UNIVERSITY OF LIMPOPO (Medunsa Campus)

DEPARTMENT OF FAMILY MEDICINE & PRIMARY HEALTH CARE

REASONS GIVEN BY HYPERTENSIVE PATIENTS SEEN AT NATALSPRUIT HOSPITAL, GAUTENG, FOR CONSULTING TRADITIONAL HEALERS.

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Signature. Date Submitted:

DECLARATION

This dissertation is submitted to the University of Limpopo (Medunsa Campus) in accordance with the requirements for the degree of M. Med (Family Medicine & PHC) in the Department of Family Medicine and Primary Health Care.

It has not been submitted for any other degree or diploma of any examining body.

To my parents Enia Julienne Francka and Valentin Kwembolo Lotika for giving me courage and strength to overcome all obstacles and finally,
To all my Brethren in Christ Jesus for their prayers.

Dr Atileombolo Lotika, September 2009.

DEDICATION

This work is dedicated to My Creator manifested to us through His Son, Our Lord JESUS-CHRIST, and Our Saviour;
To my wife Kalume Salima Christine Lotika and;
To my children Akilimali Valentin Lotika,
Victory Kalume Lotika,
Furaha Jemima Lotika and
Baraka Marie- Benedict Lotika, for their support and love;
To my parents Enia Julienne Francka and Valentin Kwembolo Lotika for giving me courage and strength to overcome all obstacles and finally,
To all my Brethren in Christ Jesus for their prayers

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I would like to thank My Creator and My All in All revealed to us by His Only Begotten Son, JESUS CHRIST the One Coming to take His Bride in Rapture; Praise and Glory unto Him who Reigneth for eve and ever. Amen!

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ABSTRACT

A study on reasons why hypertensive patients seen at Natalspruit Hospital consult traditional healers whilst taking treatment from the hospital.

Aim: To understand reasons given by patients receiving treatment for hypertension at Natalspruit Hospital for concurrently using traditional medicine.

Design: Explorative descriptive qualitative study.

Setting: Natalspruit Hospital, Gauteng – South Africa.

Study population: All patients attending the researcher's practice suffering from hypertension and also consulted traditional healers.

Results: The results of this study originated from the data collected from different interviews and their interpretations by the researcher. The respondents answered freely to the research question during a face to face conversation which was recorded with the purpose of exploring the topic in details. A certain number of information was obtained on why hypertensive patients despite their treatment from the researcher's practice were seeking help from the traditional healers. Number of answers derived from all respondents on the reasons why they combine the two types of medicine for their hypertension. This study focused on the ways the respondents felt about the service from the hospital/clinic, from the traditional healers and mainly on the reasons given by them when seeking help from traditional healers. Nine respondents were our group which was interviewed. The group consisted primarily of females than males, most of them were unemployed.

Recommendations: Based on the results found, recommendations are that traditional medicine should be encouraged, especially in rural areas as it contributes substantially to primary health care. The government should primarily be using its resources in encouraging traditional healers to become a part of the health care delivery system through workshops involving both health professionals and traditional healers, training of modern doctors in the importance of cultural care and positive attitude towards the traditional healers. The government should consider integrating traditional medicine into the formal health system of the state.
There is need to be education of patients on side-effects of anti-hypertensives at the time of dispensing, for instance ACE Inhibitors and the cough, to prevent patients seeking solutions for themselves, including taking traditional medication; education of staff in hospitals/clinics on care of patients to improve their attitudes.
There is need for principles of Family Medicine to be taught and implemented in all levels of care.
There is need for accessibility of modern medicine in remote areas where hospital facilities should be closer to all.
A pilot referral system should be introduced and evaluated. If successful, a full-scale system should be introduced. This will ensure that the traditional healer feels both involved and committed. Traditional healers should come out into the open and be more assertive so that their work becomes transparent and this could further enhance their public image.

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CHAPTER 1

INTRODUCTION

"The family is the ground on which we work. It may be a lovely garden, or a dangerous swamp, but we are not there as landscape gardeners, and our duty is to our patient."
(Metcalfe, 1992).

1.1 Motivation.

This research was triggered by the large number of hypertensive patients in Natalspruit hospital which is the researcher's practice, non-adherent to treatment or not collecting their medication on a regular basis as requested because they are seeking help from the traditional healer despite the treatment provided in the hospital.

At each encounter with most of these patients there was always either a subjective or objective observation or both which was suggestive of a combination of Western medicine with the traditional African medicine.

By subjective, the researcher had in his mind the fact that several surveys have shown that between 70% - 80% of all African people seek help from the traditional healers before they can even think of Western medicine (WHO, 2001). On numerous occasions he observed that there was non-compliance to treatment; traditional medicine was always thought to be the main reason. The researcher resolved to apply patient-centeredness to manage to convince the patient to share that they had been taking treatment from traditional healers.

The objective aspect was, his observation was these patients wore traditional bracelets around their necks, wrists, hips and ankles. On enquiry, they would admit to the use of traditional medicine, which they had obtained from traditional healers for hypertension.

The inevitable consequence was that the follow-up was not adhered to, some of them had uncontrolled hypertension with all related complications and increasing morbidity and mortality, as a result they would be unfit to work and qualified for a disability grant.

It became imperative for the researcher to establish the reasons these patients consult traditional healers whilst they are on treatment for hypertension at the researcher's practice.

The reality is that there is conflict between Western medicine and African medicine, each dismissing the other with suspicion while treating the same patients. This outcome should be a tool for health providers to improve patient care and to acknowledge the impact of African medicine on our patients despite all efforts that the government provides.

This study sought to understand the reasons given by hypertensive patients who seek help for management of their condition from traditional healers whilst they are receiving treatment from Natalspruit hospital.

1.2 Setting

Natalspruit hospital is a regional hospital, level two, located in the Ekurhuleni Health district of the Ekurhuleni and Sedibeng health region. The hospital serves the communities around Katlehong, Thokoza, Vosloorus, surrounding informal settlements as well as immigrants from other countries. Hospital services are mainly rendered under the umbrella of the medical and allied services, nursing services and corporate services. It has 784 bed occupancy rates (BOR) ranging between 79%-85%. Natalspruit hospital is located in Ekurhuleni, Katlehong Ward 52 and West of most catchments areas it serves. Ekurhuleni has the population of 2.899, 379 (Ekurhuleni, 2007).

Poverty, unemployment and illiteracy are rife in this area and contribute to ill health and HIV/AIDS epidemic.

The hospital is supposed to attend to patients with referral letters from district hospital or and community health centers, but due to lack of compliance to referral systems more than 68% of patients that are not supposed to be seen in this hospital are serviced here, and some due to limited number of hospitals and clinics facilities around the hospital (e.g. district hospitals are far from the hospital).

