

Indigenous practices of Traditional Health Practitioners (THPs) methods by mothers of children admitted to the Polokwane/Mankweng hospital complex, Limpopo Province, South Africa

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Abstract

The purpose of this study was to explore and describe the indigenous practices of mothers of children admitted to the paediatric unit of a Polokwane/Mankweng hospital complex in Limpopo Province, South Africa. An exploratory qualitative, phenomenological, descriptive research was conducted to explore and describe the indigenous practices of Traditional Health Practitioners (THPs) methods on children admitted in the paediatric unit of a Polokwane/Mankweng hospital complex in Limpopo Province. A non-probability purposive sampling method was used to select fifteen mothers of children admitted in the paediatric unit. Data were collected using unstructured one-to-one interviews. Data were analyzed using Tech's open coding approach and three themes emerged namely; Analogous indigenous practices by THPs in curing childhood illnesses, beliefs related to the indigenous healing processes and THPs preventing spread of HIV infection to children. Health care providers should have an understanding of indigenous belief systems in relation to health; the government should advocate for the preservation of indigenous health practices and strengthen health education of community members and THPs with regard to the precautions to be taken when caring for HIV infected children.

Keywords: Indigenous practices, indigenous knowledge, childhood illnesses, traditional health practitioners.

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Introduction

Indigenous knowledge (IK) originates in a particular community within a broader cultural tradition. McDade, Reyes-Garcia, Tanner, Huanca and Leonard (2007) stated that IK is a critical determinant of human behaviour and health, and is the intergenerational mother in the society. Indigenous forms of communication and organization are seen as important to family and societal decision-making processes with regard to health-related issues like care given to children from birth onwards and curing of childhood illness (Gabrysch et al., 2009).

The operational plan for Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) (Department of Health South Africa CCMT operational plan, 2003) pointed out that some South African citizens prefer to consult traditional

health practitioners (THPs) on a regular basis for their health problems. It was further stated that the THPs are the first to be consulted before the patients go to the hospital. The study conducted by Peltzer, Phaswana-Mafuya and Treger (2009) also reported that THPs use indigenous practices to prevent and heal childhood illnesses. The use of indigenous practices should be recognized in South Africa (SA), so that education to minimize drug interaction can be provided to mothers from pregnancy and even during childcare (Peltzer et al., 2009)

According to the Department of Health and Social Development (2010) children with childhood illnesses admitted in the paediatric unit at the Polokwane/Mankweng hospital complex are brought to the hospital when they are very sick. The children's mothers on interrogations usually indicate that they first consulted the THPs so that their children can be treated with indigenous practice methods for curing illnesses. Therefore, it is evident that after realizing that the children were not getting better, mothers then decided to bring their children to hospital. It was further found that mothers who bring their children for re-admission had stopped giving them treatment after they were discharged from hospital whilst others often do not bring their children for scheduled follow up visits because they go back to the THPs (Department of Health & Social Development, 2010).

Evidences seen during physical examinations are that children are brought to hospital with the following: razor blade marks and black discoloration on the fontanelle of which mothers confirm that they consulted THPs prior to coming to the hospital. Statistics for January to June 2010 showed that out of 834 children admitted to the Polokwane/Mankweng hospital complex, 58 had consulted THPs (Department of Health & Social Development, 2010). Therefore, the purpose of this study was to determine the indigenous practices of Traditional Health Practitioners (THPs) method by mothers of children admitted the paediatric unit of Polokwane/Mankweng hospital complex, Limpopo Province, South Africa

Methodology

Design

A qualitative, phenomenological, descriptive, explorative and contextual research design was used in order to explore and describe the indigenous practices of mothers of children admitted at the paediatric unit of Polokwane/Mankweng hospital complex, Limpopo Province. This approach facilitated the understanding of human experiences from the viewpoint of the participants themselves in their own context and in which the action takes place (Burns & Grove, 2005).

Population and sampling

The population was all mothers of children admitted in a paediatric unit of Mankweng/Polokwane hospital complex in Limpopo Province. A non-probability purposive sampling technique was used to select fifteen participants on the basis of their experiences with indigenous healing practices by THPs in relation to the treatment of childhood illnesses.

Data collection method

Unstructured one-to-one interviews were conducted between October and November of 2011. One main question which was asked each participant in the same way was: "Kindly share with me by describing the indigenous practices that you have used prior to bringing your child to the hospital". Probing questions followed from the participants' response to the main question. The participants were given an opportunity to clarify areas where the researchers needed clarity (Brink, 2006; de Vos et al., 2006; Leedy & Ormrod, 2005; Burns & Grove, 2009). Interview sessions were recorded and field notes were taken until data saturation was reached.

