THE ROLE OF TRADITIONAL HEALERS AND PRIMARY HEALTH CARE IN SOUTH AFRICA

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ABSTRACT

There has been a growing realisation of the importance of traditional medicine all over the world. Transformation and change in the health services in South Africa has highlighted the need to review the relationship between primary health care and traditional medicine. Up to 80% of African patients in South Africa consult a traditional healer before going to a primary health care practitioner and traditional birth attendants deliver about 60% of all babies born.

There are about 200 000 traditional healers in South Africa who could become an important resource to increase the number of hands on the primary health deck. They could also enhance the quality of care through their community-based approach and their acceptability and accessibility to patients. Failure to give recognition to traditional healers as providers of primary health care poses problems and denies the South African community a democratic choice of a primary health care provider at grassroots level.

This article outlines the types of traditional healers, their approach to healing, and reasons why people continue to use their services. The author contends that, over the years, traditional healers have played a role in preventive, promotive, curative, rehabilitative, and psychosocial care of patients and recommends the legitimisation of traditional healers in primary health care teams. The timing is right for South Africa to follow the example of countries like Zimbabwe, Ghana, China, and India, which have made breakthroughs. This would also answer the WHO call of attaching importance to the utilisation of traditional systems of medicine to provide health care for all its citizens.

OPSOMMING

Daar is 'n groeiende bewuswording regoor die wêreld van die belangrikheid van tradisionele medisyne. Transformasie en verandering in die gesondheidsdienste in Suid-Afrika het die behoefte vir die hersiening van die verhouding tussen primêre gesondheidsorg en tradisionele medisyne uitgelig. Tot soveel as 80% van swart Suid-Afrikaners in Suid-Afrika konsulteer 'n tradisionele geneser voordat hulle 'n primêre gesondheidsorgpraktisyn besoek en sowat 60% van alle babas word gebore met die hulp van tradisionele geboorte ondersteuners.

Daar is ongeveer 200 000 tradisionele genesers in Suid-Afrika wat 'n belangrike hulpbron kan word primêre gesondheidsdienste. Hulle kan ook die gehalte van sorg verbeter deur hulle gemeenskapsgeoriënteerde benadering en hulle aanvaarbaarheid en toeganklikheid tot pasiente. 'n Gebrek aan erkenning van tradisionele genesers as voorsieners van primêre gesondheidsorg lei tot probleme en onteem die Suid-Afrikaanse gemeenskap 'n demokratiese keuse van primêre gesondheidsorgvoorsieners op grondvlak.

Hierdie artikel omskryf die tipes tradisionele genesers, hulle benadering tot genesing en die redes waarom mense voortgaan om hulle dienste te gebruik. Die skrywer glo dat, deur die jare, het tradisionele genesers 'n rol in voorkomende, bevorderende, kuratiewe, rehabilitiewe en psigososiale versorging van pasiënte gespeel en beveel 'n regmatige plek vir tradisionele genesers in die primêre gesondheidsorg span aan. Die geleentheid is daar vir Suid-Afrika om die voorbeeld te volg van lande soos Zimbabwe, Ghana, China en Indië wat deurbrake in hierdie gebied gemaak het. Sodoende sal die beroep van die WGO om belang aan die lewering van gesondheidsorg deur die gebruik van tradisionele sisteme van medisyne, beantwoord word.

INTRODUCTION

Traditional medicine plays a very important role in primary health care in many developing countries and the World Health Organisation (WHO) acknowledges that its use has increased in recent years. During the last decade there has been a growing interest in traditional and alternative systems of medicine in industrialized countries. In the United States, a survey conducted in 1992 showed that about a third of the population made at least some use of alternative treatment such as herbal medicines, acupuncture, chiropractic, and homeopathy. Surveys in European countries showed similar interest (Zhang, 1996: 4).

As the new democratic government of South Africa reorganises and restructures the health systems to meet the health needs of all its people, consideration should be given to the World Health Organisation's call "to give adequate importance to the utilisation of their traditional systems of medicine with appropriate regulations, as suited to their national health systems" (Zhang, 1996: 4). Despite the adoption of primary health care (PHC) in South Africa, traditional healers have not been officially incorporated into this service. Chipfakacha (1994: 860) contends that the first contact between a Black African patient and health care services usually takes place in the traditional healing system and therefore, challenges health workers to realise that the traditional health service is important if primary health care is to succeed. He described traditional healers as the most important primary health care service in an African setting.

