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Exploring the nature of partnership between African traditional and conventional health care in eThekwini district of KwaZulu-Natal, South Africa

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Abstract

The current alarming growth of diseases and complications, especially in Africa, makes the integration of traditional and conventional health practices a priority in medical training, research and planning, and the funding of health services. In KwaZulu-Natal (KZN), a few clinics have initiated the process of partnership with the traditional health practitioners (THPs). However, the nature of this partnership is not clearly defined, hence the need for this study. According to the World Health Organisation, approximately 80% of the population of African Member States use traditional medicine to meet their health care needs. Therefore it is a high priority that Traditional Health Care Practitioners (THPs) be integrated into conventional medicine, and considered the entry point to primary health care (PHC). This study aims to outline the potential consensus on how traditional and western health practitioners could work together to achieve a common goal without undermining each other. The objective of the study was to determine the possible relationship between western and traditional medicine. In order to understand the complexities of an intact culture of the entire group, a qualitative, multiple case study design was employed in this study as the researchers sought to explore a programme, an activity, a process, one or more individuals, groups, institutions and other social units. Results from the study indicate that partnership is far from being implemented by both parties. THPs should form part of health policy making, conventional medicine training and the District Health Information System.

Keywords: Traditional health practitioner (THPs), conventional health practitioner (CHP), World Health Organization (WHO), government health care, millennium development goals, qualitative study, partnership.

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Introduction

Like other countries, South Africa has shortage of health care professionals (Mokoka, Ehlers & Oosthuizen, 2011; Oosthuizen & Ehlers, 2007). The increase in mortality and morbidity rates due to various diseases like HIV and AIDS, TB and other debilitating ailments overwhelm the health care system. Simultaneously, this increase undermines the potential of South Africa to attain

the Millennium Development Goal (MDG) number 6 which aims to combat HIV/AIDS, malaria and other disease (United Nations Summit, 2010). Therefore, if traditional and conventional practitioners could form partnership, South Africa could achieve this MDG. Until 1996, the practice of indigenous healing was outlawed in South Africa where the remedial services were not afforded a legal position in the community of health care providers (Pinkoane, Greeff & Williams, 2005). To move towards legitimising traditional medicine, the South African parliament proposed that a statutory council be set up to regulate the existing 350 000 traditional healers (Baleta, 2004).

The operational plan for a comprehensive HIV and AIDS care, management and treatment for South Africa recognizes the role and function of traditional health practitioners (THPs) in the continuum of care, compliance, adherence, adverse event reporting, referral system and ensuring safe traditional health practices (Department of Health, 2004). According to the National Health Plan of South Africa, "people have the right of access to THPs as part of their cultural heritage and belief system". This was later followed by the WHO recommendations on the need for policies, strategies and guidelines to institutionalise African Traditional Medicine (ATM), then THPs Bill and finally, the THP Act 22 of 2007 (Republic of South Africa, 2007). The THPs Act of 2007 recognized the potential of traditional medicines and therefore aims to work towards strengthening the partnership with conventional practitioners. According to the WHO (2008), its member states cooperate to promote the use of traditional medicine for health care by aiming to support and integrate traditional medicine into national health systems in combination with national policy and regulation for products, practices and providers to ensure safety and quality; ensure the use of safe, effective and quality products and practices, based on available evidence; acknowledge traditional medicine as part of PHC, increase access to care and preserve knowledge and resources; and, ensure patient safety by upgrading the skills and knowledge of traditional medicine providers.

The findings of a study conducted by Peltzer, Mngqundaniso and Petros (2006) indicate that THPs should be involved in referral and treatment, as well as in the promotion of behaviour change. However, within the current health care system, there is no uniformity of client referrals regardless of the standardized referral form. This client information sharing happens via official referral letters. Conversely, there has not been any form of referral, feedback or communication from the conventional practitioners to the THPs. This situation creates a gap and confusion in the patient continuity of care continuum with regards to mixing medication from both practitioners (South African Medical Association [SAMA], 2006).

Available information on impact of THP

Traditional healing has been described by the WHO (2010), as one of the surest means to achieve total health care. Nyika (2009) argues that if the ultimate goal of the health care system is to reduce the burden of the disease, it would be unethical to focus only on availability and affordability of ATM without assessing whether or not the burden of disease in the populations is being reduced. The WHO Report (2002) acknowledged THPs as a key resource in HIV and AIDS management as they are able to reach to clients' inner being spiritually, socially or otherwise. Collaboration is mainly taking place in the HIV programme and is improving with the early counselling and testing which prolongs life expectancy.

Because of the respected role THPs play in the society, they are given high status as leaders within society (Van Wyk, 2009). Psychiatric clients are treated by both Western and traditional practitioners (Sorsdahl, Stein, Grimsrud, Seedat, Flisher and Williams, 2010). The WHO Traditional Medicine Strategy of 2002-2005 identified the challenges that face the conventional medical system of treatment only addressing the client's symptoms of illness and does not heal spiritual aspects (WHO, 2002).