1.3 Population Profile

Katlehong is a township situated 35 kilometers east of Johannesburg and South of Germiston between two townships of Thokoza and Vosloorus next to the N3 highway in the Ekurhuleni Metropolitan of Gauteng Province of South Africa. The population is estimated to be 1 320 000 and is one of the poorest areas in Gauteng (Ekurhuleni, 2007).

Katlehong was established in 1945 and has become a high density area in Gauteng with six informal settlements in the southern part of Katlehong. There is serious overcrowding; in most of the informal settlements there are several shacks for rental by up to five to six families; there are limited facilities there is only one toilet for all the tenants and water supply is from street taps.

Despite being surrounded by an industrial area there is a high level of unemployment. There is a high HIV rate and children and women are at risk from sexual abuse. There is little access to recreational and sports facilities.

Katlehong is one of the most poorly served areas in Gauteng in terms of community development together with Thokoza it forms the second biggest Black township after Soweto.

1.4 Health Care Facilities.

1.4.1 Public Sector

Health care in the public sector is managed by the Ekhuruleni Health District which is divided in three Sub-Districts: East Sub-District, North Sub-District and South Sub-District.

Katlehong is in the Southern Region-Clinics. Thirty seven clinics are in the South Sub-District among which only two clinics belong to the provincial government and thirty five to the local authority. The clinics are managed by professional nurses. Only one clinic, among the two under the provincial authority, renders a twenty four hour service. The remaining are day clinics out of which four are satellite clinics, two mobile clinics and thirty fixed clinics.

1.4.2 Private Sector

There is only one private hospital, Botshelong-Empilweni Private Hospital which located at Vosloorus. There are 54 general practitioners within the community. The majority of this population is poor and unemployed and cannot afford medical insurance. Most of the time, Natalspruit Hospital receives patients seen by general practitioners in the private sector and referred because of lack of funds.

1.4.3 Alternative Health Care Providers

There are many categories of alternative health care providers in Katlehong which forms the majority of health providers. The largest group in the area is traditional healers. The Kathorus Traditional Healers' Association (Registration number 031-394 NPO) based at 677, Monisi Section- Katlehong has 41 members with defined core activities -such as placement of children in foster care, day care centre and after school facilities, sewing group, counseling, assistance in obtaining social grants; defined target groups – such as people living with HIV/AIDS, orphans and vulnerable children, children affected and infected by HIV/AIDS; is providing care to the Kathorus community.

There are many traditional healers not registered, working and serving the Kathorus community. Traditional healers play a vital role in the health of the majority of people in South Africa. They are deeply interwoven into the fabric of cultural and spiritual life, they are the first health practitioners to be consulted in up to 80% of cases (especially in rural areas), and they are present in almost every community, which means that they are easily accessible in remote areas where other health services are not (Clarke, 1998).

The World Health Organization estimates that up to 80% of the population in Africa makes use of traditional medicine. In sub-Saharan Africa, the ratio of traditional healers to the population is approximately 1:500, while medical doctors have a 1:40 000 ratio to the rest of the population. It is clear that traditional healers play an influential role in the lives of African people and have the potential to serve as crucial components of a comprehensive health care strategy (Karim & Page, 2002).

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Literature reviewed was accessed by using electronic searches conducted through Pubmed, Google and Medline, South African Family Practice Journal (SAFPJ), South African Medical Journal (SAMJ), literature from the Resource Centre – Medunsa Campus Department of Family Medicine, Family Medicine text books, Continuing Medical Education Journal (CME) and several books from various libraries were consulted.

The keywords used were: "hypertensive patients", "hypertension" and "traditional healers".

2.2 Understanding Hypertension

Hypertension is defined as a chronic elevation of systolic and/or diastolic blood pressure, either primary (essential hypertension) or secondary. Hypertension, a clinically important elevation in blood pressure, is usually defined in adults as a diastolic pressure of 90 mmHg or higher, or a systolic blood pressure of 140 mmHg or higher. The World Health Organization defines grade 1 hypertension as office blood pressures ranging from 140-159 mmHg systolic or 90-99 mmHg diastolic, grade 2 hypertension as pressures of 160-179 mmHg systolic or 100-109 mmHg diastolic, and grade 3 hypertension as pressures equal to or greater than 180 mmHg systolic and 110 mmHg diastolic (WHO, 2003).

It is a chronic, non-communicable disorder of the cardiovascular system whose most common sign is a persistently elevated blood pressure. It is also the most common, preventable and treatable cause of premature death and disability from damage to target organs such as the brain, heart and kidneys. In both the developing and developed world, the available data suggest that the higher the blood pressure, the greater the risk for hypertension-related morbidity and mortality (Africa Health, 1998).

The health impact of hypertension in Africa is quite substantial. It has become increasingly evident over the last two decades that hypertension-related targets organ damage is a major public health problem in adults. As the prevalence of hypertension increases, so does the burden of the disease and the associated morbidity and mortality. There is already evidence that hypertensive target organ damage including left ventricular hypertrophy, congestive heart failure, kidney failure and stroke are common among patients with hypertension in Africa. In fact, hypertension is the most common and the most preventable and treatable cause of mortality from kidney failure and stroke (Africa Health, 1998).

Although the above public health impact of hypertension is now well recognized, there is no coherent, continent-wide policy to address the issues of hypertension awareness, detection, and evaluation most importantly, prevention, treatment and control. Widespread promulgation of the importance of lifestyle intervention for the prevention and treatment of hypertension is crucial. It is clear that, given the present economic status of most African countries, most emphasis needs to be placed on education to increase hypertension awareness and prevention. The development of several national hypertension programmes and initiatives such as those in Egypt, Nigeria and South Africa are exemplary and deserve praise (Africa Health, 1998).

Clinical experiences and some research findings indicate that traditional and faith healers play a role in the management of hypertension in Africa. For example, in Malawi among the Chewa “mtima

wamphamvu" refers to strong heart problem, which others also call high blood pressure. Peltzer identified from traditional healers in Malawi that patients with hypertension suffer from symptoms related to the body (sweating, loss of weight, body weakness), the head (dizziness, becomes angry easily, heaviness in the head), the abdomen (dislike for oily, spiced or sweet foodstuff, abdominal pain), and the heart (faints at times, heart pain, feels piercing as if there are pins in the heart).
Causative attributions identified for hypertension were: too much thinking (kuganiza kwambiri), fatty, sweet and spiced food, natural (chilengedwe), witchcraft (ufiti/kulodzedwa), and competition (mpikisano wa udindo) (Peltzer *et al*, 1987).

A study conducted in South Africa on whether patients could tell if their blood pressure is high showed that although it is said that hypertension is asymptomatic in this study it was shown that patients could tell if their blood pressure was high. The following are the symptoms expressed by patients in this study; headache (63%), sweating (51%), feel hot (50%), dizziness (49%), tiredness (43%), emotions (37%), malaise (33%), palpitations (22%), abdominal pains (21%) and swelling (14%) (Henbest, RJ & Malete, NH 1995)
The second part of the above study from a qualitative perspective by the same team in a South African context was on: "How people in Ga-Rankuwa understand high blood pressure. The following are themes emerging from this study by (Henbest, RJ & Malete, NH 2000).