Traditional healers existed in South Africa before the Dutch colonised it in the 17th century. In 1995 there were about 200,000 traditional healers practicing in SA, compared to 25,000 modern doctors (Kale, 1995: 1183). About 80% of the African population use the services of traditional healers - this suggests a massive consumer base (Freeman and Motsei, 1992: 1184).

The objectives of this article are:

- Describe the different types of traditional healers and their approach to healing.
- Explain reasons why people continue to use traditional healers.
- Discuss the interplay between traditional medicine and primary health care.
- Outline the current roles of traditional healers in primary health care.
- Make recommendations for the involvement of traditional healers in primary health care.

TRADITIONAL HEALERS AND TRADITIONAL MEDICINE

Types of traditional healers

South African health care consumers who are interested in using the services of traditional healers have a choice between four types of healers:

Traditional doctor (inyanga)

About 90% are males who specialise in the use of herbal and other medicinal preparations for treating disease. A traditional doctor possesses an extensive knowledge of curative herbs, natural treatments, and medicinal mixtures of animal origin. Their comprehensive curative expertise includes preventive and prophylactic treatments, rituals and symbolism as well as making preparations for luck and fidelity (Abdool Karim, Ziqubu-Page & Arendse, 1994: 8).

Diviner (isangoma)

This is usually a woman who defines an illness and also divines the circumstances of the illness in the cultural context. He/she may or may not have knowledge of medicinal herbs (Abdool Karim *et al.* 1994: 9). His/her speciality is divination where she operates within a traditional religious supernatural context and acts as a medium with the ancestral shades (Freeman and Motsei, 1992: 1185). Training to become a sangoma is not a personal choice but is a calling bestowed by ancestors to a person who then gets apprenticed to a qualified diviner for several months. On completion of training he/she undergoes the ukuthwasa process: a culturally accepted form of ancestral spirit possession when he/she is called by ancestors to become a diviner (Blackett-Sliep, 1989: 43).

Faith healer (umprofiti or umthandazi)

These are usually professed Christians who belong to either mission or African independent churches. They heal mostly through prayer, laying hands on patients or providing

holy water and ash. They believe that their healing power comes from God through ecstatic states and trance-contact with a Christian holy spirit and/or ancestral spirit. They use a combination of herbs, remedies, and holy water in their treatment. Their period of training is not prescribed since the "student" is prayed for, goes through purification rites, and is in close contact with the healer (Blackett-Sliep, 1989: 43).

Traditional birth attendants

These are usually elderly women who focus their attention on pregnancy problems and assist pregnant women at deliveries. They are responsible for duties such as the teaching of behavioural avoidance among pregnant women, ritual bathing of the mother, ritual disposal of the placentas, provision of healing medicine and traditional massage after delivery. Women who aspire to become traditional birth attendants must satisfy certain criteria; for example they should have had two babies in order to be able to appreciate the joys and agonies of childbirth. Training entails 15-20 years of apprenticeship before assuming the title (Abdool Karim *et al.* 1994: 10).

Traditional healers' approach to healing

The concept of traditional medicine is based on beliefs that existed long before the development and spread of modern medicine (Abdool Karim *et al.* 1994: 3). Traditional medicine refers to a practice in which there is no conceptual separation between natural and supernatural entities. It entails a holistic method utilising medico-religious acts and concepts (Twumasi, 1988: 9). The theory underlying traditional medicine in many Black ethnic groups of South Africa is essentially similar. "Disease is viewed as a supernatural phenomenon governed by a hierarchy of vital powers beginning with the most powerful deity followed by lesser spiritual entities, ancestral spirits, living persons, animals, plants, and other objects" (Kale, 1995: 1184). Traditional medicine has at its base a deep belief in the interactions between the spiritual and physical well-being (Peek, 1995: 26).

Traditional healers use a holistic approach in dealing with health and illness issues (Patel, 1993: 387). This implies that the healer deals with the complete person, and provides treatment for physical, psychological, spiritual, and social symptoms. This actually goes further than the WHO definition which defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Abdool Karim *et al.* 1994: 4). Healers do not separate the natural from the spiritual or the physical from the supernatural.

The traditional healing process follows different stages. Firstly, there is the identification of the cause or discovery of violation of established order through supernatural divination. Secondly there is the removal of the hostile source by neutralisation of the sorcerer or seeking of the ancestors' forgiveness with sacrifices and rituals to appease their anger or by prescription of certain medication (Abdool Karim *et al.* 1994: 5).

