AN EVALUATION OF A HOLISTIC APPROACH TO MANAGING THE INTEGRATION OF THE TRADITIONAL HEALER INTO THE WESTERN BIOMEDICAL PRACTICE: A STUDY OF PATIENTS OF THE KHAYELITSHA MEDICAL PRACTICE IN THE WESTERN CAPE PROVINCE (SOUTH AFRICA)

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Abstract
Some of the challenges that face a single healing system include ignoring critical aspects of an individual’s complete health such as the significance of a person’s culture, the patient’s peace and mental stability. Healing systems must contain personalized factors that are specifically tailored to deal with a person’s life and in particular aspects such as culture is imperative to treating a person holistically. There are negative implications for employing one kind of healing system and a single healing system could cause delays in the patient’s healing process. Western biomedical practice is of the belief that spirituality has no place in the field of medicine. However, there is no single means of treatment that can be used to attain complete health, therefore healing must be holistic. The aim of this study is to evaluate the holistic approach of managing the integration of the traditional healer into the western biomedical practice at the Khayelitsha medical practice in the Western Cape Province.

Key Words: Evaluation, Holistic, Integration, Traditional Healer, Biomedical, Culture

Introduction
The labeling of conventional healing practices has being made up of misleading beliefs and expediently disregards the parallel beliefs of all patients and doctors in the efficacy and power of biomedicine (Anderson, 2009:15). Anderson (2009:15) opines that western medicine is entrenched in a culture just like any other system of health that is formed by a belief system shot through with learned behaviors and symbolic innuendo. The principle of “doctor knows best” could offer some comfort to patients who need to be well (Taussig, 2010:13). However, a miserable patient could also be turned into a powerless nature by this belief in awe of being frustrated and mystified by science ratification where medicine is entrenched (Taussig, 2010:13).

Khayelitsha is approximately 10 kilometers from Cape Town, opposite the massive metropolis of Mfuleni and off the busy N2 highway. The township’s original population has
greatly expanded in the last few years. The town’s original population has (in the last few years) greatly expanded since incomers (majorly made up of Xhosa speaking people from the Eastern Cape) now realize that they are able to access better health services that include both the private and public hospitals. The medical practice is situated in Khayelitsha, is called Khayelitsha Medical Practice, and caters for general ailment and with complete health care management, which includes dealing with acute, chronic, surgical and gynecological management. The researcher owns the practice.

**Aim of the Study**

The aim of the study is to evaluate the holistic approach of managing the integration of the traditional healers into the western biomedical practice at the Khayelitsha medical practice in the Western Cape Province. In addition, the aim of the study is to offer recommendations to the various stakeholders that would benefit from this study.

**Research Objectives**

The research objectives are as follows:

- To determine the perceptions on the use of the services of the traditional healer.
- To determine the perceptions on the use of the services of the western biomedical practice.
- To determine the reasons for using the services of the traditional healer.
- To make recommendations to the various stakeholders on the need to integrate the services of the western biomedical practice and the traditional healer.

**LITERATURE REVIEW**

**Introduction**

Globally the service of a traditional healer either is the support of health care delivery or operates as a complement to it (World Health Organization [WHO], 2006:7). Traditional healers are known to prescribe traditional medicine (TM) and in some countries, TM or non-conventional medicine may be termed complementary medicine (WHO, 2006:7). TM is an underestimated part of the health care system. However, many countries are beginning to recognise the need to develop a cohesive and integrative approach to health care that allows governments, health care practitioners and most importantly those who utilize health care services, to access TM in a safe, respectful, cost-efficient and effective manner (WHO, 2006:8).

In South Africa, patients have a wide range of alternatives to choose from while dealing with diseases. These range from traditional health care to biomedical care systems (western doctor). In many developing countries the “use of medicinal plants and herbs is an inherent part of traditions, beliefs and cultural values of the people, a corpus of knowledge that has been passed on from generation to generation” (Phungwako, 2006:2).

This chapter discusses the concept of traditional healers, TM versus biomedical medical, the role of government in the legitimisation of traditional healers, phases of legally accepting TM, symbolic meaning and uses of TM and the concept of culture.

**Understanding the Concept of Traditional Healers**

According to Geffen (2010:1), South Africa’s traditional healers are classified into three wide categories namely the traditional doctors, diviners and prophets. Erickson (2008:75) points out those traditional healers are described as individuals who are acknowledged in their respective communities as competent enough to offer health services, with mineral, vegetable and animal substances as well as other methods founded on religious, social and cultural backgrounds. In addition to the existing beliefs, knowledge and attitudes that concern social, physical and mental wellbeing and the causes of disability and diseases in the community. The traditional healers (also known as traditional doctors) are primarily individuals who
specialize in making use of herbs and other kinds of medical treatment like animal originating mixtures to treat diseases (Geffen, 2010:1). Geffen (2010:1) adds that the majority of these healers tend to specialize in selected conditions of health. These individuals decide to become herbalists on their own or they could be chosen by practicing family members. One of the family members in most cases could be any one of the grannies, a mother or a father and does this training in the house for a year or less. Geffen (2010:1) points out that in the training they are instructed to depend on the symptoms and signs of the patient in order to prescribe the suitable treatment. Ndlovu (2009:1) highlights that in the event that the training ends, the new traditional doctor pays a cow to his trainer, which has been re-evaluated to the equivalent sum of money in today’s training. The new traditional doctor, commonly referred to as Nanga, is fully-fledged with the authority to pass on this gift to one of his or her children that shows indications of valuing medicine. They do not make use of bones to be sensitive of illnesses or problems (Ndlovu, 2009:1).

The diviners are primarily women who graduate into this practice after going through the training procedure (Ndlovu, 2009:2). These women operate through supernatural or religious context. The vocation of a diviner is carried out by an individual who has been called into it by the ancestral spirits. No one can choose to get into this vocation as a diviner rather they are bequeathed upon their mystic powers. A diviner who is already qualified gets to teach upcoming diviners numerous issues on medicine. However, in other cases in point a number of the TM would be exposed by her ancestors either through a vision or a dream. Due to the influence from the ancestors, any individual being trained has to abstain from a number of things (Ndlovu, 2009:2).