- Lifestyle issues; obesity, diet, smoking, alcohol consumption and lack of exercise.
- Symptoms; headache, dizziness, tiredness/fatigue, feeling hot, sweating difficult breathing, palpitations, constipation, having a bad smell, loss of appetite, loss of vision, nose bleeds, sadness/depression, fainting, weight gain and general listlessness.

- Problems of living; stress and being emotional
- Too much blood in the body.
- People at risk; women on contraceptives, pregnant women and the elderly.
- Danger

2.2.1 Traditional Medicine

The World Health Organization (WHO) defines traditional medicine as: the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being (WHO, 2002).

One of the definitions given for "African Traditional Medicine" by the World Health Organization Centre for Health Development is the sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing (WHO, 2002).

Countries in Africa, Asia and Latin America use traditional medicine to help meet some of their primary health care needs. In Africa, up to 80% of the population uses traditional medicine for primary health care. The World Health Organization notes also that the use of traditional medicine is spreading in popularity in industrialized countries. In industrialized countries, adaptations of traditional medicine are

termed “Complementary” or “Alternative” (CAM). For instance, in the United States of America, 158 millions adults use alternative medicine (a field which incorporates traditional medicine) (WHO, 2003).

In the Western world, complementary, and alternative medicine is in renaissance. The World Health Organization (September 2000 in Japan), compelled evidence showing that techniques and concepts derived from complementary and alternative medicine especially traditional Chinese medicine should be considered for the health care paradigm of the new millennium (WHO, 2000).

It was also emphasized that modern Western medicine uses a reductionist approach, which focuses on the physical and objective basis of disease whist traditional Chinese medicine is a major component of complementary medicine, carries an emphasis on wellness, individuality, self-healing, and mind-body interaction which are its strengths. These can be seen to compensate for the weakness of modern medicine (WHO, 2000).

It has also been emphasized that traditional Chinese medicine focuses on process and function over structure as well as recognition of the inherent complexity of living systems, stresses the importance of homeostasis, as well as recognition of homeostasis, as well as a normal flow of adequate energy to maintain it, puts strong emphasis on the integrity of the human body as well as the intimate relationship between humans and their social and natural environment. There was also recognition of the impact that physical, nutritional, psychosocial and genetic factors had on health and disease which contrasted the modern Western medicine focusing on structure and biochemistry. In the last four to five decades, China has provided a wealth of research data demonstrating the efficacy of its concepts and techniques. Unfortunately, these studies often are not available in English and/or do not have sufficient research rigour (WHO, 2000).

It was also shown that there is a growing knowledge of herbs and their biological effects, extensive research of Chinese, Korean and Kampo formulas have shown that many herbs have unique immunomodulating, cardiovascular, antiviral, and anticancer and other beneficial effects. Clinical research of herbal medicine has demonstrated herbal efficacy in the areas of gastroenterology, hepatology, reproductive endocrinology, dermatology, neurology and psychiatry. In randomized controlled trials, traditional herbal preparations have been shown to be effective for hepatocellular carcinoma, eczema, vascular dementia and irritable bowel syndrome (WHO, 2000).

The first contact between African patients and health care services usually takes place in the traditional healing system. Health workers must acknowledge that primary health care cannot be a success without traditional healing because traditional healers are the primary sources to their health needs in an African setting. (Chipfakacha, 1994)

Chipfakacha acknowledges that in every culture, individuals experience and treat illness according to the patterns of their beliefs. Therefore, the health care system includes people's beliefs and patterns of behaviour. These behaviours and beliefs are governed by cultural beliefs. African communities are diverse. They have a variety of ideas about health and physical care, and they also have a multitude of diet and health practices that are unknown and unacceptable to the Western world. The attitude to scientific medicine and its practitioners also varies greatly. Most Black Africans are superstitious, with deep-rooted traditions which make no provisions for modern medicine and its directives; scientific medicine is and has always been a foreign cultural idea. The germ theory is not understood or appreciated. To the African the concept of disease falls into three major categories:

1. Those due to magic and evil spirits;

2. Those due to conditions for which causes have been empirically determined; and
3. Those due to psychological phenomena.

The cause of disease is thus the disturbance between the Good and the Evil: the concept of harmony and disharmony (Chipfakacha, 1994).

The traditional healer is the first and nearest contact for rural Africans. Traditional healers are very popular because they provide culturally familiar ways of explaining the cause of ill-health and its relationship to the people's social and supernatural worlds. Another component is that there is no cultural difference between the traditional healer and his patients. Living in the community and speaking their language makes traditional healers acceptable and accessible. They are therefore the primary health care providers of the rural folk (Chipfakacha, 1994).

The World Health Organization acknowledges that in most villages, traditional healers in Africa also assume conventional roles in countries struggling with growing populations and overburdened medical services. Such healers combine a traditional blend of mysticism and medicine in order to provide much of Africa's health care. They use methods ranging from herbal teas, enemas, poultices rubbed in cuts into the skin, and inhaling fumes to bizarre rituals and potions made from animals and even human body parts intended to rid superstitious patients of evil or unhappy ancestral spirits. Chameleons are prized for potions that bring change, such as winning back a wayward lover and that reptiles can change colour (WHO, 1998).

A study conducted in Nigeria showed that the traditional medicine practitioners generally emphasized the efficacy of their drugs, which are made plainly from roots and herbs, they confessed that for cases

that defy ordinary medication with roots and herbs, supernatural powers are consulted for revelations of solutions to the problem:

Africans believe in the efficacy of traditional medicine;

Western medical practice cannot provide all the medical care that the Nigerian people need;

Incessant workers' strikes make the few available hospitals and clinics ineffective;

Many people could not afford the exorbitant cost of western medical care and drugs;

The need to modernize traditional medicine in the light of the present globalization process;

They wish to alert the health authorities on the need to make traditional medicine complement with western medical practice;

They claim that traditional medicine is useful in seemingly difficult medical cases that defy western medicine; and,

There is a need to prove that both western medicine and traditional African medicine are made from roots and herbs (Olateju, 2005).

It has been shown that even the international medical community now acknowledges that African healers, particularly herbalists familiar with local diseases and conditions, provide significant primary health care across the underdeveloped continent. In most countries, people too poor for treatment at modern hospitals can afford the small amount of cash, or barter to pay the local healer who relieves the burden of patients on already overcrowded clinics. In Ghana, there is an average of one healer for every 400 people, compared to one conventional doctor for every 12000. It is also estimated that 80% of Africans – or more than a half billion people – visit traditional healers for some or all of their medical

care, a situation in almost location, from village to city (WHO, 1998). In South Africa, the first Black-led government estimated a number of 250 000 healers throughout the country (WHO, 1998).
Healers, (in South Africa known as *sangomas* and *inyangas*) have been administering health for centuries. Instead of using medicines the likes of penicillin, paracetamol or other western substances, they use the fruits of the earth, gathering plants in the mountainous areas of KwaZulu Natal, the Free State and the Eastern Cape (Hess, 1998).