Although the Traditional Health Act recognises the role of THPs, these practitioners are not fully recognized and incorporated into the conventional health sector. There is little evidence of THPs interacting with the government, local health care systems or being involved in formal health service delivery. This has left a gap and some confusion with regards to the continuity of care. The confusion results in clients taking concurrently the medication from the traditional and conventional healthcare practitioners (SAMA, 2006). Additionally, the partnership between the traditional and conventional healthcare system is not clearly defined, hence the need for this study. This article reports on the working relationship between practitioners of the African traditional/complementary/ alternative medicine and western medicine.

Methodology

Design

A qualitative, multiple case study design was employed in this study as the researchers sought to thoroughly explore a programme, activity, a process, one or more individuals, groups and institutions (Yin, 2009; Polit and Beck, 2008). A case study design was chosen because it allowed the researchers to explore the nature of the partnership between African traditional and conventional health care within the South African health care delivery system (Yin, 2009).

Study participants

Purposive sampling combined with multiple case studies and snowball methods were used for the study. The sample consisted of consenting PHC nurses and all categories of consenting THPs that were in partnership with the clinics. This sample is representative of all participating parties in the health care system. All categories of THPs were included in this study because when conventional health practitioners (CHPs) consult clients who come with referral letters from THPs, referral letters do not specify whether the client had consulted a herbalist or a faith healer or any other specified THP. For this reason, the researchers were unable to focus on certain groups of THPs and not others. The sample comprised two focus group discussions, one consisting of ten participants and another eight participants and individual interviews of 24 THPs of all categories and 12 CHPs. Sampling of participants was done using key informants and snowballing from THPs and CHPs.

Ethical considerations

Permission to conduct the study was granted by the Durban University of Technology and the KZN Department of Health. The nature of the study was explained to the participants and thereafter, they signed the informed consent forms before the commencements of the interviews.

Trustworthiness of the data

Credibility; dependability, confirmability and transferability are concepts that support the rigor and enhance credibility of the research (Lincoln and Guba, 1985). Credibility was ensured through member checking to establish the credibility of the results. Participants were given an opportunity to verify and validate the field notes. To ensure dependability, the researchers kept the raw data and all field notes secured. The researchers gave a detailed description of the sample and the context in which the study was conducted to enable transferability. Confirmability was ensured by the researcher listening and re-listening to the audio recordings and reading and re-reading the raw texts before analysing the data.

Data collection

In-depth interviews with a structured interview guide and open-ended questions were conducted with conventional health care practitioners and THPs. Interviews were conducted in isiZulu for those participants that did not understand English. Data were collected in August 2011 from different areas of the district, in which some areas had focus groups and others did not. Where there were focus groups, participants from the groups were first interviewed individually, followed by

immediate open discussions involving the same groups where everybody was allowed to talk freely as they remembered points they might have omitted during the individual interviews. Any available documents like referral letters were used only as evidence so that there was a kind of working together and not used as analysis of the referral letters themselves. The researchers found only a few THPs' referral letters as available reference during the interviews that did not substantiate a strong referral system from either of the two parties. Interviews were voice-recorded and data collection continued until a saturation point was reached.

Data analysis

Tesch's eight-step procedure of data analysis was applied (Cresswell 2009). The researchers spent one week listening to the tapes to familiarise herself with the data recorded before data transcription began. The researchers used different colours of highlighters to indicate codes and highlights on concepts and attributes that were similar. The researchers coded every script in order to develop a comprehensive framework for analysis. The comprehensive framework was then used for more detailed coding and thematic content analysis involving manual methods.

Results

Shown in Table 1 are the themes and subthemes derived from the study.

Table 1: List of themes and sub themes derived from the study

Themes	Sub-themes
1. General understanding and feeling about the partnership	A. Platform to discuss health issues B. Progress in partnership C. Consultation
2. Benefits	A. Beneficiaries B. Training on health matters
3. Referral system	A. Standardised referral letter
4. Challenges regarding the partnership between THPs and conventional health care	A. Positive reaction

Theme 1: General understanding and feeling about the partnership

Traditional Health Practitioners

The findings of the study revealed that the THPs had a good understanding of the partnership. This is demonstrated in the excerpts below: *"We are aware and understand the partnership we have with the clinics since we meet on a monthly basis."* [FGD 1, FGD 2 THP 2, and THP 6]

Conventional Health Practitioners

In a facility with provincial and local government employees located under one roof, a provincial registered nurse stated that they did not know anything about partnership in that facility and denied having meetings with the traditional practitioners. This is reflected in the excerpt below: *"...I would know and would have been part of such meetings if there were any. There is no partnership happening in this facility…."* [CHP 3] *"Yes we are aware that we are working together with the THPs but the system is not that active."* [CHP 7]