Faith healers and prophets in the real sense signify syncretism a reinterpretation of conformist Christianity in such a manner as to reconcile with traditional culture. They could be trained in institutions for instance universities and Biblical colleges, but prior to this training, they must receive a special calling from their creator (Good, 2010:141). According to Moagi (2009:118), when an individual wants to become a doctor in western medical practice he or she needs a degree in that field of study after a minimum of six years at university to qualify as a medical practitioner. However, in order for an individual to become a traditional healer he or she has to have a calling and has to be trained by a qualified sangoma. Sangoma is the name given to the shamans or "traditional healers" of numerous Southern African tribes which includes the Zulu (Ancestral Wisdom, 2015:1). The call of a sangoma is a spiritual call and is not a chosen profession. A sangoma starts of as an apprentice and must study under a mentor for a number of years. During the mentoring, the sangoma learns how to relate and get connected with her ancestors, make herbal medicines, understand and translate dreams, detect a person’s illness through foretelling with bones, and to also heal both physical and spiritual illness (Ancestral Wisdom, 2015:1).

Traditional healers are present in almost every community. They are the first health providers to be consulted in up to 80% of cases, especially in rural areas (Good, 2010:141). Traditional healers carry with them the merit of knowing cultural traditions and have lots of quality time to listen to their patients (Good, 2010:141). Traditional healer’s world perceptions are not integrated; rather they form a complex system where beliefs that regard pollution, ancestral spirits, witches, magic and sorcery exist in unison. This loose relationship offers a natural means of comprehending misfortunes and offers understandable answers to the inconvenient questions concerning the purpose of life. To the traditional healers health is about being in agreement with cosmic energy where for instance since ancestors are actively involved in the
lives of those who are alive they must be honored or else they could cause misfortune (Good, 2010:141).

South Africa is amongst the few nations that have had critical progress in the integration of complementary and TM into a legal structure for health practitioners (Good, 2010:141). There are approximately 200 000 traditional healers who have been behind the sustenance of millions of South Africans health for many centuries (WHO, 2014:1). Appiah (2010:112) argues that recently in the existing economic climate amidst the associated unemployment there has been a rapid increase in the number of purported traditional healers. Van Rensburg, Fourie and Pretorius (2004:7) highlight that there are many different tribes within South Africa, hence different healing and different traditions apply to traditional healers. Therefore, within traditional healing there is an internal disunity, enmity, division, rivalry and also envy (Van Rensburg et al., 2004:7). Richter (2007:30) points out those traditional healers in South Africa have been perceived to be witchdoctors who have been exploiting the superstitions and ignorance of unsuspecting natives.

The Republic of South Africa, Traditional Health Practitioners Act, 2007 defines traditional health practice as “the performance of a function, activity, process or service based on a traditional philosophy that includes the utilisation of traditional medicine or traditional practice and which has its objectives as follows” (Moagi, 2009:118):

- The maintenance or restoration of physical or mental health or function;
- The diagnosis, treatment or prevention of a physical or mental illness;
- The rehabilitation of a person to enable that person to resume normal functioning within the family or community;
- The physical or mental preparation of an individual for puberty, adulthood, pregnancy, childbirth and death; and
- The law excludes the professional activities of a person practicing any of the professions contemplated in the pharmacy, the health professions, the nursing, the dental technicians acts, and any other activity not based on traditional philosophy.

Moagi (2009:188) points out that the goal of traditional healing is to include all aspects of psychological healing and look at the source or cause of the sickness. Hence, TM or practice has been rooted on searching for a holistic approach. Moagi (2009:118) adds that traditional health practitioners generally follow three basic principles when treating their patients:

- Patients must be entirely content that they and their symptoms are taken seriously. In addition, the traditional health practitioners must ensure that the patient is given enough time to express their fears;
- The traditional health practitioners investigates the patient as a whole and does not split the body and mind into two separate entities; and
- The traditional health practitioner believes that the patient is an integral component of a family and a community and not just an isolated individual.

Truter (2007:56) highlights that the traditional healing process follows different stages:

- First is the identification of the root or discovery of violation of the established order through supernatural divination; and

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Second is the elimination 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.

Penny Bernard an anthropologist (a western woman who has trained as a sangoma; traditional healer in Grahamstown) agrees that TM may complement western medicine (Moagi, 2009:118). She reveals that from her practical experience traditional healing processes offer insights into an individual’s world and future beyond western “rationality” which rational western approaches to medicine has not as yet been able to engage with. Mrs. Bernard acknowledges the existence and significance of the spiritual world for the healing of an individual. She also said that, she supports the process by the government to recognise traditional health practitioners and the that by the inclusion of their practices, the government is attempting to engage with “unresolved social aspects of manifestation of the destruction by the apartheid system that broke-up their cultural beliefs” (Moagi, 2009:118). However, Mrs. Bernard also states that “allowing the practice of traditional health practitioners into a western, bureaucratic, institutional system means that it has to be regulated and controlled” (Moagi, 2009:118).

**Traditional Medicine versus Biomedical Medicine**

In South Africa, most individuals relate TM with the herbs, remedies (or muti) and counsel or guidance imparted by sangomas or traditional healers from African indigenous groups and with strong spiritual components (Richter, 2003:7). Peltzer and Mngqundaniso (2008:380) point out that TM (given by traditional healers) is starting to have a greater impact and significance in the primary health care of individuals and communities in numerous developing countries. According to WHO (2013:16), TM is “the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness”. In addition TM incorporates mineral, plant and animal founded medicines, exercises, spiritual therapies and manual techniques applied in combination or singular to prevent, treat and diagnose illnesses or sustain wellbeing. Therefore, according to Latif (2010:14), TM is typically associated with a holistic medical movement. African traditional care in South Africa, as in most countries dominates the official form of health care, but it does not constitute the total health care supply. Latif (2010:14) adds that traditional care is a cultural form of seeking medical help and is dependent on community persuasion.