Traditional Healers play a vital role in the health of the majority of people in South Africa. They are deeply interwoven into the fabric of cultural and spiritual life, they are the first health practitioners to be consulted in up to 80% of cases (especially in rural areas), and they are present in almost every community, which means that they are easily accessible in remote areas where other health services are not (Clarke, 1998).
They play a significant role in a previously unrecognized area and improving the health of South Africans. They are an untapped resource which has enormous potential to treat many prevalent diseases and to educate the people in all aspects of preventable diseases. There are currently about 200 bodies in place which regulate traditional healers, among them the *inyangas* association in KwaZulu Natal, which accepts members only after they have performed an oral examination in front of a selected committee.

Traditional healers play a crucial role in administering health to the majority of South Africans. However, their role is still not concretely defined and there is much disparity between western trained or allopathic doctors and indigenous practitioners. Many from this sector and outside it feel traditional healers should take up their rightful place within an integrated medical and dental council. To qualify as a traditional healer one has to serve an apprenticeship of between one and five years, and be well known

within the community and amongst other traditional healers. Healers then register with the Traditional Healers Organization (THO) and are given a book to certify that they are qualified practitioners. The qualifications are valid in Africa, Asia, Latin America, Europe and Australia (Hess, 1998).
A *sangoma* is a practitioner of herbal medicine, divination and counseling in the Nguni tribes: Zulu, Xhosa (in Xhosa a *sangoma* is known as an *Igqira*), and Ndebele and Swazi societies of Southern Africa (effectively an African shaman) (Wikipedia, 2008).

The philosophy is based on a belief in ancestral spirits. Both men and women can be called by the ancestors (a consequence of refusing the calling is usually ongoing physical or mental illness). A trainee *sangoma* (or ithwasana) trains under another *sangoma*, usually for a period of years, usually performing humbling services in the community. At times during training, and for the graduation, a ritual is performed in the form of a sacrifice of an animal usually a chicken, a goat or a cow. The spilling of blood is meant to seal the bond between the ancestors and the *sangoma*. *Sangomas* are the traditional healers in the Zulu, Swazi, Xhosa and Ndebele traditions in Southern Africa. They perform a holistic and symbolic form of healing, embedded in the beliefs of their culture and those of the ancestors to guide and protect them in afterlife. Sa*ngomas* are called to heal, and through them ancestors from the spiritual world can give instruction and advice to heal illness, social disharmony and spiritual difficulties (Wikipedia, 2008).

Sangomas have many different social and political roles in the community: divination, healing, directing rituals, finding lost cattle, protecting warriors, counteracting witches, and narrating the history, cosmology, and myths of their tradition. They are highly revered and respected in their societies, where illness is thought to be caused by witchcraft, pollution (contact with impure objects or occurrences) or

by the ancestors themselves, either malevolently, or through neglect if they are not respected, or to show an individual her calling to be a *sangoma*. For harmony between the living and the dead, it is vital to live a trouble-free life, the ancestors must be shown respect through rituals and animal sacrifices. A *sangoma* is called to heal by an initiation illness, often psychosis, headache, intractable stomach pain, and shoulder or neck complaints. She will undergo *ukuthwasa*, a period of training including learning humility to the ancestors, purification through steaming, washing in the blood of sacrificed animals, and the use of muti, medicines with spiritual significance. At the end of *ukuthwasa*, a goat is sacrificed to call to the ancestors and appease them (Wikipedia, 2008).

Sangomas are steeped in ritual. They work in a sacred healing hut or *indumba*, where their ancestors reside. They have specific coloured cloths to wear to identify with the ancestors, and often wear the gallbladder of the goat sacrificed at their graduation ceremony in their hair. They summon the ancestors by burning a plant called *imphepho*, dancing, chanting, and most importantly playing drums. *Sangomas* are able to access advice and guidance from the ancestors for their patients in three ways: possession by an ancestor, or channeling; throwing bones; and interpreting dreams. In possession states the *sangoma* works towards a trance, through drumming, dancing and chanting, and allows the ego to step aside so that an ancestor possesses the body and communicates directly with the patient, providing specific information about their problems. It can be very dramatic, with the *sangoma* speaking in tongues, or foreign languages according to the specific ancestor, or dancing fervently beyond her normal ability (Wikipedia, 2008).

Accessing the ancestors' advice through the bones is an alternative to the exhausting possession states. The *sangoma* possesses a collection of small bones and other small objects like seeds, shells etc, each

with a specific significance to human life. For example a hyena bone signifies a thief and will provide information about stolen objects. The *sangoma* or the patient throws the bones but the ancestors control how they lie, and the *sangoma* then interprets this metaphor in relation to the patient's life. In the same way, *sangomas* will interpret the metaphors present in dreams, either their own or patients'. *Sangomas* will give their patients *muti*, medications of plant and animal origin imbued with spiritual significance, often with powerful symbolism – lion fat is given to promote courage. There are medicines for everything from physical and mental illness, social disharmony and spiritual difficulties to potions for love and luck. *Muti* can be swallowed, smoked, inhaled, used for washing, smeared on the body, given as enemas, or rubbed into an incision (Wikipedia, 2008).

Sangomas function as the social workers and psychologists in their community. They know the local dynamics and can counsel appropriately with this background knowledge. The formal health sector has shown continued interest in the role of *sangomas* and the efficacy of their herbal remedies. Western-style scientists continue to study the ingredients of traditional medicines used by *sangomas.* Public health specialists are now enlisting *sangomas* in the fight against the spread of HIV/AIDS. In the past decade, the role of all types of traditional healers have become important in fighting the impact of the virus and treating people infected with the virus before they advance to a point where they require (or can obtain) anti-retroviral drugs. S*angomas* far outnumber western-style doctors in Southern Africa, and are consulted first (or exclusively) by approximately 80% of the indigenous population. Whilst for many they provide the healing needed, there are some causes for concern. Charlatans who have not undergone *ukuthwasa* charge exorbitant prices for fraudulent services and not all countries in Southern Africa have effective regulatory bodies to prevent this practice. Some *sangomas* have been known to abuse the charismatic power they have over their patients by sexually assaulting them, sometimes dressed up as

ritual. Repeated use of the same razor blade to make incisions for *muti* carries HIV transmission risks in regions where the disease is rife. Western-style doctors have seen a number of cases of patients with serious gastrointestinal problems through the use of *muti*, especially in enema form, and have even coined the phrase "ritual enema induced colitis". Zulu children may have up to three enemas a week. (Wikipedia, 2008).

An acknowledgement was that traditional healers share the same habitat with the patients, are easily accessible to them and they are respected in their communities, at times they have a dual role of being also community leaders. He also confirmed that traditional medicine, despite its shortcomings, has several advantages which are:

1 The whole family is involved in the treatment, and the focus of attention is not only the patient but the reaction of the family and any close relatives.