Data analysis

Tesch's method of open coding data analysis as described in Creswell (2009) was used where the transcribed data were analysed together with the field notes.

Trustworthiness

Trustworthiness was maintained by adhering to the following criteria outlined in Babbie and Mouton (2009): Credibility was ensured by triangulation of data collection methods through capturing the interview proceedings by a voice record and writing of field notes. Prolonged engagement was ensured by collecting data over a period of two months (Bitsch, 2005). Transferability was ascertained by a thick description of the methodology and purposive sampling used to select mothers who participated in the study (De Vos et al., 2006). Dependability was ensured by avoiding any bias that could influence the research outcomes (De Vos et al., 2006).

Ethical considerations

Ethical clearance was obtained from the University of Limpopo Medunsa Research and Ethics Committee (MREC). A written permission to collect data was obtained from Limpopo Provincial Department of Health and Social Development. Furthermore, permission was obtained from Polokwane/Mankweng hospital complex's Chief Executive Officer and paediatrics unit managers. A written consent

form was obtained after the participants were informed about the purpose and objectives of this study. Permission to use a voice recorder and take field notes was requested before the commencement of the data collection sessions. Process consent was obtained during the study before any sensitive questions were asked (Brink, 2006).

To ensure confidentiality and anonymity participants' names or any information that identifies them were protected by allocating a code to each participant, and those codes were also used during the voice recordings (Seale, Gobo, Gaubrium & Silverman, 2004).

Results and Discussion

The themes and sub-themes that emerged from the data analysis are shown in Table 1.

Table 1: Themes and sub-themes related to indigenous practices of mothers of children admitted at the Polokwane/Mankweng hospital complex.

Themes	Sub-themes
1. Analogous indigenous practices in curing childhood illnesses	1.1 A tale of curing childhood illnesses 1.2 Healthcare seeking behaviours prior coming to hospital. 1.3 Indigenous healing methods in specific childhood illnesses. 1.4 Follow-up after indigenous treatment
2. Beliefs related to the indigenous healing process	2.1 Positive believes related to indigenous herbs in treating childhood illnesses 2.2 Initial ancestral request for guidance 2.3 Healing expectations/symptoms after indigenous treatment 2.4 Perceptions related to poor prognosis after indigenous treatment
3. THPs preventing spread of HIV infection to children	3.1 Precautions taken when treating HIV positive clients

The study revealed that the participants shared analogous indigenous practices in curing childhood illnesses in which they outlined their health seeking behaviour prior to medical consultation. They strongly believed that some childhood illnesses cannot be treated in hospitals but by the THPs. On one hand, they knew that after the indigenous practices, they must take their children to hospital and reported to the healthcare professionals. For example one of them stated: *“If I took my child to the THP first, when I take the child to the medical doctor I tell him that I have already took my child to the THP”*; *And then let me say that this is a law for us blacks to take our children to be treated for hlogwana (passing greenish watery stools and sunken, not pulsating fontanel)*”. On the other hand, participants shared same information about the different types of childhood illnesses that have to be treated through indigenous methods which included: *“hlogwana (passing greenish watery stools and sunken, not pulsating fontanel); Themo/ lekone (retracted neck and red marks at the back of the neck and the child will cry a lot); Makgoma (evilspirits*

from people who are having some illnesses, have made abortions or who have attended funerals); *Sekgalaka* (the child has sores on the body); and *Sephate/tša dithabeng* (the child scratches himself in the nose and scratching and pulling the fingers). Presented below are themes and subthemes that emerged from the interview.

Theme 1: Analogous indigenous practices in curing childhood illnesses

Analogy is a form of logical inference or an instance of it, based on the assumption that if two things are known to be alike in some aspects, then they must be alike in other respects (Horny, 2010). The findings indicated that the participants described issues related to indigenous practices by THPs in curing childhood illnesses before taking their children to the hospital. The findings are discussed in the following sub-themes:

Sub-theme 1.1: A tale of curing childhood illnesses

The findings of the study revealed indigenous practices as a story situated in the past and present as an unwritten law for African people thus, indicating that indigenous methods are used in relation to curing childhood illnesses. A story of curing childhood illnesses was confirmed by the following quotations “*I grew up knowing that hlogwana (passing greenish watery stools and sunken, not pulsating fontanel) is treated with indigenous practices. And then let me say that it is a law for us blacks to take our children to be treated for hlogwana (passing greenish watery stools and sunken, not pulsating fontanel). Another participant further indicates that “When my child was still very young I kept him in the house and took him out of the house when going to the clinic. After a month I called a traditional doctor to take the child out of the house because this is what we have to do in our culture as taught by our grandfathers and grandmothers”.*

These findings are supported by those of Truter (2007) which indicated that THPs deal with traditional ailments which are culture bound syndromes that do not respond to Western medication and must be treated by traditional healers. Additionally, Hilgert and Gil (2007) reported that after the birth of the child he/she is bathed with hot herbs and made to drink a special culturally prepared concoction which is believed to relieve stomach cramps.

Sub-theme 1.2: Healthcare seeking behaviours prior to coming to hospital

The results also revealed that children are taken to the THPs prior to hospital visits and this was confirmed by the participant who indicated that, “*you do not take your child to any traditional healer; you must take him to a registered traditional healer*”. Another participant indicated that “*at the hospital they do not know how to treat hlogwana, makgoma, mokakamalo and sephate. With other conditions besides these ones we take our children to the clinics and hospitals because they cannot be treated indigenously. One of the participants further said: “she also gave me the*

powder to make the child lick it, to protect the child from “makgoma and that is why before I come to the hospital I gave it to the child to protect my child from makgoma”. Another participant confirmed by saying, “I have treated my child for “hlogwana” (passing greenish watery stools and sunken and not pulsating fontanel) because it cannot be treated at the hospital”.

In support of health seeking behaviours prior hospital consultations Peltzer and Mngqundaniso (2008) confirmed that traditional healers tend to be the first ‘professionals’ consulted by people with health problems including children because they are more easily accessible geographically and provide a culturally accepted treatment. They have credibility, acceptance and respect among the population they serve.

Sub theme 1.3: Indigenous healing methods in specific childhood illnesses.

The results revealed that the indigenous healing methods for specific childhood illnesses as indicated by the participants in their own words which are reflected on the following excerpts:

- *Hlogwana is treated as follows ---- “with hlogwanathe THP take a razor blade and cut the child on the fontanel and after I have to squeeze breast milk on the cut fontanel. Additionally ----“on arrival she took the child and removed the hair on the fontanel make small cuts with a razor blade and applied a mixture of her herbs on the fontanel”. One of the participants confirmed by saying ----- “Then I took my child to be treated and on arrival they burned the herbs made the child to inhale the smoke of the burning herbs. After that she took the razor blade and cut the child with it on the fontanel. Thereafter he burned the herbs grinded them and mixed them with Vaseline and applied them on the fontanel. The remaining burned herbs are called tshidi and are put in the child’s mouth to lick”. Furthermore, another participant indicated that ----“She took the razor blade and cut the child on the fontanel, instructed me to squeeze breast milk on the child’s fontanel and the burned herbs were mixed with breast milk and applied on the fontanel. From there she moved thete (a worm found in the cattle kraal) on the head of my child making a cross throwing it down after each line. “She then gave me medication which the child has to drink for treating hlogwana (passing greenish watery stools and sunken, not pulsating fontanel)”.*
- *Themo/lekone is treated as follows based on the participants’ descriptions “they make the child inhale the herbs they used to treat hlogwana but they mix them with a feather of the bird or monkey. They cut the child on the neck going down on the back and the waist line and the chest and apply the burned mixture. The remaining medication is to be put in the porridge when the baby is fed. Another participant added by saying ---- “Then they took a razor blade and cut the child at the back on the neck so that blood must come out and gave me a dry leave to scratch myself on the private parts and*

come out with blood. They took that leave put it in the clay pot (lengeta) mix it with the herbs and chicken stools and burn them. After making the cuts they applied the ashes of the burned mixture where they have made the cuts". The other participant indicated that "She came with her things and on arrival she took the herbs burned them, cut the child's hair and a piece of the bottom of my panty and burned them together. The child was made to inhale the burning mixture two times. Thereafter, the child was cut at the back where there were red marks and the mixture of the burned ashes was applied".