Phungwako (2006:25) points out that the practice of TM is “an integral part of a peoples belief systems based on how they interpret and confront reality”. However, the use of the majority of TM and traditional healer practices in South Africa has acquired no scientific verification and is not evidence-based (Latif, 2010:14). Benatar and Landman (2006:239) point out that the practice of TM is extensive and prevalent in South Africa. In addition, the practitioners of TM have gained the confidence and respect of the people. Benatar and Landman (2006:239) argue that traditional health practitioners understand the socio-cultural background of the population that they service. However, as they do not have the academic background and the scientific knowledge of medicine, there is a negativity attached to their practice. Benatar and Landman (2006:239) argue that diagnosis by the traditional health practitioner is based on assumptions and is made without an in-depth analysis of the individual.
According to Latif (2010:25), “modern or western medicine makes use of biomedical research, medical technology and health sciences to treat and diagnose injuries and diseases”. Since western medicine or biomedical health care arrived in Africa the inclination of the colonialists was to prioritise the white settlers’ requirements (Neumann and Lauro, 2010:11). Under South Africa’s apartheid regime this strategy was cemented through legislation such that the quality and access to health care was determined largely by race. Hence, Haram (2007:167) points out that one critical aspect of the South African apartheid health care system was the bias it developed towards the western health care system.

In the modern South Africa, as much as there have been wide ranging changes the provision of health care is now conditional not on the colour of the patients but rather their ability to afford the costs of health care services. Phungwako (2006:26) mentions that the basic aim of the western medical practice is to prevent harm. On the contrary, the aim of TM is to restore health to people. As much as South Africa’s medicine has made claims for hegemony, the nation’s assorted therapeutic environment is broadly defined as pluralistic (leBeau, 2008:33). Very partial service is provided in the actual sense by biomedicine. Extremely expensive and technologically sophisticated health care is available to the few who can have enough money to pay for it. However, the general public health care services are rapidly under resourced and relatively weak (Beresford, 2007:1; Ndlovu 2009:1; Thomas, 2007:1). In addition, in the transformation of knowledge context as public health services clients access the offered facilities they could in reality only possess a limited comprehension of the biomedicine scientific.

Significantly, western medicine is overly bereft of answers to the existing questions that accompany the onset of South Africa’s diseases (Thomas, 2007:1). Therefore, for satisfying answers to such questions, for an explanation of the causes of illness and for a suitable remedy most of South Africans have turned to services that are offered by traditional health practitioners. Peltzer and Mngqundaniso (2008:380) mention that traditional health practitioners are acknowledged and utilised as a competitive and local option to western biomedicine thus parallel running to biomedical operations, but overly at a substantial remove. Clients tend to employ the two systems simultaneously and even sequentially (Peltzer and Mngqundaniso, 2008:380).

Latif (2010:25) opines that even though medical expertise and clinical trialling are critical to modern medicine, the element of fear that is prevalent in people cannot be removed. Haram (2007:167) adds that in spite of the legitimate position given to western medicine, it is believed that approximately 80% of the population in developing countries rely on TM for their health security or to meet their health care needs. In view of this fact, recently WHO and other African regional bodies have been promoting and supporting other countries to officially recognise and integrate TM into their national health policies (WHO, 2002:1). In addition, western medicine should take cognisance of the fact that TM is a culturally bound activity (Phungwako, 2006:28). Richter (2007:30) mentions that for a long time now biomedical care system have been regarded as being superior to traditional healing. However, he adds that people are at liberty to use any means to manage their health either concurrently or alternatively. Recently, it is evident that traditional societies in South Africa are evolving.

**Role of Government in the Legitimisation of Traditional Healers/Medicine**

The Health Care Act of 1977, which was a legislation that restrained traditional healers from conducting their activities, was repelled and the registration process of the traditional healers
was already underway (Appiah, 2010:112). However, in 1995 a new herald dawned in the South African health care system after the government approved the National Health Plan (Appiah, 2010:112). The government of South Africa started the initiatives of legitimizing the traditional healers in 1995 when the then Health Minister requested provincial administrations to conduct public hearings on the viability of a traditional health care system. These hearings were later held in 1997 and resulted in a report, which was compiled by the National Council of Provinces and offered to the portfolio committee on health in the National Assembly (Beattie, 2007:2). The report indicated that all the provinces favored a constitutional council for traditional healers, which would consist of local representatives (Beattie, 2007:2).

Beattie (2007:2) reports that the delays in the recognition of the traditional healers caused a number of private sector companies to acknowledge the necessity of incorporating the traditional healers since they were most preferred by their employees. For example, Medscheme, which is the largest medical administrator in South Africa, made introductions of minimal benefits for traditional healers mainly because of their employees’ preferences (Willis, 2005:12). On the other hand, Eskom permitted its members of staff to visit traditional healers through using the medical plan of the company (Willis, 2005:12). Willis (2005:12) adds that the burial and medical savings scheme has also acknowledged and screened more than 50 healers that can be consulted by clients if they deem it necessary. The chamber of the national union of mineworkers and mines has permitted several traditional healers in their mines and has provided members of their staff three days of leave to consult traditional healers (Willis, 2005:12).

According to Moagi (2009:119), in 2004 the Traditional Health Practitioner Act was passed and was later amended in 2007. The aim of the act was to “transform and regulate African traditional healing practices in South Africa and to give government recognition to traditional health practices” (Moagi, 2009:119). In addition, it signifies the value that the government has for the practice and the medicine that it uses, and desire for these to be standardised (Moagi, 2009:119). One very critical aspect of the new dispensation in South Africa’s health care system is the commitment to integrate the traditional healer into the certified health care system. According to this perception, legislation has been enacted to henceforth permeate consumers to make choices on the health care practitioners they should consult in relation to their health problems. In addition, legislation that controlled the traditional healer was amended to allow them to freely conduct their services under a new legislation (Yoder, 2011:1).

**Legitimisation of the Current Role of Traditional Healer Practitioners**

According to Latif (2010:22), the legitimisation of the current role of traditional health practitioners can be done by using five guidelines as follows:

**Availability**

The availability can be categorised as “the supply of services or personnel, and the geographical distribution” (Latif, 2010:22). Due to the fact that the majority of the traditional healers are based in the rural areas and the fact that the people in the rural areas are cultural and spiritual, approximately 80% of the population consults them. “The ratio of traditional healers to western biomedical is approximately 1:500” which is indicative that traditional healers are readily available to individuals in South Africa. (South Africa Department of Government Communication and Information Systems, 2008:1).
Accessibility
Traditional healers are more accessible both in service and in geographic location as compared with modern medicine. The accessibility also has the advantage of cultural, social, psychological and geographical proximities (Latif, 2010:22).