2 Traditional healing has an association, a shared view, informality, and use of everyday language in consultations; and

3 Traditional healing reinforces and articulates the values of the community to which the healer belongs (Chipfakacha, 1994).

The rural people of Nguni origin regard the human organism as a whole which integrates spiritual, magical and mystical forces surrounding the patient. Their concept of health is based on a balance between a healthy body and a healthy environment. Good health equals the harmonious working and co-ordination of their universe. They have their own explanations of illness when it comes to biological, religious and magical factors. The fixed social structure, with strongly held beliefs, convictions and

patterns of behaviour, maintains individual and social homeostasis. They are adherent to ancestral worship and allied beliefs (Cheetham & Griffiths, 1982).

In contradistinction to Western medicine, medicine in the African way is global and focuses in all life events, illness, disaster, subsistence and the economy. Within this reality, the roles of the *sangoma*/*sanusi*/*iqgira* (traditional healers) are very crucial, for they are capable to mediate with the ancestors, who act as the final arbiters in matters of sickness and health. The power of their arbitration and prescription comes from their knowledge of a particular world-view shared and accepted by their people and more importantly, from the community's awareness that they embrace this view (Cheetham & Griffiths, 1982).

Western medicine and traditional African medicine have always sat uncomfortably, accusing and dismissing each other whilst treating the same patients (Linde, 1997). The WHO recommended that 80 percent of Africans use traditional medicine for their health care needs, it is important for governments to promote its rational use and integration into their national health systems. There is need for mutual respect and closer collaboration between modern and traditional health practitioners (WHO, 2001). An attempt to change this mindset of trying or rather discourage the use of traditional healing in the lives of vulnerable children in the context of HIV/AIDS in Ladysmith, South Africa, but showed that African traditional healing and its practices play a vital role in the lives of African people. He had to declare that the traditional health care system is highly valued in Ladysmith, because of its accessibility of this health care system and the cultural value attached to it, to think that people will easily stop using it is unrealistic (Sikotoya, 2004).

2.2.2 Challenges of Traditional Medicine

The World Health Organization (WHO) acknowledges that traditional healers use knowledge passed down for generations to diagnose common ailments; from malaria fevers and skin rashes to depression and hypertension and their treatment with natural remedies often mixed with superstition. In some cases the cure is worse than the ailment and may result in accidental poisoning which is the biggest problem in African traditional remedies (WHO, 1998). It has also been noted that inappropriate use of traditional medicines or practices can have negative or dangerous effects and that further research is needed to ascertain the efficacy and safety of several of the practices and medicinal plants used by traditional medicine systems (WHO, 2003).

In the developing countries, besides infectious conditions, acute poisoning with pesticides, paraffin and traditional medicines are the main causes of morbidity, whilst acute poisoning with traditional medicines is the main cause of mortality (Joubert, 1989). Researchers at the University of Zimbabwe reported that poisoning by traditional medicines were the biggest single group of all cases and the main agents associated with acute poisoning were traditional medicines (Kasilo & Nhachi, 1992). Zimbabwe still has a huge problem with regards to poisoning, especially with regard to treatments recommended by the traditional healers (Kasilo & Froese, 1989).

In Cameroon, an inspection of the traditional healers showed that they are aware of the many weaknesses of their practices and are eager to collaborate with the conventional medicine sector. It is commonly believed that traditional practitioners do not know the strength of their own medicines, do not bother to tailor doses to the size or body weight of the patients resulting to the harm and toxicity of some medicinal plants. The healers who were interviewed acknowledged that plants can be toxic and they learnt to mix medicines by observation and practice (Hillenbrand, 2006).

The same study also showed that several healers admitted that proper dosage of medicines can be a problem but most believe that the occurrence of unwanted side effects is the fault of the patient. Another problem shown in the study was the poor diagnostic methods of traditional practitioners. They rely mainly on their vision to discern the person's illness and its causes. When the ailment is mystical, a ritual diagnosis becomes a fundamental part of the traditional healing process. Another common complaint about traditional medicine is that healers claim they can treat everything (Hillenbrand, 2006).

In South Africa, Pharmapact and its allies claim that medicines supplied by *sangomas*, *nyangas* and other informal vendors are the sources of the very high rates of morbidity and mortality in the country. They are backing their argument on electronic database established by Noristan Laboratories stipulating that of 350 plant extracts assayed, some 79% showed definite pharmacological activity, and 12% definite toxic effects (Hughson, 1995)**.** Other findings are that some of the traditional drugs and indigenized pharmaceuticals give rise to serious adverse reactions, and others contain chemicals that have long term effects such as carcinogenicity and hepatoxicity (Folb & Schlebusch, 1989); the recorded and published clinical observation is that in South Africa, the major cause of death, about 50%

of deaths (from acute poisoning) among Black South Africans are traditional medicines (Ellenhorn, 1997).

A study conducted at the Medical University of Southern Africa showed that while only a small number of plant species or traditional medicine were involved, these resulted in high mortality (Brand, 1993). In a thesis summary at the same university it was shown that the same traditional medicines (24 different plants) tended to recur as causes of hospital admissions and responsible for more than half of all acute poisoning deaths (Osuch E, 1994)

Joubert showed that whilst 18% of all acute poisonings were due to traditional medicines, most (86.58%) of all deaths from acute poisoning were as a result of poisoning with traditional medicines (Joubert P, 1982). He further stated that poisoning with traditional medicine resulted in a high mortality of 15.2% and accounted for 51.7% of all deaths: accidental, vomiting, diarrhea, and abdominal pains being the most frequently encountered symptoms, while lungs, liver and central nervous system were commonly affected. The traditional healer was the main source, 83.4% while 11.3% was bought from African medicine shops (Joubert, P 1988). Another finding at the same institution was that a large percentage of acute poisonings in Black South Africans were due to traditional medicines (Osuch E, 1994).

Toxicity related to traditional African medicines is becoming more widely recognized. Accidental herbal toxicity occurs not only as a result of lack of pharmaceutic quality in harvesting and preparation, but also because these remedies are believed to be harmless. Treatment in most cases of plant poisoning remains symptomatic, with few antidotes available (Joubert, P 1998).

Clinical experiences on concepts and treatment modalities for hypertension by traditional and faith healers in the Northern Province, South Africa, showed clinical manifestations of hypertension by frequency as described in the following table (Peltzer *et al*, 2001).

The perceptions of both traditional and faith healers as to the causes of hypertension could be divided into the four aspects: diet, hereditary, supernatural and psychological.
Traditional healers rated supernatural causes as predominantly ancestors and contagion; while faith healers rated devil and demons as predominant (Peltzer *et al*, 2001).