Traditionally, patients are treated as integral components of a family and of a community at large rather than as isolated individuals. Family members are almost always involved and the healing process is facilitated by the broader involvement of members of the community. The healer understands his/her patients' beliefs about their illness and the hospital is the healer's home where the physically and mentally ill live together without any separation or stigmatisation of one group by another. This is part of a therapeutic community where staff, patients and relatives share the same facilities. This approach expedites the healing process and makes readjustment to society much easier (Abdool Karim et al. 1994: 8).

Traditional health practitioners basically follow three principles. Firstly, patients must be completely satisfied that they and their symptoms are taken seriously, and that they are given enough time to express their fears. Secondly, the healer studies the patient as a whole and does not split the body and mind into two separate entities. Thirdly, the healer never considers the patient as an isolated individual but as an integral component of a family and a community (Kale, 1995: 1184).

Reasons why people visit traditional healers

Traditional medicine is part of African people's culture and customs. People know the healers quite well and visit them not only for health problems but also for other problems affecting them (Maseko, 1993: 3). Traditional healers are an existing source of health care; they live where people live and are therefore, a precious resource for spreading health care widely. Besides being widely available, they have a holistic approach and provide due respect to the physical, psychological, and spiritual aspects of health while relating to the context of relationships between the individual, family and community (Blackett-Sliep, 1989: 43).

Traditional healers often encourage self-reliance by stressing the importance of diet, exercise and rituals, all of which may have real preventive value. The geographic accessibility of healers also reduces transport costs, and their fees usually start with an initial minimal fee and the balance is paid only when the patient is cured (Blackett-Sliep, 1989: 43). People continue to visit traditional healers despite the introduction of free health care for all citizens in the public health services, as an indication of the value they attach to the care they receive from traditional healers.

This is in contrast to primary health care services which are characterised by long lines at clinics and hospitals, impersonal and often inconsiderate health workers, inadequate explanation of the diagnoses and procedures performed, blaming the individual for disease and dehumanised care and the medical environment. Modern health practitioners are often elitist, too difficult to understand and do not listen properly to their patients (Maseko, 1993: 4). The assembly-line type of treatment offered at clinics and hospitals is unacceptable to patients. The bureaucratic nature of procedures in modern medical practice drives even more clients to traditional healers (Twumasi, 1988: 9).

THE INTERPLAY BETWEEN TRADITIONAL MEDICINE AND PRIMARY HEALTH CARE

South African communities are diverse, they have a variety of ideas about health and physical care and they also have a multitude of diet and health practices that differ from one culture to another. The attitudes toward scientific medicine and its practitioners also vary greatly. Most Black South Africans are superstitious, with deep-rooted traditions that make it difficult for them to understand and cooperate with modern practitioners. The germ theory, for example, is not understood and appreciated (Chipfakacha, 1994: 860).

After the Alma Ata conference of 1978, most countries adopted the primary health care (PHC) strategy as their universal health care system. In South Africa, PHC has always been accepted as the first and nearest contact between the individual and the health care system (whatever it is conceived to be). Health on the other hand is a process of adaptation, the result not of instinct but of an autonomous yet culturally shaped reaction to socially created realities (Chipfakacha, 1994: 860).

The prerequisite for the success of primary health care is dependent on the recognition of beliefs and perceptions about cultural factors influencing health. Health care in both traditional medicine and in primary health care systems includes people's beliefs and patterns of behavior. These beliefs and behaviors are governed by cultural beliefs. Lay people will activate their health care by deciding when and whom to consult, whether or not to comply, when to switch between treatment alternatives, whether care is effective and whether they are satisfied with its quality (Chipfakacha, 1994: 861).

Patients' ability to visit traditional healers and modern medical practitioners indicates their desire to exercise freedom of choice and the interrelationships between the two systems. Both systems are complementary to one another and it is in the patient's best interest that each system respects the other's different perspective. Cooperation and not competition or confrontation is needed if patients are to benefit from both systems.

Twumasi (1988: 10) summed it up by saying that hospitals are few, the diseases and social problems are many and people shop around to seek help. The more different the healing centers with different approaches to healing there are, the better for the therapeutic shoppers.

Traditional healers fulfill four objectives of primary health care. It is acceptable and accessible to the people, it identifies those medical needs of the population which can be prevented, modified or treated and makes maximum use of the available manpower and resources to meet the medical needs of the people (Chipfakacha, 1994: 861).