Affordability
Traditional healers however can be expensive due to inflation and the cost of travelling to find certain herbs, also due to the conditions of global warming with climate changes, certain species of plants are rare or have become indigenous or threatened by extinction. According to research in Swaziland traditional healers had just as many patients as western doctors in private practices. Van Rensburg et al. (2004:7) add that the consultation fee of diviners can be as twice as high as that of western doctors. In some cases individuals prefer to go to a traditional healer in another community due to them being familiar with their traditional healer. This therefore becomes expensive for the individual due to the cost of travelling.

Acceptability
It is vital that a certain service is acceptable with the communities before the service is legitimised. Van Rensburg et al. (2004:8) reveal that a survey was done using first year medical students, nurses and paramedics. The findings of the study were as follows: two thirds of the students have a strong belief in the supernatural, sorcery is a real force in the world, and diseases can be the source of many ailments. It seems that sorcery is accepted as a real force in the world and has a general acceptance. In addition, Van Rensburg et al. (2004:8) mention that TM will be accepted by society for a long time; therefore it needs to be incorporated in an open system and must be able to be flexible to new knowledge and ideas. The belief that supernatural forces do exist is vast and even the educated believe that sources of diseases are caused by evil spirits (Van Rensburg et al., 2004:8).

However, Benatar and Landman (2006:239) suggest that structural and non-structural systems must be put in place for traditional health practitioners. Structural refers to traditional healers conducting their consultations similar to medical doctors, and non-structural refers to hygiene, dress codes, appointment methods and so forth. Benatar and Landman (2006:239) state that some western doctors have accepted traditional healers and make use of their skill, however, there are many who are against their practice. Most western doctors rationalise traditional healers as herbalists and indicate that traditional health practitioners must only make use of herbs, minerals and natural substances. Hence, traditional healers are generally accepted.

Accountability
Accountability can be defined as being reliable or responsible. When using TM this is a challenging requirement. However, legal frameworks and associations have been formed to act as an official recognition and to hold accountability for traditional healers in the country. However, it seems that traditional healing has a great openness, indulgence and tolerance (Latif, 2010:22).

RESEARCH METHODOLOGY
Target Population
Cooper and Schindler (2014: 345) mention that the target population can be defined as “those people, events or records that contain the desired information and can answer the measurement question”. Singh (2006:87) adds that in statistical methods the target population is represented by the symbol “N”. For this study, the target population consisted of patients who visit the Khayelitsha medical practice in the Western Cape Province. In order to answer
the research questions formulated for this study, patients’ who used both the services of the traditional healer and the western biomedical doctor were targeted to participate in this study. There are approximately 200 patients who visit the practice on a weekly basis.

**Limitations of the Study**

Labaree (2013:1) mentions that limitations are weaknesses in a research design that could affect the study. This study utilised only the quantitative approach in that respondents were only allowed to rate their agreement or disagreement to a statement. With the use of a quantitative approach, respondents were not allowed to discuss their opinions or views, as is the case in a qualitative approach. The qualitative approach would have allowed for in-depth answers to the research questions formulated for this study. The qualitative approach would have also allowed for the probing of responses obtained from the sample. Due to time constraints to complete this study only 50 individuals from the target population was selected to participate. The participants were selected from the first week of April 2015. This posed as a limitation to the study in that had this study been carried out at another time the responses could have been different. In addition, another limitation is that only those who could read were selected to participate in this study.

**STATEMENT OF RESULTS AND DISCUSSION**

**Response Rate**

In a survey, the response rate is the “percentage of those selected in a sample that actually provides data for analysis” (Crossman, 2015:1). Fifty participants were selected for this study. All participants responded by completing all the questions on the questionnaire so that meaningful data could be extracted. Therefore, there was a 100% response rate for this study.

**Statistical Tests**

**Cronbach’s Alpha**

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Table 4.1 indicates the Cronbach’s Alpha results of the reliability test for this study. Reliability - Cronbach’s Alpha is > 0.7, therefore the findings reveal that the scale is very reliable (α = 0.951. n = 23).
Table 4.2: Item-Totals Statistics

<table>
<thead>
<tr>
<th></th>
<th>Scale Mean if Item Deleted</th>
<th>Scale Variance if Item Deleted</th>
<th>Corrected Item-Total Correlation</th>
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Table 4.2 reveals that the reliability for this study would have increased if the following items were dropped:
Question 12: I prefer using the services of a western biomedical doctor
Question 13: Some sicknesses can only be cured by western biomedical doctors.

Chi-square Test

Bryman (2008:691) mentions that a chi-square test is a test of statistical significance. A Chi-square is usually utilised to determine the confidence of the findings that are displayed in the contingency table and which can be generalised from a probability sample to a population. The frequently used method to reporting a result requires a statement of statistical significance. A p-value is derived from a test statistic. A significant result is shown with "p < 0.05". The chi-square test for this study reviewed whether there was any relationship between the column variables and row variables (statements).

Presentation and Discussion of the Primary Data Gathered for this Study
The findings are presented in graphs below: 
Section A: Demographics

Age of respondents

Figure 4.1: Age of respondents

According to Figure 4.1, 2% of the respondents are below the age of 20 years, 18% of the respondents are between the ages of 20-30 years, 24% are between the ages of 31-40 years, 22% are between the ages of 41-50 years, while the majority (34%) is over 50 years of age.

Gender of respondents

Figure 4.2: Gender of respondents

Figure 4.2 indicates that 30% of the respondents are male while the remaining 70% of the respondents are female.