2.3 Patient-centredness.

Hypertension, like all chronic diseases, is ultimately controlled only to the extent that patients are willing to control it. Evidence clearly demonstrates that a positive, patient-centred approach is core in the management that leads to adherence, patient satisfaction and hence to better control of blood pressure (Green, 2003).
The concept "patient-centred medicine" was introduced into the medical world by Michael Balint. It was defined in terms of doctor responses which enabled patients to express all of their reasons for coming, symptoms, thoughts, feelings and expectations. It was the attempt to understand the complaints offered by the patient and the symptoms and the signs found by the doctor, not only in terms of

illnesses, but also as expressions of the patient's unique individuality, his tensions, his conflicts, and problems (Henbest, 1989).

The most common criticism made at present by older practitioners is that young graduates have been taught a great deal about the mechanism of disease, but very little about the practice of medicine or, to put it more bluntly, they are too 'scientific' and do not know how to take care of patients (Peabody, 1927).

Patients most often present with symptoms or problems, not diseases, and a large proportion of the problems presented to the family doctor cannot be readily explained by any disease category ; there is a need to be able to assess the quality of care in family practice and it would seem that the criteria of good patient care differ between family practice and other fields of medicine; the family doctor seeks to individualize patient management according to individual patient care and this requires a knowledge of the patient and his or her unique experience of life; in the teaching of the discipline of family practice, the absence of a model makes the learning, teaching and evaluation of the consultation difficult and in the absence of a model, family practitioners find it difficult to communicate to others what their work is really about. Thus, the development of an integrated method for the understanding of both the disease and the person is an important challenge for family medicine. The old model of the biomedical approach has been found wanting; a new model is needed to take its place (Henbest, 1989).

Seven inter-related themes for patient care which are: primacy of the person, significance of the subjective, importance of the interpersonal (Doctor-Patient relationship), wholeness of the whole (person), deeper diagnosis, real reasons, and person of the physician (Henbest, 1989).

The patient-centered approach as the essence of the patient-centered method as it relates to the patient's agenda is that the physician tries to enter the patient's world, to see the illness through the patient's eyes.

He does this by behaviour which invites and facilitates openness by the patient. The central objective in every interaction is to allow the patient to express all the reasons for his attendance. The doctor's aim is to understand each patient's expectations, feeling and fears (Levenstein, 1986).

CHAPTER 3

METHODS

3.1 Introduction

This chapter will present the methods applied in this research. The researcher chose a qualitative approach to conduct this study. He has been working at the Natalspruit Hospital Outpatient Department, on occasion during the consultation and at times in conversation with patients coming for follow-up for hypertension he discovered that some were taking traditional medicine concurrently with the treatment prescribed for hypertension.

It was in this light that he was concerned and curious to establish the reasons these patients were taking traditional medicine concurrently with prescribed orthodox medicine. The phenomenon that was unfolding in his practice prompted him to investigate it further taking into account the complexity of the matter. It was inevitable that an appropriate method was a qualitative enquiry. "Qualitative research is defined as multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (Guba & Lincoln, 1994). Similarly qualitative methods can be used to better understand any phenomenon about which little is yet known or poorly understood. They can also be used to gain new perspectives on things about which

something is already known, or to gain more in-depth information that may be difficult to convey quantitatively (Strauss & Corbin, 1990).

In this study there were complex issues that required to be understood; namely that in most instances patients were non-adherent and had uncontrolled hypertension, this posed complications from a medical perspective. Reid confirms the researcher's choice of method that qualitative studies can enhance our understanding of human behaviour and health seeking behaviour. Qualitative methods can help interpret the complex human behaviour that is so familiar to primary care physicians and explore complex phenomena that cannot be explained by quantitative methods (Reid, 1996). A qualitative method was perceived to be the best way in answering the questions on reasons given by patients with hypertension seen at the researcher's practice also consulting traditional healers.

Several writers have identified what they consider to be the prominent characteristics of qualitative, or naturalistic, research. In this study one of the core principles of qualitative research was met in that all the interviews were conducted at the homes of the respondents.

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3.2 Aim of the Study

To understand reasons given by patients receiving treatment for hypertension at Natalspruit hospital and concurrently using traditional medicine for the treatment of the same condition.

3.3 Objectives of the Study

The objectives of the study were:

1. To determine reasons given by patients to seek help from traditional healers for their hypertension.
2. To assess the hypertensive patients' perception of hypertension.

3.4 Study Design

This was an exploratory descriptive qualitative study using free attitude interviews for data collection.

3.5 Study Population

All patients attending the researcher's practice suffering from hypertension and also consulting traditional healers.

Inclusion criteria; all hypertensive patients, male and female, at least 16 years of age, mentally stable, willing to participate in the study, able to communicate well, residing in Katlehong, taking treatment at the researcher's practice while attending traditional healers as well.

Exclusion criteria; patients not taking traditional medicine concurrently with hypertensive therapy and those who did not agree to participate in this study and not residing in Katlehong.

3.5.1 Sampling/Sample Size

Sampling was purposeful this method of sampling deliberately chooses subjects who are known to be articulate and who are able to provide important information (Reid, 1996). Purposeful sampling is the dominant strategy in qualitative research. It seeks information-rich cases which can be studied in depth (Patton, 1990). The subjects are known as "key informants". Estimating the number of participants in qualitative study requires saturation and depends on a number of factors, including the quality of data, the scope of the study, the nature of the topic, the amount of useful information obtained from each participant, the number of interviews per participant, the use of shadowed data, and the qualitative method and study design used (Morse, 1991). In this study, saturation was reached, with no new information emerging after nine participants were interviewed.

3.6 Data Collection

3. 6.1 Exploratory Question

The exploratory question asked was as follows:

What are the reasons for taking traditional medicine in combination with hypertensive treatment? (***English version)***.

Lebaka ke eng le etsang gore udirise ditlhare tsa setho udi tlhakantse le etsa blood pressure? (***Southern Sotho version)***.

Kungani usebenzise imithi yesintu, uyihlanganise nalena esikunika yona ekukwelapheni isifo se "high blood pressure"? ***(IsiZulu version)***

3.6.2 Methods of Data Collection

Qualitative interviewing utilizes open-ended questions that allow for individual variations. Recordings in qualitative research are "indispensable". It has the advantage of capturing data more faithfully than hurriedly written notes might, and can make it easier for the researcher to focus on the interview (Patton, 1990). All interviews; were audio-taped, were conducted in Katlehong at the homes of the respondents. Data were collected by the research assistant (Mrs. NHM) who is a qualitative researcher and fluent in Southern Sotho, IsiZulu and English. Guba and Lincoln (1994), recommend that the interviews should be conducted in the natural settings of the respondents. In this study this criterion was met for all the interviews. All participants were encouraged to express their thoughts, beliefs and practices in their languages of choice.

3.6.3 Period of Data Collection

Data were collected in two parts; in June 2008 and the rest in January 2009.

3.6.4 Transcription and Translation of Data

The audio-taped interviews were translated into English by an independent research assistant (Mr TS).