One participant stated that they invite THPs to their events and provide them with their own stall for marketing and advertisement. They refer clients for '*ukuhlola*' if they wish and THPs refer them back immediately in the same event as reflected on this excerpt: *"We have an active system in place. We attend with them in the war room meetings for the "Sukuma sakhe programme."* [CHP 1] *and communicate every now and then as per need."* [CHP 1] *"We have a solid clinic committee that involves THP members."* [CHP 8]

Some reported that the referral system helps them to manage clients holistically as reflected on this quote: *"…Now clients come to the clinic with referral letters from the THPs without any fear or shame and we are able to assist them to take both our medication successfully."* [CHP 2]

Sub theme 1.1: Platform to discuss health issues

Traditional Health Practitioners

The participants stated that they did not hold formal meetings as stakeholders for health both at community and clinic level. This is reflected herein: *"We do not hold local meetings with the conventional sector to discuss our clients' health related issues"*. [FGD1] THP 6] and FGD 2, THP 1]

Conventional Health Practitioners

The participants responded that they had not discussed health issues with their counterparts even when they met, which was rarely the case. This is supported by the following excerpt:

"……We seldom have meetings with the THPs and even when we do, we have not discussed minor ailments or diseases that affect our community." [FGD 1, THP 1]

Sub-Theme 1.2: Progress in partnership

Traditional Health Practitioners

THPs responded that the government is taking too long to officially implement the partnership, as indicated thus: *"…The government is slow and dragging to fulfil this partnership process…"* [THP 11]

Conventional Health Practitioners

They responded that they were doing this partnership on their own without any directive or support. This is reflected in this excerpt: *"The Department of health directive has not given us any guidelines or support to implement partnership especially when it comes to taking medication."* [CHP 2]

Sub theme 1.3: Consultation

Traditional Health Practitioners

The participants reported that they did not get consultation as they would prefer because they were mostly told of the decisions already taken by the government as indicated on the following statements: *"The government tells us what to do without us being part of the discussions and therefore decision makers."* [FGD 2, THPs 1& 6]. *"...The government cannot approve the act about us without consulting us…."* [FGD 2, THPs 2 & 9]

Conventional Health Practitioners

The participants stated that this was imposed to them without any explanation. They had to learn how to deal with the situation along the way, but they understood the need. This is supported by the following statements: *"…Sometimes we have a problem in explaining how the client must take both traditional and conventional medicine because we do not have a reference of how this should happen…."* [CHP 7]. *"In the medical field there are guiding policies, protocols and procedure manuals that govern implementation of procedures but there is nothing for combining both Traditional and conventional medicine…."* [CHP 6]

Theme 2: Benefits

Sub-Theme 2.1: Beneficiaries of partnership between African traditional and conventional health care systems

Traditional Health Practitioners

The participants responded that they benefit by working closely with CHP and are therefore able to refer cases with ease. This was expressed by participants in the following excerpts: *"CHP accept our clients without prejudice.* [FGD 2, THP 3] *"This in turn helps everybody involved in the client care as the client gets attended to comprehensively at the community level where we closely live with them."* [THP 9]

Conventional Health Practitioners

The participants stated that they benefit from the partnership by not losing clients in the process of treatment by both practitioners. The following quote illustrate their views: *"We no longer lose our clients to the traditional practitioners."* [CHP 8] *"We now get clients in the early stages of their diseases."* [CHP 2] *"Adherence and defaulter rate improves where THPs are involved."* [CHP 9]

Sub-Theme 2.2: Training in health matters

Traditional Health Practitioners

The participants responded that the government was providing training on health related issues. This is reflected in this excerpt: *"We have learnt HIV counselling and testing, TB and other diseases' signs and symptoms and therefore are now able to refer clients to the clinic with insight"*. [FGD 1, THP 4]

Conventional Health Practitioners

CHPs revealed that they did not have adequate training in traditional medicine. This is reflected in the following statement: *"We did not attend any traditional practice training."* [CHP 4]. Only a few conventional health practitioners admitted that they were trained: *"We did attend training in a local university that was facilitated by a professor on traditional medicine."* [CHP 3]

Theme 3: Referral system

Traditional Health Practitioners

The participants responded that they had sound knowledge about the referral system. However, they expressed their concerns about the conventional health care sector that was not referring patients back to them as indicated in the excerpt below: *"We do have the referral forms and we refer our clients to the conventional practitioners but they do not refer the patients to us. Even if we have referred patients to them, they are never referred back to us"* [FGD1, THP 7]

Conventional Health Practitioners

Some participants stated that they were aware of the referral system but it was not well practised by both practitioners. This response is captured in the following statement: *"We do work together and we know about the referral system. However, it is not that active as we only receive very few referral letters from the THPs considering the number of THPs we have in eThekwini and the assumed number of clients who consult THPs."* [CHP 6]

Theme 4: Challenges regarding partnership

THPs were not pleased with the referral system in place and CHPs did not have guidelines on taking medication from both practitioners.