- In relation to Makgoma one participant said *"I was given a powder which the child had to lick to protect him against makgoma"*. Another participant indicated that *"to prevent makgoma I was given ashes which the child had to lick and also to apply on the umbilicus after attending a funeral"*. The other participant indicated that *"They also burn the herbs and make the child inhale to protect the child from makgoma"*.
- Sekgalaka was outlined being treated as follows ----- *"Because the sores are outside they instructed me not to bath the child and apply Vaseline until the rash is no longer visible"*. The other participant said *"they gave me medication to apply on the child's body except for the head for three days without bathing the child"*.
- Sephate/tša dithabeng treatment was described as follows ----- *"They burn the herbs with cut finger and toe nails inside the lengeta [clay pot] and the child is covered with the blanket to inhale the burning mixture. Thereafter the burned herbs are mixed with Vaseline. Then we take a scissor and remove the child's hair in two lines to make a cross on the head. Apply that mixture on the cross made with a scissor on the head. The mixture will look like an ointment. Let me say before they apply that ointment they take "thete" [worm found in the cattle's kraal]. They take it and push it to move on the head of the child along the cross that they have made. Then from there they apply that ointment"*.

Truter (2007) indicated that a variety of treatment methods that are used by traditional healers like cutting and rubbing powdered medications into incisions. In support of the present results it is outlined that THPs treat psychosis with various methods that include herbs, appeasing the spirits and divination depending on the perceived cause (Abbo, 2011). Traditional healing is embedded in holism and challenges the biomedical system that indigenous patients have to deal with. The use of traditional medicines and healing can empower patients in the health process, creating possibilities for positive outcomes (Shahid, Blear, Bessarab & Thompson, 2010).

Sub-theme 1.4: Follow-up after indigenous treatment

The findings of the study showed that the instructions that the participants get from THPs after they have done all the healing methods is that they must bring back the child if he/she did not get better. This was confirmed by the following excerpts “*she told me to bring the child back if she is not better*”. Another participant said “*they said I must bring the child back after three days for further treatment of the abdominal cramps but I did not go because the child’s fontanel started bulging and I brought the child to the hospital*”.

Green (2004) stated that if THPs in a given area cannot successfully treat childhood illnesses then the emphasis should be on influencing them to refer their patients to clinics. Lack of improvement in symptoms after indigenous treatment may lead a patient to switch modalities of treatment resulting in simultaneous use of indigenous and biomedical treatments (Nxumalo et al., 2011).

Theme 2: Beliefs related to the indigenous healing process

The findings of the study revealed that the participants displayed beliefs related to the indigenous healing process. The following sub-themes emerged from this main theme:

Sub-theme 2.1: Positive beliefs related to indigenous herbs in treating childhood illnesses

The findings of the study showed the participants had some positive beliefs about indigenous herbs in treating childhood illnesses. The positive belief was indicated in the following statement, “*They save our children’s lives. I am a member of Zion Christian Church (ZCC) but I use these things [indigenous herbs] even if we are afraid of what the priests will say. But I did these to save my child’s life*”.

Another participant also indicated a positive belief when she said, “*They have helped me a lot more especially with themo [retracted neck and red marks at the back of the neck]. When my child cries a lot because is very dangerous and can kill a child then I take my child to the THP for indigenous herbs because I know they can heal themo. The child can also be held by everybody without a fear of being affected by makgoma and the child sleeps very well after taking those herbs*”. In addition, one of the participants reacted positively by saying “*They help me a lot because if I take my child to the hospital with these conditions she/he might not come back alive. This is my fifth child and I have taken them all to the traditional healer to be treated for these*”.

These findings are supported by Truter’s (2007) report which showed that herbal medication is the most common therapeutic method used by the African traditional healers for protecting the patients from possible afflictions and for the treatment of ailments achieved through prepared powders and earthy ointments that comprise

animal fat, clay and ashes. It was stated that the most frequently cited reasons for using traditional healers were a perception that treatment was effective and that there was continuity of care (Nxumalo et al., 2011).

Sub-theme 2.2: Initial ancestral request for guidance.

The findings of the study indicated that the THPs start with ancestral request for guidance throughout their healing process. This was confirmed by a participant who said *“The THP throws his bones to ask the ancestors if they allow him to treat the child, if they agree it is only then that the child is treated”*. Another participant added by saying, *“on arrival the THP throws her ancestral bones down and said she wanted to ask her ancestors if she is allowed to treat my child and find out the child’s illnesses. The ancestors allowed her to treat the ailment of my child”*.

In support of the initial ancestral request for guidance Bogopa (2010) indicated that THPs facilitate communication between the living and the ancestors by throwing the bones to determine the cause of a person’s illness. THPs in the South African context are said to be people who possess the gifts of receiving spiritual guidance from the ancestral world and receive their calling through dreams (Moagi, 2009).