3.6.5 Data Analysis

Analysis in qualitative research is defined as; "working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others" (Bogdan & Biklen, 1982). Qualitative researchers tend to use inductive analysis of data, meaning that the critical themes emerge out of the data (Patton, 1990). Qualitative analysis requires some creativity; the challenge is to place the raw data into logical, meaningful categories; to examine them in a holistic fashion; and to find a way to communicate this interpretation to others. Analysis begins with identification of the themes emerging from the raw data (Strauss & Corbin, 1990).

The translated interviews were read several times in order to identify the various themes that emerged. The themes and supporting citations from the raw data formed the basis of the results of this study.

3.7 Reliability and Validity

The following was done to enhance validity and reliability:

3.7.1 Reliability

All the interviews were audio recorded also known as mechanization to capture all the information from the participants. Recording of interviews ensures retest reliability in the analysis in maintaining meticulous records (Pope, 1995). In this study this criterion was met to enhance reliability. Another measure to enhance reliability was asking the same question to all the participants.

3.7.2 Validity

Qualitative researchers give attention to the validity of their findings. Triangulation refers to an approach to data collection in which evidence is deliberately sought from a wide range of different, independent sources and often by different means (comparing oral testimony with written records and the recording of the interviews). Validation strategies sometimes used in qualitative research are to feed the findings back to the participants to see if they regard the findings as reasonable account of their experience.

3.8 Bias

One definition of bias is the unknown or unacknowledged error created during the design, measurement, sampling, procedure, or choice of problem studied. Bias is so pervasive because we want to confirm our beliefs, even though science should be organized around proving itself wrong (Stockwell, 2009). Bias can be defined as any effect at any stage of a research process, or inference that trends to produce results that depart systematically from the true values (Ogunbanjo, 2001).

In order to reduce/minimize bias the researcher had to identify the types of bias addressed which were interviewer bias, sampling bias, selection bias, bias in assumption and bias of interpretation (Ogunbanjo, 2001). The following was done:

1. “Interviewer bias”, “bias of interpretation”, and “bias in assumption” were eliminated by audio taping the interview. The interviewer could not lose data and the researcher engaged an independent research assistant who was unknown to the respondents.

2. The researcher relied on his supervisor in reducing "interpretation bias" by comparing the various stages during the analysis and interpretation of the result.

3. The researcher could not avoid the "sampling bias" because many patients were not keen to accept the use of traditional healers or even to participate in interviews. Similarly the "sample size" in qualitative research is dependent on saturation not numbers as opposed to quantitative research. Furthermore, purposeful sampling was done in the interest of depth of information.

4. The researcher could not avoid the "selection bias" because the paradigm is specific with regards to selection of only those patients with hypertension and were also concurrently using traditional medicine.

3.9 Ethical Considerations

Permission to conduct the study was obtained from the Departmental Research Committee of the Department of Family Medicine & PHC of the University of Limpopo (Medunsa Campus). Approval was granted by the Research Ethics and Publications Committee; Clearance Certificate Number: *MP 44/2006*). Written informed consent was obtained from all participants before each interview. Permission was also obtained from the Chief Executive Officer of Natalspruit hospital.

CHAPTER 4

RESULTS

Introduction

The results of this research are presented in this chapter. The results of the nine respondents are presented to display the different themes that emerged during the interviews. Patients were interviewed in their own homes. Individual interviews were audio taped with the respondents' permission. A written informed consent was obtained before the interview started. Statements from the transcribed interviews to back up each theme are noted under each theme.

4.1 Interview 1

Respondent Profile

Mrs. W, 73 year old lady, lives with her grand and great-children in the old section of Katlehong. The house was originally a four roomed house, but has had several extensions over the years. There are a few shacks made of corrugated iron in the yard built by some of the grand-children. The yard was overcrowded but neat with a small flower garden in front. She was a pleasant lady, welcomed us and even offered us tea. She related her illness and the reasons as to why she decided to combine orthodox medicine with traditional medicine.

4.1.1. Source of information

Oral Tradition

She was advised by other people whilst sharing with them about her own condition. *"It is as a result of sharing ones condition with other people and I end up been told about "imbiza" ..."*

4.1.2. Attempt

She tried some medication after been uncontrolled in the hospital. "*... I met a man who was selling this traditional medication...I will have to be given a drip every time I go to the hospital, I then decided to try this man's medication."*

4.1.3. Knowledge about traditional medicine

Preparation of *muti* by Traditional healer

The '*muti'* was prepared by the traditional healer himself. She had the privilege to have the traditional healer preparing and boiling the concoction for her. "*...He then prepared it for me...He boiled it...*"

Preparation of *muti* by patient

After being taught by the traditional healer, she started preparing the concoction herself. "*...The second time I used six cups and the third time I prepared five cups...*"

4.1.4. Benefits of Traditional Medicine

Improvement

She felt much better after taking the medication. "*I after taking it I started feeling much better as compared to before. My condition used to trouble me a lot. ... and once I had that I would then eat garlic with water and thereafter I would feel much better.*"

"Everybody in the family was impressed and saying you are so much strong."

"...I was then happy..."

"*I don't know how to clearly explain it, but it gave me strength and bravery..."*

Traditional Healer Confident

The traditional healer was very confident of his therapy. "*I had to know, for I told him that once anything goes wrong my children will come for him legally so. He then left his numbers and house number ...*"

Low Cost

She had to pay very little for her medication and even on credit. "*It's only R60 for a quantity that you will use for three months. He gives you this medicine and says that you will pay him once you have received your pension."*

Home Visit

The Traditional healer follows up his patients at home. "*He also comes to check how you are doing every month."*

4.1.5. Complementing Western and African Medicines

She continues taking Western medicine because of her blood pressure and arthritis.
What pills are those? "*Some small yellow one for high blood and the other one for urine. Also take bruffen. They also give us bruffen because at times I wake up with my waste been painful, thou is due to old age. I know we are told that bruffen are not good for our health but we still take them. And also use this small yellow once for this illness what is called … this one that makes your hands shake …Arthritis. They also give us those so that once your hands feel cramps you take them."*

4.1.6. Conclusion

Prior to the traditional medicine being given to her, she was unwell. She was then advised of the availability of the traditional medicine to make her better.

She was disappointed because hospital medicine could not make her better, she felt much better after receiving treatment from a confident traditional healer, who could follow her up at home at low cost. Despite all advice from other people, she could not stop using Western medicine to treat her hypertension and arthritis.

4.2 Interview 2

Respondent Profile

She was a 47 year old widow, lives with her sister at their home. She has her own house where; her two children live at another part of Katlehong. She occasionally visits them. On the premises of the main house there was another building that was a tavern they jointly run with her sister as a means of income. She was reluctant initially to talk but later relaxed. The interview was held in the tavern as it was during the day there were no patrons.