Section B: Objective 1: To determine the perceptions of the use of the traditional healer/medicine
Prefer using the services of a traditional healer

Figure 4.3: Preference for the use of a traditional healer

According to Figure 4.3, 46% of respondents strongly agree, 8% of the respondents agree, (collectively 54% of the respondents agree) to the above statement. The findings also indicated that 28% of the respondents are unsure. A further 16% of the respondents disagree while the remaining 2% strongly disagree (collectively 18%). Willis (2005:12) points out that Medscheme which is the largest medical administrator in South Africa made introductions of minimal benefits for traditional healers mainly because of their employees’ preferences. There is a strong correlation between age and the statement that I prefer using the services of a traditional healer - \( p = 0.001 \) (Annexure C). The testing of age on the above statement is indicative that the respondents are old enough to make decisions and to give their views on the area of study.

Some sicknesses can only be cured by traditional healers

Figure 4.4: Some sicknesses can only be cured by traditional healers

Figure 4.4, indicates that 44% of the respondents strongly agree, 18% of the respondents agree. Collectively 62% of the respondents agree that some sicknesses can only be cured by traditional healers. A further 22% of the respondents are unsure, while 14% disagree and the remaining 2% of the respondents strongly disagree, collectively (16%) disagree. Phungwako (2006:25) points out that the practice of TM is an integral part of an individual’s belief systems based on how they interpret and confront reality. Therefore, the use of TM is sometimes needed in order for the individual to be cured.
There is a lot that a western medical doctor can learn from a traditional healer

According to Figure 4.5, 48% of the respondents strongly agree, 28% agree. Therefore, collectively 76% of the respondents agree that a western medical doctor can learn from a traditional healer. In addition, 14% of the respondents are unsure, 8% of the respondents disagree and 2% strongly disagree. A collectively 10% of the respondents disagree to the above statement. Benatar and Landman (2006:239) argue that traditional healers understand the socio-cultural background of the population that they service. This therefore means that by working together there can be a holistic review of the patient’s illness.

Traditional healers spend quality time listening to me as patient

Figure 4.6, indicates that 44% of the respondents strongly agree and 16% of the respondents agree that traditional healers spend quality time listening to me as patient. A large percentage (38%) of the respondents indicated that they are unsure. While 2% of the respondents disagree, there was no response for strongly disagree. Traditional healers carry with them the merit of knowing cultural traditions and have lots of quality time to listen to their patients (Good, 2010:141). The majority of 60% of the respondents are in agreement with the above statement. There is a strong correlation between age and the statement that traditional healers spend quality time listening to me as a patient - \( p = 0.011 \) (Annexure C). The testing of age on the above statement is indicative that the respondents are old enough to make decisions and to give their views on the area of study.
Traditional medicine like biomedical medicine should be controlled by government laws

Figure 4.7: Traditional medicine should be controlled by government laws

According to Figure 4.7, 36% of the respondents strongly agree and 42% agree (collectively 78%) that traditional medicine should be controlled by government laws. A further 10% of the respondents were unsure, while 12% of the respondents disagree. There was no response for strongly disagree. Moagi (2009:118) adds that Mrs. Bernard (a western trained traditional healer) supports the practice of traditional healer; however, the practice of the traditional healer has to be regulated and controlled. Richter (2007:30) points out those traditional healers in South Africa have been perceived to be witchdoctors who have been exploiting the superstitions and ignorance of unsuspecting natives. There is a strong correlation between age and the statement that traditional medicine like biomedical medicine should be controlled by government laws - \( p = 0.001 \) (Annexure C). The testing of age on the above statement is indicative that the respondents are old enough to make decisions and to give their views on the area of study.

Traditional medicine is starting to have a greater significance in the primary health care of individuals

Figure 4.8: Traditional medicine is starting to have a greater significance in the primary health care of individuals

According to Figure 4.8, 36% of the respondents strongly agree and 6% of the respondents agree (collectively 42% agreement) that TM is starting to have a greater significance in the
primary health care of individuals. Forty-four percent of the respondents are unsure about this statement, 14% of the respondents disagree and there was no response for strongly disagree. According to Peltzer and Mngundaniso (2008:380), TM is starting to have a greater impact and significance in the primary health care of individuals and communities in numerous developing countries. However, only 42% of the respondents are in agreement with the above statement. There is a strong correlation between age and the statement that traditional medicine is starting to have a greater significance in the primary health care of individuals - \( p = 0.000 \) (Annexure C). The testing of age on the above statement is indicative that the respondents are old enough to make decisions and to give their views on the area of study.

**The traditional healer I use is qualified to practice**

Figure 4:9: The traditional healer I use is qualified to practice

![Bar Chart](image)

Figure 4.9 indicates that 40% of the respondents strongly agree and 18% agree (collectively 58% are in agreement) that the traditional healer they used was qualified to practice. A further 18% of the respondents are unsure, 18% of the respondents disagree and 6% strongly disagree (collectively 24% of the respondents disagreed). Geffen (2010:1) and Moagi (2009:118) mention that a traditional healer is usually trained in the house for a year or less by a qualified sangoma. Geffen (2010:1) adds that during their training they are instructed to depend on the symptoms and signs of the patient in order to prescribe the suitable treatment. However, Moagi (2009:118) argues that when an individual wants to become a doctor in western medical practice he or she needs a degree in that field of study after a minimum of six years at university in order to qualify as a medical practitioner. The findings have indicated that only 58% of the respondents agreed to the statement above. There is a strong correlation between age and the statement that the traditional healer I use is qualified to practice - \( p = 0.006 \) (Annexure C). The testing of age on the above statement is indicative that the respondents are old enough to make decisions and to give their views on the area of study.

**Traditional healers are competent enough to offer health services to patients**

Figure 4.10: Traditional healers are competent enough to offer health services to patients

![Bar Chart](image)
According to Figure 4.10, 38% of the respondents strongly agree and 18% agree (collectively 56% of the respondents are in agreement) that traditional healers are competent enough to offer health services to patients. In addition, the results indicate that 40% of the respondents are unsure, 4% of the respondents disagree, while there was no response to strongly disagree. Erickson (2008:75) mentions that traditional healers are described as individuals who are acknowledged in their respective communities as competent enough to offer health services.

