

THE USE OF TRADITIONAL MEDICINES BY TEENAGE MOTHERS IN SOSHANGUVE



Peter Kgoatla, BA Cur, HONS.

Senior tutor: Ga-Rankuwa Nursing College.

*Third year group, 1994 Comprehensive course:
Ga-Rankuwa Nursing College.*

OPSOMMING

In hierdie navorsing is 'n opname uitgevoer met 'n doelgerigte steekproef van tienerjarige moeders wat in Soshanguve drie klinieke bywoon. Die doel van die opname was tweedelig van aard, naamlik: om die mate waartoe 'n tienerjarige moeder tradisionele medisyne gebruik vas te stel en om die gebruik van tradisionele medisyne te vergelyk tussen moeders in "townships" en daardie in informele huisvestings gemeenskappe. Onderhoudvoerders het met behulp van 'n vraelys tradisionele gesondheidspraktyke en gelowe wat aangeleer, geïnternaliseer en gepraaktiseer word geïdentifiseer. Daar is ook bevind dat daar oor die algemeen nie 'n betekenisvolle verskil in die gebruik van tradisionele medisyne by tienerjarige moeders in die "townships" en in die informele huisvestingsgemeenskap was nie. Daar word tot die slotsom gekom dat tradisionele medisyne en helers hier is om te bly.

ABSTRACT

In this research a survey was conducted with a purposive sample of teenage mothers attending three clinics in Soshanguve. The purpose of the survey was twofold namely to: determine the extent to which a teenage mother utilizes traditional medicine and compare the use of traditional medicine between township mothers and those of informal settlements. Through interviews based on a questionnaire interviewers identified traditional health practices and beliefs that are learned, internalized and practised. It was also found that there is no significant difference in the use of traditional medicines by teenage mothers in the townships and in the informal settlement, generally. The conclusion was reached that traditional medicine and healers are here to stay.

INTRODUCTION

Soshanguve is a black residential township situated 40km North of Pretoria. It has a population of 146,334; 145,967 of which are black (C.S.S. 1995:15). It is estimated that 6,8% of this population reside in informal settlements in and around the township.

Like other townships in the RSA, Soshanguve has problems of teenage pregnancies and teenage mothers. The child born to a teenage mother, because of the unreadiness of the environment in which he finds himself is prone to a variety of problems (Mogotlane 1993:11). It is not the intention of this study to delve into these problems. The main aim here is to determine the extent to which traditional medicine are utilized by teenage mothers of this area.

In general, the traditional Africans' view of illness is squarely set into a holistic framework. This holistic view

takes account of the influences of social, psychological, cultural, religious, economic and behavioural factors (Chalmers : 1988:12). The concepts and practices form part of a wider system that reflects perceptions of the people and their world around them, usually referred to as a cosmology or world view. World view is the way people regard themselves, the world they live in and spiritual matters (Wessels 1992:14).

The opposite worldview is found in the highly industrialized, European way of life which is reflected in Westernized allopathic medicine, which is rational, scientific and individualistic in contrast to traditional medicine. The logical mechanical and biological answers to the mechanism of illness unfortunately does not answer questions like "why me." Most doctors stress the trouble(disease) but not the troubled (patient).

Industrial people divide the world into the natural and supernatural. The natural consist of all that man can perceive through his senses, whereas the supernatural include heaven, hell, devils, angels etc. and life after death. Traditional people on the other hand, make no distinction between natural and supernatural. They believe in magic, sorcery, witchcraft and ancestral spirits that guide them. Magic is commonly invoked in illness and healing. In fact, this extra-terrestrial forces are seen as primary agents in the causation of illness, even when the illness is directly observed as being caused by organic agents. In these situations, the organic agents acts adversely on the individual in response to spiritual intervention.

Within this framework, it becomes obvious that appeasement of ancestors or other spirits is an integral part of the process of remaining healthy. "The darkest and most dreaded shadow that always hangs over African life among the many fears that beset them is the fear of witchcraft" (Smit 1987:16). To this end, individuals such as traditional healers, who have the ability to communicate with the spirit are accorded high status in the community. Folk healers are central to the smooth functioning of their communities since they are regarded as mediators between people and the ancestral spirits (Wessels 1992:14).

The traditional healers' availability and accessibility, their familiarity with culture-bound syndromes and traditions; their warm relationships with clients and their families place them in a better position to serve as an alternative to mainstream health providers (Stanhope & Lancaster, 1988:105).