Sub-theme 2.3: Healing expectations of the symptoms after indigenous treatment

The results indicated that there are healing expectations/symptoms after indigenous treatment and these were supported by the participant who indicated that, *“after treatment the fontanel will start pulsating and you will see the child starting to pass yellowish stools and then normal stools”*. Another participant verbalised healing expectations after indigenous treatment by saying *“They have helped because the child’s fontanel is no longer sunken and is beating well. The child is no longer tilting the head backwards and the red mark has disappeared after taking the TPHs’ treatment”*. Another participant responded by saying, *“Yes after giving the medication as instructed the child became better and the diarrhea stopped”*.

In support of the healing expectation after indigenous treatment cases treated by THPs reported that they were healed (Abbo, 2011). Abbo (2011) further indicated that there are similar belief systems about health and illness and the healers’ holistic approach explained the subjective improvement.

Sub-theme 2.4: Perceptions related to poor prognosis after indigenous treatment

The findings of the study reflected that some participants had perceptions related to poor prognosis after indigenous treatment. This was evidenced by the response of the participant who said, *“the child can be treated today and after a month start to have sores at the back, that is why they are treating it more often and that is why even a five year old child can suffer from themo”*. One of the participants who had the same perceptions related to poor prognosis also stated, *“With this one they did*

not help much, because I did not wait to see if the treatment was working. My child became very ill and weak, that is why I brought him to the hospital”.

In support of the findings of this study, Green (2004) had stated that if traditional health practitioners in a given area cannot successfully treat childhood illnesses, the community will not have trust in him/her. Therefore the community members will influence each other not to patronize the THPs.

Theme 3: THPs preventing spread of HIV infection to children

The findings of the study demonstrated that the participants and the THPs have the necessary knowledge of preventing the spread of HIV infection during the process of using indigenous herbs to cure diseases. The following sub-theme emerged from this main theme:

Sub-theme 3.1: Precautions taken when treating HIV positive client

The present study indicated that precautions were taken when treating HIV positive clients and this was confirmed by the participant who said *“with us who are HIV positive, we do not take our children to THP to be given drinking herbs, but when you take your child to the THP is for cutting and you must make sure that you do not have cuts that will cause problems to the children”*. Another participant indicated that *“they do not cut the child because they are afraid of infecting the child with HIV. They only apply medication on the fontanel and give another one to drink”*. Other participant also stated, *“it must be a new razor blade which was not used for anyone, because we are scared to give our children an HIV from other people”*. In addition another participant said *“on arrival the THP will tell you to go and buy a new razor blade if you did not bring a new one because they are afraid of spreading HIV”*.

In contrast to our findings, Peltzer and Mngqundaniso (2008) reported that most THPs make use of enema contaminated equipment and razor blade which can serve as routes of infection from one client to the next, hence the importance of using new razor blades, gloves and sterilized enema equipment. Furthermore, another study conducted by Peltzer, Phaswana-Mafuya and Treger (2009) also pointed out that most traditional health practitioners have good HIV transmission knowledge, how HIV transmission from mother-to-child can be prevented and also that they can contract HIV when assisting infected clients.

Conclusion and recommendations

Mothers of children admitted to the Polokwane/Mankweng hospital complex do engage in indigenous practices in curing childhood illnesses whereby they take their children to the THPs before medical consultations. Furthermore, mothers take their children to the THPs after discharge from hospital. Mothers of children admitted to the Polokwane/Mankweng Hospital complex strongly believed that some childhood

illnesses such as hlogwana, themo/lekone, makgoma, sekgalaka and sephate can only be cured by THPs.

Health care professionals should demonstrate an understanding of indigenous belief systems in relation to health care, and work to incorporate this understanding into their service delivery so as to recognise and acknowledge the existence of THPs in communities. The utilization of IKS related to health care and medicine among indigenous people is not just 'nice to know' but a critical area that should be included in educational curricula of the health care professionals. Both medicinal approaches i.e. biomedicine and indigenous herbs should be supported and developed with research so that the therapeutic value of traditional medicine can be fairly assessed and understood. Mothers should be educated about the signs and symptoms of childhood illnesses so that they can know when to take their children to the hospital. Government should intensify the establishment of a strategic collaboration between public health care institutions and THPs in the fight against childhood illnesses and develop strategies to maintain the relationship.

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