Many countries are beginning to recognise the need to develop a cohesive and integrative approach to health care that allows governments, health care practitioners and most importantly those who utilizes health care services, to access TM in a safe, respectful, cost-efficient and effective manner (WHO, 2013:8). Although a large percentage (56%) of respondents agreed, a large percentage (40%) of respondents remained unsure. There is a strong correlation between age and the statement that traditional healers are competent enough to offer health services to patients - \( p = 0.012 \) (Annexure C). The testing of age on the above statement is indicative that the respondents are old enough to make decisions and to give their views on the area of study.

**I was entirely satisfied with the treatment I received from the traditional healer**

Figure 4.11: I was entirely satisfied with the treatment I received from the traditional healer

![Bar Chart](image)

Figure 4.11 indicates that 34% of the respondents strongly agree and 24% agree (collectively 58% are in agreement) that they were entirely satisfied with the treatment that they received from the traditional healer. A further 18% of the respondents are unsure, 20% of the respondents disagree and 4% strongly disagree (a collective 24% disagree). There is a strong correlation between age and the statement I was entirely satisfied with the treatment I received from the traditional healer - \( p = 0.000 \) (Annexure C). The testing of age on the above statement is indicative that the respondents are old enough to make decisions and to give their views on the area of study.
Section C: Objective 2: To determine the perceptions of the use of the services of the western biomedical practice

I prefer using the services of a western biomedical doctor

Figure 4.12: I prefer using the services of a western biomedical doctor

According to Figure 4.12, 16% of the respondents strongly agree and 72% agree (collectively 88% of the respondents are in agreement) to the statement that they prefer using the services of a western biomedical doctor. In addition, 10% of the respondents are unsure of this statement, 2% disagree while there was no response for strongly disagree. The majority of the respondents agreed to the above statement. Benatar and Landman (2006:239) point out that diagnosis by the traditional healer is based on assumptions and is made without an in-depth analysis of the individual. Horton (2007:21) points out that the principle of doctor knows best could offer some comfort to patients who need to be well.

Some sicknesses can only be cured by western medical doctors

Figure 4.13: Western medical doctors can only cure some sicknesses

Figure 4.13 indicates that 20% of the respondents strongly agree and 72% agree to the statement that western medical doctors can only cure some sicknesses. This means that the majority (collectively 92%) of the respondents agree to the statement. The remaining 8% of the respondents are unsure. There were no responses for disagree and strongly disagree. There is a strong correlation between age and the statement that some sicknesses can only be cured by western medical doctors - $p = 0.047$ (Annexure C). The testing of age on the above statement is indicative that the respondents are old enough to make decisions and to give their views on the area of study.
There is a lot that the traditional healer can learn from the western medical doctor

Figure 4.14: There is a lot that the traditional healer can learn from the western medical doctor

![Bar Chart](image)

Figure 4.14 indicates that 30% of the respondents strongly agree and 64% agree that there is a lot that the traditional healer can learn from the western medical doctor. Collectively there is 94% agreement to the statement above. A further 6% of the respondents are unsure and there were no respondents that expressed their disagreement to the above statement. Benatar and Landman (2006:239) argue that diagnosis by the traditional health practitioner is based on assumptions and is made without an in-depth analysis of the individual, therefore the traditional health practitioner can learn from the western medical doctor in order to ensure that the patient receives the best possible cure.

A sick person might heal faster when a western doctor works hand in hand with a traditional healer

Figure 4.15: Individual heals quicker when a western doctor and traditional healer work together

![Bar Chart](image)

According to Figure 4.15, 34% of the respondents strongly agree and 50% agree (collectively 84% are in agreement) to the statement that a sick person might heal faster when a western doctor works hand in hand with a traditional healer. The findings also reveal that 14% of the respondents are unsure, 2% of the respondents strongly disagree, while there was no response for disagree. According to Phungwako (2006:26), the basic aim of the western medical doctor is to prevent harm while the aim of TM is to restore
health to people. Hence, both practices are interested in the health of an individual and should therefore work together wherever necessary in order to ensure that the patient get his or her healing quicker.

Western medical doctors should expose their patients to optional health care

Figure 4.16: Optional health care for patients

According to Figure 4.16, 30% of the respondents strongly agree, and the remaining 70% agree that western medical doctors should expose their patients to optional health care. There were no responses for the rating unsure or disagree. It has been acknowledged globally that TM either is the support of health care delivery or operates as a complement to it (WHO, 2013:7). There was a unanimous agreement to the above statement.

I have been given the correct treatment from a western medical doctor

Figure 4.17: I have been given the correct treatment from a western medical doctor

Figure 4.17 indicates that 16% of the respondents strongly agree and 82% of the respondents agree (collectively, 98% are in agreement) to the statement that they have been given the correct treatment from a western medical doctor. While the remaining 2% were unsure, there were no respondents that disagreed to the above statement. There is a strong correlation between age and the statement that I have been given the correct treatment from a western medical doctor - $p = 0.043$ (Annexure C). The testing of age on the above statement is indicative that the respondents are old enough to make decisions and to give their views on the area of study.

I was entirely satisfied with the treatment I received from the western medical doctor

Figure 4.18: Satisfaction with the treatment received from the western doctor
Figure 4.18 indicates that 16% of the respondents strongly agree and the remaining 84% agree to the statement that they were entirely satisfied with the treatment I received from the western medical doctor. There were no respondents that were unsure or disagreed to the above statement. Latif (2010:25) points out that western medicine makes use of biomedical research, medical technology and health sciences to treat and diagnose injuries and diseases. On the contrary Benatar and Landman (2006:239) point out that diagnosis by the traditional health practitioner is based on assumptions and is made without an in-depth analysis of the individual.