CURRENT ROLES OF TRADITIONAL HEALERS IN PRIMARY HEALTH CARE

Preventive and promotive health

The preventive roles of traditional healers have been highlighted in several programs undertaken in different parts of South Africa. The national HIV/STD prevention program in which more than 1,510 healers were trained in HIV/STD prevention in 1992 indicated the kind of cooperation that healers could provide in working with modern practitioners (Green, Zokwe and Dupree, 1995: 506).

Abdool Karim *et al.* (1993: 685) explored potential preventive health roles that traditional healers could play with regard to the AIDS epidemic and concluded that their role could go beyond education to actively influence the community's views and attitudes to risk-associated behaviors. She believes that traditional healers could serve as sources of condom distribution, particularly where condoms are inaccessible through the formal health service. She asserts that their large clientele affords an opportunity for wide dissemination of AIDS education and condoms, and a role in AIDS counseling.

Some traditional healers have been actively involved in the UNICEF designed GOBI-FFF in South Africa. This involves Growth monitoring, Oral rehydration, Breast-feeding, Immunization, Family planning, Food supplementation, and Female education. In this model the traditional healer functions in a similar role to that of Village Health Worker (Freeman and Motsei, 1992: 1186).

Some of the known preventive roles of traditional healers include immunisation against witchcraft, prophecies of future events, divulgence of secrets and annual check-ups (Kale, 1995: 1184). Traditional birth attendants provide sex education to pregnant women, while among the Zulu's, medications for self-fortification is sprinkled around the kraal to ward off lightning or to cause discomfort to the witches in their impervious endeavors (Abdool Karim *et al.* 1994: 9).

Curative and psychosocial care

Traditional medicines are often effective with illnesses such as diarrhea, headaches and other pains or swellings and in sedating patients (Freeman and Motsei, 1992: 1188). The major role of the traditional healer is in the realm of psychiatry, considering the approach used in traditional medicine and the fact that mental illness is a product of society (Kelly, 1995: 686). Zwane (1996: 1) classified healers as diagnosticians who are experts in differentiating the causes and types of mental illnesses, and therapists who are knowledgeable in treatment skills. Both have an unwritten code of ethics for cross-referral.

The success of traditional healers in treating psychological problems is well documented and often recognized (Hoff, 1992: 182). A large part of the healer's practice is devoted

to counseling individuals whose problems are the consequences of rapid social and economic changes in the community (Abdool Karim *et al.* 1994: 12).

When patients are admitted to in-patient psychotherapy at village treatment centers for mental and physical illness, treatment methods will include herbal and symbolic therapy, milieu therapy, dream interpretation, counseling during daily "ward" rounds, or in-group sessions, prayers and songs, a special diet, kinetic trance, dancing and sacrifice (Peltzer, 1996: 19).

Information documented on the roles of traditional healers in other developing countries include promotion of family planning, prevention and treatment of childhood diarrhea through oral rehydration therapy, improved nutrition, safe water and sanitation, personal hygiene, recognising and managing tuberculosis, leprosy, malnutrition and basic first aid (Hoff, 1992: 185).

RECOMMENDATIONS FOR THE INVOLVEMENT OF TRADITIONAL HEALERS IN PHC

The following recommendations for involvement of traditional healers in primary health care in South Africa are based on a review of 17 projects involving traditional healers and primary health care in various countries all over the world (Hoff, 1992: 182).

The departments of Health and of Justice should take the lead in formulating policies and should act to promote the training and use of traditional healers in primary health care. They should ensure that traditional healers are incorporated as fully and effectively as possible by creating an atmosphere of understanding, trust and respect between modern health workers, traditional healers and the communities they serve. Activities such as informal meetings, seminars and workshops should be planned and key role players in both sectors should be brought together to express their views, establish common goals and develop ways of using traditional healers in primary care teams. The government must declare its intentions to acknowledge the value of traditional healers by cooperating with and involving healers in coordinated primary care teams.

The role that traditional healers should play in primary health care ought to be carefully defined. An attempt to simply convert them into community health workers will create confusion and misunderstanding. The views of people in the modern and traditional sectors as well as those of the community in general, should be considered when defining the roles to be played by traditional healers in a particular district or province. The roles may vary in accordance with the level of responsibility, traditional status and cultural practices of the healers, the priorities, goals and resources of the department of health, and community needs (Hoff, 1992: 186).

