The isangoma is called by the ancestral spirits and throws and reads the 'bones'. When thrown, the bones form a pattern and the ancestral spirits tell the isangomas what is wrong with the patients. They get called in a dream or become ill and cannot be healed by Western medicine. They are then directed to a trainer. The training of traditional healers is rigorous and in isolation. The period of training can be from six months to two years or even longer. They have to pay up to R2000-00 to qualify. The isangoma divines and the services rendered include conflict resolution, revealing the cause of misfortune, recommending solutions and confirming the beliefs of the patient. The patients do not reveal the symptoms or the nature of the diseases. This is confirmed by Karim et al (1994); Thorpe (1993); Hoff et al ([s.a.] and Conco (1972).

*Inyangas.* They specialise in herbs and it is their individual choice to become a healer. They are trained by a family member and need to know the history and symptoms of the disease to treat the patient. It is common for an inyanga to be an isangoma as well. They are not only concerned with the patients' health but also with their entire family welfare.

*Faith healers (Umprofeti).* They are usually professed Christians, belonging to one of the Independent churches. They are called by the Holy Spirit, but could also be an isangoma in which case the calling is also from the ancestral spirits. They diagnose the patient by putting the hand on the Bible, praying and burning a candle. Treatment is through rituals and giving holy water and ash. A report from the Commonwealth Secretariat (1986: 13 - 14) mentions that spirit divining is seen as a form of quackery.

*Herbalists.* They are similar to inyangas in training. They also find herbs through dreams but are more concerned with the functions of the body than the spiritual side. They also provide herbs to other traditional healers. Sometimes the isangoma refers a patient to the herbalist for medication. Green & Makhubu (1986: 1072) indicate that herbalists do not divine.

*Traditional midwives.* They are usually elderly women who have had at least two children of their own. They are rated the most effective type of traditional healer by Odebiyi (1990: 333) which was also verified in this study. The traditional midwives are trained by a relative, often the mother-in-law. In the Free State and Northern Cape these healers play an important role. Two cases delivered by traditional midwives were visited by the researcher and both mother and child was well cared for.

All of the traditional healers had very little formal education. A few attended literacy classes and can read and write. It was found that 65,6% of the traditional healers interviewed had no formal

education, 25,0% did not complete their primary school education and 0,9% completed four years of secondary school education. More women than men practised as traditional healers, 78,1% were women. In a study by Chavunduka (1994: 43 - 44) the percentage of women in Zimbabwe was lower but the educational standard very much the same.

Traditional healers have a strict unwritten ethical code regarding the preservation of life. They are also not allowed to advertise as satisfied patients will tell others about their skills. They are not allowed to talk ill of each other. Their conduct is regulated by sanctions from the community. They also believe that if they malpractice their power to heal will be taken away by the ancestral spirits. Fees are paid to diagnose and to open the 'bones' this can be from R2-00 to R200-00 according to the type of disease. Only after a patient has been cured does he pay for the treatment received. This can be very expensive and up to R2000-00.

### Attitude towards collaboration

Most of the participants would be happy to collaborate. It would enable them to refer a patient whom they cannot treat effectively. Those who have already attended a programme to give them more information were eager to collaborate and have referred tuberculosis, gastro-enteritis, anaemia and other cases they could not handle to the local clinics. Some healers were afraid to refer their patients as it might be interpreted as incompetence in handling their patients. They are not willing to convey their knowledge because if they do they will lose their power to heal. It is clearly stated by one of the isangomas "Each of us has our secret, it is given to us by the old people and we must safeguard it". Those who have attended a programme, to prepare them for collaboration, would like to know more about different diseases and preventive medicine. Other aspects that they would like to be included in a programme are: how a referral system works; how to relieve pain; how to reduce swelling; AIDS and the anatomy and physiology of the body.

All but one of the health care staff interviewed, agreed that collaboration should take place in order to render an effective service. In the areas where collaboration has already started a positive attitude towards traditional healers has developed as the advantages have become clear. In the Northern Cape a very good relationship exists between the traditional midwives and the nursing staff. It is the opinion of the staff that traditional healers should be taught basic hygiene, the principles of asepsis, communicable diseases and the prevention of disease.

Patients would welcome official recognition of traditional



healers as they would feel freer to mention the fact that they have consulted one when they visit the clinic. It would also assist clinic staff to know when treating a patient if the patient has already been to a traditional healer.

## Treatment used by traditional healers

Traditional healers use a wide range of treatment including indigenous herbs taken from roots, bark, leaves, medicine derived from animal origin and patent medicines from the pharmacy. The use of medicines is frequently accompanied by rituals. The herbs are often difficult to obtain which means that long distances need to be travelled. Many farmers and land owners do not want to give the healers permission to dig for herbs or strip bark from trees. The Turn Table Trust, The Valley Trust, Departments of Nature Conservation and the Parks Board in KwaZulu-Natal and the Free State, cultivate indigenous plants and teach traditional healers about growing plants. The initiative of the above-mentioned organisations is welcomed by the traditional healers and they are keen to learn and participate in the projects.

The staff at the clinics mentioned that the practice of giving enemas can result in a poor prognosis for the patient. The practice of circumcision often causes problems and many young men are admitted with sepsis.

The patients believe that the treatment given by traditional healers has a healing power. Many patients use a combination of traditional and Western medicine, which could lead to overdosage, as many of the herbs contain substances such as digitalis and cortisone.

## CONCLUSION

In part one of this article the background, methodology and the different types of traditional healers identified in the study, were discussed. It became clear that traditional healers still play an important role in the health care of the people of South Africa. Collaboration with the healers in the primary health care services has become a necessity to ensure safe practices. In part two collaboration between the different role players and the perceptions of traditional healers, health care personnel and health care clients will be discussed.

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