Section D: Objective 3: To determine the reasons for using the services of the traditional healer

I use the services of a traditional healer because they are cheaper than the service of a western biomedical doctor

Figure 4.19: Service of a traditional healer is cheaper than the service of a western biomedical doctor

The findings in Figure 4.19 indicate that 38% of the respondents strongly agree and 32% agree to the statement that they use the services of a traditional healer because they are cheaper than the service of a western biomedical doctor. Twenty percent of the respondents are sure while 10% of the respondents disagree. There were no respondents that strongly disagreed to the above statement. Hence, the findings indicate that the majority of 70% of the respondents that agree to the statement.
I use the services of a traditional healer because they are easily accessible when compared to reaching a western biomedical doctor

**Figure 4.20**: Traditional healers are easily accessible when compared to western doctors

![Chart showing responses](chart1.png)

Figure 4.20 indicates that 36% of the respondents strongly agree and 32% agree to the statement that they use the services of a traditional healer because they are easily accessible when compared to reaching a western biomedical doctor. This means that a collective majority of 68% of the respondents are in agreement to the above statement. A further 30% of the respondents were unsure. The remaining 2% of the respondents disagree; while there were no responses for strongly disagree. Traditional healers are more accessible both in service and in geographic location as compared with modern medicine (Latif, 2010:22).

I use the services of a traditional healer because they are readily available when compared to the service of a western biomedical doctor

**Figure 4.21**: Traditional healers are readily available when compared to a western biomedical doctor

![Chart showing responses](chart2.png)

According to Figure 4.21, 34% of the respondents strongly agree and 38% agree to the statement that they use the services of a traditional healer because they are readily available when compared to the service of a western biomedical doctor. In addition, 26% of the respondents were unsure while the remaining 2% indicated their disagreement to the above statement. There were no respondents that strongly disagree to the above statement. Therefore, the findings indicate that the majority of 72% agree to the above statement. Due to the fact that the majority of the traditional health practitioner is based in the rural areas and the fact that the people in the rural areas are cultural and spiritual, approximately 80% of the
population consults them (Latif, 2010:22). Hence, traditional health practitioner is the first health providers to be consulted.

**Traditional medicine and not western medicine helped me recover**

Figure 4.22: Traditional medicine and not western medicine helped me recover

![Bar Chart](chart1.png)

Figure 4.22 indicates that 22% of the respondents strongly agree and 30% agree that TM and not western medicine helped me recover. A further 28% of the respondents were unsure while 18% disagree and 2% of the respondents strongly disagree to the above statement. According to Moagi (2009:188), the goal of traditional healing is to include all aspects of psychological healing and look at the source or cause of the sickness and not just, what the patient brings to the attention of a western biomedical doctor. There is a strong correlation between age and the statement that traditional medicine and not western medicine helped me recover - \( p = 0.010 \) (Annexure C). The testing of age on the above statement is indicative that the respondents are old enough to make decisions and to give their views on the area of study.

**The western healing system ignores the significance of a person’s culture (for example Xhosa belief in health and sickness)**

Figure 4.23: The western healing system ignores the significance of a person’s culture

![Bar Chart](chart2.png)

Figure 4.23 indicates that 32% of the respondents strongly agree and 58% agree (collectively 90% of the respondents are in agreement) to the statement that the western healing system ignores the significance of a person’s culture (for example Xhosa belief in health and sickness). The remaining 10% of the respondents were unsure. There were no respondents who have indicated their disagreement to the above statement. According to Mrs. Penny Bernard (an anthropologist and a western woman who has trained as a sangoma - traditional
healer in Grahamstown) traditional healing processes offer insights into an individual’s world and future beyond western “rationality” which rational western approaches to medicine has not as yet been able to engage with (Moagi, 2009:118).

Person’s sickness can be caused by issues relating to traditional beliefs
Figure 4.24: issues relating to traditional beliefs can cause Person’s sickness

The findings in Figure 4.24 indicate that 42% of the respondents strongly agree and 52% agree to the statement that issues that relate to traditional belief can cause an individual’s sickness. The remaining 6% of the respondents were unsure. There were no respondents that disagreed to the above statement. Hence, the majority of the respondents (collectively 94%) were in agreement to the above statement. Good (2010:141) points out that to the traditional healer and the patient the involvement of ancestors is imperative in the lives of those who are alive and these ancestors must be honored or else they could cause misfortune to those who are alive. Hence, tradition healing has been rooted on searching for a holistic approach instead of just a medical issue.

Traditional healers carry with them the merit of knowing cultural traditions
Figure 4.25: Traditional healers understand cultural traditions

Figure 4.25 indicates that the majority (74%) of the respondents strongly agrees and 24% agree to the statement that traditional healers carry with them the merit of knowing cultural traditions. The remaining 2% were unsure, while there were no respondents that disagreed to the above statement. Good (2010:141) states that traditional healers carry with them the merit of knowing and understanding cultural traditions. The respondents have agreed with the statement by Good (2010:141).
CONCLUSIONS AND RECOMMENDATIONS
Findings from the Study
The findings from both the literature review and the primary data are summarized below:

Findings from the Literature Review
The findings from the literature review are as follows:

Perceptions on the Service of the Traditional Healer

According to Erickson (2008:75), traditional healers are described as individuals who are acknowledged in their respective communities as competent enough to offer health services through the use of mineral, vegetable and animal substances. Other methods are founded on religious, social and cultural backgrounds in addition to the existing beliefs, knowledge and attitudes that concern social, physical and mental wellbeing and diseases in the community. The traditional doctors are primarily individuals who specialize in making use of herbs and other kinds of medical treatment like animal originating mixtures to treat diseases (Geffen, 2010:1). Richter (2007:30) argues that traditional healers in South Africa have been perceived to be witchdoctors who have been exploiting the superstitions and ignorance of unsuspecting natives.

Perceptions on the use of the Service of the Western Biomedical Practice
Latif (2010:14) finds African traditional care in South Africa, as in most countries dominates the official form of health care, but it does not constitute the total health care supply. According to Latif (2010:25), “modern or western medicine makes use of biomedical research, medical technology and health sciences to treat and diagnose injuries and diseases”. According to Neumann and Lauro (2010:11), since western biomedical health care arrived in Africa the inclination of the colonialists was to prioritize the white settlers’ requirements. Under South Africa’s apartheid regime this strategy was cemented through legislation such that the quality and access to health care was determined largely by race. Therefore, according to Haram (2007:167), one critical aspect of the South African apartheid health care system was the bias it developed towards the western health care system which forced many people to see the western health care as the only desired healer.