Maseko (1993:14) explains why people go for traditional healing:

- * Because they know the healers quite well
- * Visits are not only for health problems but for other problems affecting individuals as well.
- * The belief that illness arises from supernatural causes and indicates the displeasure of ancestral gods or evil spirits or is the effect of black magic.
- * Traditional primary health care has been firmly and irrevocably established health care system throughout the whole continent of Africa.
- * It forms part of their culture and custom.
- * Traditional medicine and the various African cultures go together. They cannot be separated.

Other reasons were cited by Stanhope and Lancaster (1988:105):

- * Lack of satisfaction with treatment,
- * Lack of trust in the ability of Western medical practitioners to effectively treat psychosocial problems
- * Lack of knowledge of Western medical practitioners in the treatment of culture-bound syndromes.

Cultural health practices can be efficacious, neutral or

dysfunctional. Dr Nthato Motlana (1988:17) views the acceptance of traditional healers as an extension of the health care team, as a regression to the Dark Ages of medicine. Cultural practices such as applying cow-dung to the umbilical cord stump are potentially harmful. Some practices do exist which by Western standards may be detrimental to the health of the adolescent mother and the baby. Routine repeated enemas in the newborns to cleanse the baby or blood letting of the vulva in the ante-partum mother to reduce oedema or to minimize haemorrhage during delivery are such examples. Avoidance of protein rich foods may place a pregnant woman at risk, nutritionally. Some forbidden foods, postures and social contacts can be seen as positive preventive measures. Preservation and storage of meat and eggs could serve as protection of the pregnant woman from certain food-borne diseases (Ntoane 1988:22).

World Health Organization (WHO 1978:163) suggested that, with the support of formal health systems, these indigenous practitioners can become important allies in organizing efforts to improve the health of the community. This survey was therefore designed with the following objectives in mind:

- * to determine the extent to which a teenage mother utilizes traditional medicine.
- * to compare the use of traditional medicine between township mothers and those from informal settlements.

PROBLEM STATEMENT

Traditional Africans are paying twice for their treatment. One to the formal, another to the traditional healers. Can there be some compromise? Although the idea of making modern and traditional medicine work together in united treatment context has merits, it is plagued by issues such as resistance by stubborn protagonists of either system (Pretorius 1991:10). An atmosphere of understanding, trust and respect should be created between modern health workers, traditional healers and the community they serve (Hof 1992:183). The researcher believes that teenage mothers have inherited these practices and beliefs, learned and internalized them through the process of socialization. So what?

RESEARCH DESIGN AND METHOD

Basic comprehensive student nurses of Ga-Rankuwa Nursing College (Third year group 94) were scheduled for clinical practica learning experiences (CPLE) at the three main clinics of Soshanguve from 25th March to 31st May 1996 when they conducted this research. The group identified 12 health practices and beliefs indicative of the use of traditional medicines, themselves. A structured interview was used to collect information. The group was thoroughly prepared; taking ethical-legal principles into consideration.

SAMPLING

The target population for this study was teenage mothers who reside in Soshanguve. For the purpose of this study Soshanguve was divided into two - Soshanguve township and informal settlements (Squatter area). Only teenage mothers using clinic I, II and III were targeted. The sampling method used is purposive (Burns & Grove 1987:218). The age of these mothers were between 15 and 21 with the mean age of 18. In all, 725 teenage mothers were interviewed. The research instrument contained 12 items chosen by students. The students were asked by their mentor to mention any health practice or beliefs that are indicative of the use of traditional medicine. The reason for this was to determine the extent to which traditional medicine is used by teenage mothers. Table 1 list the items chosen by students.

TABLE 1 : HEALTH PRACTICES AND BELIEFS AS IDENTIFIED BY STUDENTS

- | | |
|-----|----------------------------------|
| 1. | Care of the fontanelle |
| 2. | Care of the umbilical cord stump |
| 3. | Use of concoctions |
| 4. | Relief from concoctions |
| 5. | Blood letting |
| 6. | Enema |
| 7. | Appeasing ancestral gods. |
| 8. | Steam inhalation |
| 9. | Use of bones/shells |
| 10. | Emetic |
| 11. | Circumcision |
| 12. | Witchcraft |

VALIDITY

Subsequent to a thorough literature review, key issues and concepts were identified and utilized in the formulation of questions. The choice of issues were determined by the aim of the study. Copies of the interview schedule were given to four (4) experienced community nurses, colleagues and a traditional doctor (inyanga). Accompanying the copies was a document stating the title, objectives of the study. There was consensus amongst these experts that the instrument complied with the face and content validity.