Traditional Health Practitioners

THPs were not happy about the fact that they were expected to refer clients to the clinic and the clinics did not refer to them, not to mention a lack of acknowledgement. This is demonstrated in this excerpt: *"The government wants us to refer clients to the clinics and not the conventional health practitioners refer clients to us."* [FGD 2, THP 2]

Conventional Health practitioners

The participants reported that they did not have a clear guide of how to take both conventional and traditional medicine concurrently. This is reflected in this excerpt: *"Generally, at the moment we do not have any clear guidelines or protocols that guide us on how to function with THPs especially when it comes to giving medication."* [CHP 7]

Sub-Theme 4.1: Positive reaction

Traditional health practitioners

Most THPs responded that the government helped them by training on health related issues. This is reflected in the following statement: *"We have learnt HIV counselling, TB signs and symptoms and therefore are now able to refer clients to the clinic with insight"*. [FGD 1, THP 4, THP]

Conventional Health Practitioners

The participants responded that they were content that THPs were trained in western medical health issues as reflected in this statement: *"We do get indirect benefit of getting clients referred and coming early to the clinic."* [CHP 5]

Discussion

General understanding and feeling about partnership

Traditional health practitioners

THPs understood and commended the fact that the government has made some progress in legitimising traditional medicine by the South African parliament setup of a statutory council to regulate the 350 000 THPs available in every 200 or 300 members of the population served (Baleta, 2004). However, they are of the opinion that they will have a better platform once the statutory council has been well established where they will conduct discussions on an equal footing (Pretorius, 1998).

Conventional health practitioners

Evidence showed that there is inadequate clinician experience in combining herbal, traditional or complementary medicine with antiretroviral therapy (ARVs) in South Africa (Department of Health, 2009). Over and above academia and departmental guidance, conventional practitioners tend to detach from the cultural background of their clients and that leads to incongruent health care provision. De Villiers (2006) also expressed this view as he explains that members of a culture share a worldview which is a product of the context in which they were raised. This therefore suggested that health care practitioners could work harmoniously and productively if they understood the culture and the background of the end users of their products (De Villiers, 2006).

Benefits

THPs got educated in health related issues. Human Science Research Council standardized African healers practice in the area of HIV and AIDS (Peltzer, Mngqundaniso & Petros, 2006). CHPs under the Department of Health benefitted on the clients' management and continuum of care as clients do not get lost in the process of health practices (Department of Health, 2004).

Referral system

THPs were receptive and flexible in working with CHPs. This is evidenced in the SAMA report (2006) that THPs were even willing to make certain concessions for the sake of co-operation. On the other hand, the findings of this study showed that CHPs were hesitant in forming partnership with THPs as they stated that there were no guiding policies and references for THP practices. Devenish (2005) also stated that although the Department of Health supports a system of collaboration on PHC and HIV and AIDS prevention and education, at present the Department does not support referrals from the formal health system to traditional practitioners, principally because of a lack of research and regulation around the dosage and efficacy of traditional treatments.

Challenges regarding the partnership between THPs and CHP

THPs felt belittled and undermined by conventional graduates who did not understand their qualifications, respect and value (SAMA, 2006). Participants responded that they were not content with the nature of the partnership between different practitioners as they were of the opinion that they were not on the same level as their counterpart in terms of categorization, respect and classification. CHPs associated traditional healing with myths and magic and 'primitive' cultures that use non-scientific techniques (SAMA, 2006) as most of them were not trained on THP.

Recommendations

Based on the results of this study, the following recommendations were made:

Policy development and implementation

All THPs and CHPs should be registered in their respective associations by a statutory board and be known by relevant stakeholders and should now be part of health policy making and implementation discussions.

Institutional management and practice

The Department of Health could move towards achieving MDGs by making use of the public private mix partnership, adding some data elements of clients seen and referred between THPs and CHPs, into the District Health Information System. THPs should be allowed to treat their clients in a conventional health institution using clear and precise guidelines to regulate the practice of traditional medicine.

Education and training

Traditional health medicine should be incorporated into the conventional medical training for nurses and doctors and its aspects added into the curriculum.

Conclusion

The findings revealed that THPs were not happy with the current partnership and CHPs were sceptical about THPs as they do not have referrals and background about their practices. Partnership is not optimally and maximally implemented as it should be, considering the THPs availability. In order for partnership to function optimally, THPs should form part of health policy making and implementation discussions, traditional medicine should be incorporated into conventional medical training. The District Health Information System should add some data elements of clients seen and referred between THPs and CHPs.

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