The planning, implementation and evaluation of programs for the training and use of traditional healers in primary health care should be a joint effort between the government health services, recognised traditional healer organisations, non-governmental organisations and the communities served. The two sectors should establish a partnership in which all members are part of a team serving the community. Many healers lack formal education and have low levels of literacy and this fact should be taken into consideration when designing training programs. Failure to recognise this reality can pose difficulties (Hoff, 1992: 186).

CONCLUSION

For centuries Africans have been accustomed to a wide range of healing practices and consultations with heterogeneous groups of practitioners. When Western medical practices arrived in force a century ago with the establishment of colonial states, there emerged the linkage of healing to income generation which led to significant competition and even fierce rivalry (Imperato, 1995: 43). In South Africa, there has been a growing realisation of the important contributions that traditional medicine can make in increasing access to health care for all citizens.

During the past few years the relationship between traditional healers and modern practitioners has been defined less by historical dimensions than by a discourse on integration into primary health services and cooperation between the two systems. This shift was given impetus by the WHO conference on primary health care, and the establishment of the Traditional Medicine Program of the WHO in 1977. In South Africa, the issue is not whether to recognise traditional healers and integrate them into primary care services or not, but how to do this in such a way that it benefits health care consumers, protects their rights and fit with the current health services. This is in recognition of the fact that many aspects of traditional medicine are beneficial while others may not be (Zhang, 1996: 4).

Traditional healers are already making a contribution to primary health care in a variety of ways. Although this contribution is disjointed and uncoordinated, it is appreciated by those who use it, and therefore needs to be encouraged and recognised by government health services and modern medical practitioners. Involvement of traditional healers into primary health care will go a long way in increasing access to health care to those who need to use their services. After all, African traditional medicine has been providing preventive and curative health care for over 1,000 years.

ACKNOWLEDGMENTS

Acknowledgment is expressed to Dr Grace Ma, Assistant Professor of Health Studies at Temple University, for encouraging me to write about this important issue in South African health care. I also wish to thank my colleague, Dr

Loven Litchmore for his insightful comments on this article. The Fulbright scholarship awarded to me to complete the Master of Public Health degree is greatly appreciated. My special thanks go to Dr JM Naude for translating the abstract into Afrikaans.

REFERENCES

- Abdool Karim, SS 1993: Traditional healers and AIDS prevention. **South African Medical Journal**, 83: 685-686.
- Abdool Karim, SS; Ziqubu-Page, TT & Arendse, R 1994: Bridging the gap: project report for the South African Medical Research Council. **South African Medical Journal**, 84, Supplement: 1-14.
- Blackett-Sliep, Y 1989: Traditional healers and the primary health care nurse. **Nursing RSA**, 4: 42-44.
- Chipfakacha, V 1994: The role of culture in primary health care. **South African Medical Journal**, 84: 860-861.
- Freeman, M & Motsei, M 1992: Planning health care in South Africa - is there a role for traditional healers? **Social Science and Medicine**, 34: 1183-1190.
- Green, EC; Zokwe, B & Dupree, D 1995: The experience of an AIDS prevention program focused on South African traditional healers. **Social Science and Medicine**, 40: 503-515.
- Hoff, W 1992: Traditional healers and community health. **World Health Forum**, 13: 182 - 187.
- Imperato, PJ 1995: Editorial. Western and traditional medicine in Africa: A century of encounter. **Pharaos**, Spring: 43.
- Kale, R 1995: Traditional healers in South Africa: a parallel health care system. **British Medical Journal**, 310: 1182-1185.
- Kelly, JC 1995: Cooperation between traditional healers and medical personnel. **South African Medical Journal**, 85: 686.
- Maseko, ND 1993: The role of traditional healers and traditional health care centers. Unpublished paper presented at the National AIDS Convention of South Africa conference in Potgietersrus, South Africa.
- Patel, V 1993: Traditional medicine has much to offer. **British Medical Journal**, 307: 387.
- Peek, ME 1995: Traditional African medicine. **Pharaos**, Spring: 24-29.
- Peltzer, K 1996: Psychotherapy and culture in Africa. **World Health**, 2: 18-19.
- Twumasi, PA 1988: Social foundations of the interplay between traditional and modern medical systems. Accra: Ghana University Press.
- Zhang, X 1996: Traditional medicine and WHO. **World Health**, 2: 4-5.
- Zwane, S 1996: Traditional healers: Implications for mental health. Unpublished paper presented at the National conference: Mental health, our nation's wealth. Pretoria, South Africa.