RELIABILITY

Certain criteria were incorporated into the interview schedule in an attempt to enhance their reliability:

- requesting the critical evaluation of questions by professionals and an *inyanga*.
- pretesting the instrument before use. The pretest yielded responses relevant to the research study.

DESCRIPTION OF CONCEPTS

Traditional medicine is an ever present reality in both rural and urban societies and recognition of the fact that traditional healers constitute the main source of health care in the developing world, has been long overdue (Pretorius 1991:10).

- * Teenage mother : *a biological mother at the age of 13 to 19 years*
- * Traditional medicine : *the use of natural health treatment, natural health foods, indigenous traditional herbal plants and various animal products to cure diseases.*
- * Traditional healer : *someone who uses the above to cure diseases i.e. herbs, roots etc. Inyangas are one such example.*
- * Witchcraft is used by people who are envious and they would then send animals called familiars to harm other people. It is believed that witches can change their own shape or become invisible or fly through the air in order to reach their victims.
- * The spirits of deceased ancestors and their influence form the basis of primal religion in Africa. Illness is due to withdrawal of the ancestral protection because of neglect of ritual commemoration of them.
- * The healing methods are aimed at eradicating or opposing those forces which caused misfortune.
- * Induction of vomiting and administration of an enema, followed by inhalation of traditional medicine either as a powder or as a liquid, or incision of the skin with rubbing of medicines into wound, are some of their methods of treatment.
- * Ground medicine is further introduced through the anus or when mixed with fat, is used as ointment or rubbing medicine, or is burned and the smoke inhaled. A popular method is the inhalation of powdered medicine in its dry form as snuff or when boiled in water when it is used as a steaming agent.(Wessels 1992:15) Steaming is used to remove harmful medicine.
- * The rituals utilized in appeasing the ancestral spirits are the burning of incense, commemorating the ancestral spirits by the slaughter of chickens or a goat or a cow when a lot of home made beer will be drunk in order to pacify the ancestral spirits in the hope that it will persuade them to re-instate their protection.
- * They often advocate the use of an armlet or necklace manufactured from animal skin to be worn as additional protection.
- * On rare occasions the patient will be expected to drink of the raw blood of the sacrificial animal or drink of the bile.

RESULTS, DISCUSSION OF RESULTS

Respondents were expected to either agree to questions posed or disagree. 70 (seventy) teenage mothers were unwilling to participate and 15 (fifteen) did not wait to complete the interview.

Table 2 indicates the total number of those who agreed to having utilized traditional medicine percentage. (See Table 2).

Table 3 compares the extent to which teenage mothers at the two areas of Soshanguve utilize traditional medicine. Results and discussion of results follows:

1. The fact that students themselves almost at the same age as the teenage mothers, and some of them residing in the same area where these interviews were conducted, could identify these health practices and beliefs, signify that these practices are learned, internalized and practised. From the tables, it is obvious that teenage mothers in Soshanguve use traditional medicines and this forms part and parcel of their cultural heritage (Maseko 1993:14).
2. The application of cow-dung on the umbilical cord stump, is harmful, but 35 percent of township mothers and 44,3 percent of those in informal settlement are practising this. (Ntoane 1988:22).
3. Routine repeated enemas in newborns to cleanse the baby is detrimental to the health of the mother or the baby (Chalmers 1988:12) but 42,8 percent of the entire responses agreed to practising this behaviour.
4. Appeasing ancestral gods is common and is practiced by large numbers (62,2 percent).
5. The darkest and most dreaded shadow that always hangs over African life among the many fears that beset them is the fear of witchcraft. This fear is still evident today 57,9 percent agreed to existence of witchcraft (Smit, 1987:16).
6. Applications of traditional medicine on the fontanelle of the baby is widely practised (68,2 percent).
7. There is no significant difference in the use of traditional medicines by mothers in the township and in informal settlement, generally.
8. The use of bones/shells in predicting or diagnosis an illness (50,4 percent); and the use of concoctions (52,4 percent) are also generally practised by teenage mothers in both areas. Traditional medicines are the health care choice for many South Africans (Centre for Health Policy 15991:1).