Reasons for using the Services of the Traditional Healer
Latif (2010:14) adds that traditional care is a cultural form of seeking medical help and is dependent on community persuasion. Moagi (2009:188) adds that the goal of traditional healing is to include all aspects of psychological healing and look at the source or cause of the sickness. Hence, the practice of a traditional healer is rooted on searching for a holistic approach (Latif, 2010:14). Latif (2010:25) also adds that that even though medical expertise and clinical trialing are critical to modern medicine, the element of ancestral fear that is prevalent in people cannot be removed.

South Africa is considered a rainbow nation, which typically has many varied cultures. Therefore, culture affects virtually all human activities that shape and perceive the world of an individual. Phungwako (2006:28) mentions that traditional healing is a culturally bound activity. Neumann and Lauro (2010:1817) add that the relationship between human behavior, cultural context and healing institutions relates to sickness and the seeking of assistance can be comprehended by studying different culture elements. Conventional African healing borrows from a cosmology of spiritual power and ancestral connections to verify and explain its efficacy (Beattie, 2007:2). Appiah (2010:112) adds that the spiritual community of the living community or that of the ancestors is virtually inconceivable.
Findings from the Primary Data

Perceptions on the use of the Service of a Traditional Healer
The findings have indicated that collectively 54% of the respondents are in agreement to the statement that they prefer the use of a traditional healer. The findings (62% of the respondents agree) that some sicknesses can only be cured by traditional healers is indicative that the respondents prefer the services of the traditional healer. A collective 76% of the respondents agree that a western medical doctor can learn from a traditional healer, which is also indicative that they prefer using the services of a traditional healer.

Fifty six percent of the respondents agreed that traditional healers are competent enough to offer health services to patients, while a large percentage of 40% remained unsure to the statement. Therefore, the majority of 78% of the respondents agree that government laws should control TM given by traditional healers.

Perceptions on the use of the Service of the Western Biomedical Practice
The findings indicate that a collective of 88% of the respondents are in agreement to the statement they prefer using the services of a western biomedical doctor. This is indicative that more respondents preferred the service of a western medical doctor instead of a traditional healer. A large majority of the respondents (92%) agree that western biomedical doctors can only cure some sicknesses, which again is indicative of the reason that 88% of the respondents use the service of the western biomedical doctor. However, a collective 94% of the respondents are in agreement that there is a lot that the traditional healer can learn from the western biomedical doctor. A further 84% of the respondents agree that a sick person might heal faster when a western doctor works hand in hand with a traditional healer. There was a 100% agreement that the western biomedical doctors should expose their patients to optional health care. All respondents agreed to the statement they were entirely satisfied with the treatment that they received from the western biomedical doctor.

Reasons for using the Services of the Traditional Healer
The findings indicate that the majority (70%) of the respondents use the services of a traditional healer because they are cheaper than the service of a western medical doctor, while 68% said that traditional healers are easily accessible when compared to reaching a western medical doctor. A further 72% mentioned that the traditional healer is readily available, while 52% of the respondents indicated that TM prescribed by the traditional healer helped them recover. According to the findings, a collective 90% of the respondents agreed that the western healing system ignores the significance of a person’s culture. A further 94% indicated that issues relating to traditional beliefs could cause a person’s sickness. The majority (74%) of the respondents indicated that traditional healers carry with them the merit of knowing cultural traditions.

Conclusions of the Findings
The findings have indicated that in South Africa, most individuals relate TM with the herbs and with strong spiritual components. TM administered by traditional healers is starting to have a greater impact and significance in the primary health care of individuals. The primary findings of this study are indicative that individuals are using the services of both the traditional healer as well as the western biomedical practitioner. The respondents have indicated that western health care ignores the significance of a person’s culture and traditional beliefs. The respondents have also indicated that both the traditional healer and the western biomedical doctor should work together in order to ensure that patients receive a holistic approach to their health. The respondents also indicated that traditional healers
should have a license to practice and government laws, as is the case of the western biomedical practice should control the prescription of TM.

**Recommendations**

**Integrate both the Service of the Traditional Healer and Western Biomedical Practice**

The majority of respondents indicated that they are using the services of both the traditional healer and western biomedical practice and that both parties can learn from each other. Therefore, it is recommended that the Minister of Health should hold regular meetings between both stakeholders in order to brainstorm ways that would integrate the parties concerned. Medical aid companies should also be invited to participate in these meetings, as they also need to find a way to include the service of the traditional healer and not just the western biomedical practice.

**License to Practice**

The western biomedical practice has to complete a degree, training and then only receives a license to practice. A similar setup should be implemented for traditional healers before they have the authority to practice on patients. The Minister of Health should present the traditional healer with a license upon the completion of specific criteria as set. This will also give patients the peace of mind to use the services of a licensed traditional healer should they desire to.

**Training of both the Traditional Healer and Western Biomedical Practice**

It is recommended that both the traditional healer and western biomedical practice should receive training on cultural issues. Training should be held (with both the traditional healer and western biomedical practice) where discussions could take place in order to learn from each other on the needs, beliefs and cultures of people. Training should carried out in the areas were both parties are practicing in order to avoid travelling and hence to ensure the effectiveness of training. Training should take place at regular intervals and should be compulsory for both parties.

**Traditional Medicine should be controlled by Government Laws**

The TM prescribed by traditional healers should be controlled by government laws just as is the case of the western biomedical practice. This will ensure that patients get the best possible care and that the TM prescribed will be safe to ingest.

**Areas of Further Study**

It is recommended that other race groups should be surveyed in order to determine their use and perceptions of the services of traditional healers. The results will add value to government and medical aid decisions on the integration of the traditional healer into the western biomedical practice.

**Conclusion**

South Africa is burdened with many types of diseases. Therefore, it is imperative that patients should have a wide range of alternatives to choose from while dealing with the many types of diseases. These range from traditional health care to western biomedical care practice. In many developing countries the use of medicinal plants and herbs is an inherent part of traditions, beliefs and cultural values of the people, a corpus of knowledge that have been passed on from generation to generation and therefore should be integrated into the world of the western biomedical practice.
Bibliography


Figueiredo, A. (2010) A concise introduction to qualitative research methods in information sciences and technologies [Online]. Department of Informatics Engineering: University of