TABLE 2: PERCENTAGE RESPONSES OF TEEN-AGE MOTHERS WHO AGREED TO THE USE OF TRADITIONAL MEDICINE

HEALTH PRACTICE/BELIEFS	% WHO AGREE
CARE OF FONTANELLE	68,2
CARE OF UMBILICAL	38,4
USE OF CONCOCTIONS	52,4
RELIEF FROM CONCOCTIONS	48,0
BLOOD LETTING	48,5
ENEMA	42,8
APPEASING GODS	62,2
STEAM INHALATION	44,4
USE OF BONES/SHELLS	50,4
EMETIC	42,0
CIRCUMCISION	32,5
WITCHCRAFT	57,9

TABLE 3: TOWNSHIP VS INFORMAL SETTLEMENT PERCENTAGE RESPONSES FOR HEALTH PRACTICES INDICATIVE TO USE OF TRADITIONAL MEDICINES.

HEALTH PRACTICE/BELIEFS	TOWNSHIP	INFORMAL SETTLEMENT
CARE OF FONTANELLE	64,6	44,1
CARE OF UMBILICAL	35,0	44,3
USE OF CONCOCTIONS	47,5	60,8
RELIEF FROM CONCOCTIONS	45,6	51,6
BLOOD LETTING	45,8	52,9
ENEMA	37,8	51,7
APPEASING "GODS"	60,4	64,4
STEAM INHALATION	43,2	46,6
USE OF BONES/SHELLS	49,6	52,8
EMETIC	42,4	41,4
CIRCUMCISION	29,8	37,6
WITCHCRAFT	50,7	70,6

CONCLUSION

The author, after thorough considerations of facts given, came to a conclusion that:

- * Traditional medicine and healers are here to stay.
- * Traditional healing is part of African culture and should be protected (Centre for Health Policy 1991:1; Maseko 1993:14).
- * Health policy should reflect the needs and aspirations of communities.
- * Any health policy needs to recognise that traditional medicine cannot be wished away or legislated out of existence.
- * Council and association for traditional healers should be encouraged to deal with issues detrimental to health of citizens of the country.
- * Western-trained practitioners should not compete with traditional healers but should strive to earn respect by their ethical behaviour, their efficient treatment, their knowledge of traditions and by avoidance of criticism of traditional matters (Wessels 1992:15).
- * Beneficial effects of traditional medicine should be encouraged, the neutral tolerated, the uncertain allowed until proved otherwise, and the harmful discouraged. (Ntoane 1988:22).

RECOMMENDATION

It is recommended that official policy makers should formulate policies to promote the training and use of folk healers in primary health care. They should ensure that they are incorporated effectively in the health service.

- Efficacious, neutral and non functional traditional practices and beliefs be included in various curriculae - in order to understand behaviour of people.
- Various research projects be conducted before incorporation.
- Traditional medicine and healers should be formally and legally recognised as a health care resource.

REFERENCES:

- Burns, N. & Grove, S.K. 1987. The Practice of Nursing Research. Conduct, Critique, and Utilization. Philadelphia : W.B. Saunders Co.
- Central Statistics Services 1995. Demographic Statistics (RSA) Pretoria : CSS.
- Centre for Health Policy 1991. Traditional Healers in Health Care in South Africa. A proposal Johannesburg : Wits Department of Community Health.
- Chalmers, B. 1988. The Pedi Woman's Experiences of Childbirth and Early Parenthood. A Summary of Major Findings. *Curationis*, 11 (1): 12-19.
- Hof, W. 1992. Traditional healers and Community Health. World Health Forum, 13: 182.
- Maseko, N.D. 1993. The Role of Traditional Healers and Traditional Health Care Centres. Unpublished Speech Presented at NACOSA Conference. Potgietersrust in October 1993.

Mogotlane, S. 1993. Teenage Pregnancy: An Unresolved Issue. *Curationis*, 16 (1): 11-14.

Motlana, N. 1988. The Tyranny of Superstition. *Nursing RSA Verpleging*, 3 (1): 17-18.

Ntoane, C. 1988. Traditional Birth Attendants in Bophuthatswana (Bo-mmabotsetse). *Curationis*, 11 (3): 20.

Pretorius, E. 1991. Traditional and Modern Medicine Working in Tandem. *Curationis*, 14 (4): 10-13.

Smit, J. 1987. Traditional Medicine and Belief in Customs Affecting the Health of the People in Malawi from 1860-1927 *Curationis*, 10 (3): 15.

StanhopCommunity Hee, M.& Lancaster, J. 1988 Community health Nursing. Process and Practice for Promoting Health. St. Louis : The C.V. Mosby Company.

Wessels, W.H. 1992. Folk Healers in South Africa. Traditions Cannot be Ignored. *Salus*, 15 (2): 14-15.

World Health Organization(WHO) 1978 Primary Health Care Alma Ata Declaration Geneva : WHO.

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