4.2.1. Source of information

Oral tradition

She met some women at the hospital whilst waiting for her medication who told her about traditional medicine. "*...it is because of the women I met with at the hospital who said that they are using things such as "mogalakae" another se Setswana word for traditional herbs and they are helping them. Then I decided that let me try this as well even thou my pills are effective."*

4.2.2. Attempt

She was seeking alternative treatment since no proper improvement from the hospital. *"... I then saw a man talking to someone having this traditional muti in his hand....I decided to then try them out...."*

"I asked her if she could give me of her muti and she did ..."

4.2.3. Knowledge about traditional medicine

Preparation of *muti* by Patient

She was given a choice to prepare her *muti* by the Traditional healer. "*...it's your choice if you want him to prepare it he does or you can prepare it yourself....You boil it and while boiling you add a sachet of absent (Epsom)-salt."*

4.2.4. Benefits of Traditional Medicine

Improvement after Traditional Medicine

She feels much better after taking the treatment from the traditional healer. "*I am okay.....At first it was worse, because at time my sight could get affected and I couldn't see clearly. But now I can be dizzy but I can see clearly."*

"I was constantly going to the toilet, I go less frequently."

"They are all quite."

Low cost

She was paying a sum of R10.00 each time she ran out of traditional medicine *"It's R10.00 per bottle."*

4.2.5. Attitude of general staff

Disappointment from clinic/hospital

She did not receive the expected treatment from the clinic and hospital.

"*She told me that the type of pills that I have to take they don't have them at the clinic."*

"...I started at the clinic and they referred me to the hospital. The nurse did not tell me that I am expected to pay when I get there at the hospital, for I had thought that it is just the same as at the clinic. When I got there I told them the truth that I only had R20 that I was going to use to buy fruits. ...I was told to make an affidavit that I only have R20 that I am going to pay."

4.2.6. Combination of Western and African Medicines

She acknowledges taking both medicines even if the pills from the hospital are effective.

"*The thing is yes, I am using western and traditional medicine, because my high blood pressure was always high. Again it is because of the women I met with at the hospital who say that they are using things such as "mogalakae" another se setswana word for traditional herbs and they are helping them. Then I decided that let me try this as well even thou my pills are effective."*

Do still have pills?" *Yes, I am still taking them*."

Now Alwine are you still taking it? "*Yes, the muthi I took on Friday that is the very Alwine."*

She can not feel well if she does not have her pills. "*...At time when I have taken them you find that I am in Mafikeng and left them (pills) here I wouldn't feel well.*

If I understand you well you are saying that when you have not taken your medication you feel dizzy. When you compare the dizziness now to that one at the beginning would you say they are the same?

"No they are not the same."

She takes her pills after breakfast.

What time do you take them? " *I take them in the morning after my breakfast."*

4.2.7. Conclusion

After hearing about traditional medicine from women at the hospital she decided to try it. She is happy of the results of the traditional medicine, at low cost, since she did not get the expected treatment from clinic and hospital. She acknowledges also that the treatments (pills) are effective and can not live well without them.

4.3 Interview 3

Respondent Profile

Mrs. MM, 68 years old married, on our arrival at her home her husband was present, and he is a pensioner. The welcome was warm, an extended house very neat and well furnished. She had been

expecting us; her husband recused himself after the introduction. She told us about how it came about that she resorted to traditional medicine while on orthodox treatment.

4.3.1. Complementing Western and African Medicines

She thinks that Western and African medicines work together. She does not see any problem to combine the two types of medicines. "*The reason for me to that is because Western and African medicines compliment each other. It helps and heals."*

"Yes, I did (feeling better) and by then I did not stop using treatment I got from the hospital."

Despite the attitude of the hospital staff, she has to go the hospital for her pills.

"At times it's because you have to collect your file and you meet some rude nurse thou some are very nice people, so by the time you get to see the doctor you are already intimidated. You only need those pills and get out the hospital even if that doctor is a nice person, but because you have been intimidated you just want to leave that hospital."

4.3.2. Source of Information

Oral Tradition

She got advice from someone to prepare some concoction. *"I once got swollen "Ebaleni", and I was advised by someone who said I just cook some herbs and mix them and I did that and I was okay."*

"*The things are when you are ill and you hear people saying this helps you try it out and later on you see that this is not helping."*

4.3.3. Benefits of Traditional Medicine

Improvement after Traditional Medicine

She feels much better after the mixture of herbs she prepared according to instructions given to her. "*It helps me, at times once it finds that my stomach is not well it cleanses it."*

"I started feeling my body been light and easy also where I was swollen it started to subside."

"Currently I am well; it is no longer fluctuating (blood pressure) like before."

4.3.4. Undesirable Side-effects

She felt obliged to stop her medication from the traditional healer because of undesirable side-effects, despite the good result she felt.

"*Now I have stopped using this medicine because there is something that it did in my body that did not go well with me and I did not feel well in my body. I then decided to stop using it..."*

4.3.5. Attitudes of general staff

Keeping secret the use of traditional medicine

She is not prepared to inform the health personnel about the use of traditional medicine.

"No, I did not tell them (hospital staff), I just keep quiet."

"The thing is some of the doctors don't like that...., but those at the hospital I did not tell them about the other. Most of them they don't like it when you tell them that you are using traditional medicines."

Patient's Agenda ignored/not explored

She found herself not being treated the way she was expecting because no one had ever thought of taking X-Rays for her.

"....They will pile me with panado's and some small one....One thing that I would like them to do for me is that they take me for an X-Ray."

"....they are doctors they should know how to examine me as a patient."

Bad attitude from hospital staff

She complains against behavior from staff which makes their relationship very difficult.

"Some can tell you that I know what to do so I am not going to be told by you what to do. And other can simply say okay write you a letter and say go."

".....Even with their behaviour and the way they care for their patients they are not the same."

"It is good to talk with them. At times it's because you have to collect your file and you meet some rude nurse though some are very nice people, so by the time you get to see the doctor you are already intimidated. You only need those pills and get out of the hospital even if that doctor is a nice person, but because you have been intimidated you just want to leave that hospital."

4.3.6. Lay Beliefs

Traditional medicines sold to patients in their homes

Traditional healers are following patients in their houses to convince them that their drugs help with all diseases.

"There were some women who were going house to house selling that and it was in a sealed bottle."

"They said its contents are to help with all diseases in a person."

4.3.7. Conclusion

After hearing from others about traditional medicine, she decided to take traditional medicine which improved her condition. She stressed about bad doctor/nurses – patient relationship/interactions in the health settings. She decided to stop taking traditional medicine after experiencing undesirable side-effects and after been convinced by the Bible to discontinue with it.

She agrees that both medicine are complementary one another.

4.4 Interview 4

Respondent Profile

Mr. M married lives in Katlehong in a newly built house with his large family. The interview was held in the early evening, he was from work. We were welcomed by his wife until he arrived. He invited us to the main bedroom as the lounge was occupied by the family and were watching television. He was

very keen to talk to us on the topic and had a lot of questions that had been bothering him about his illness.

4.4.1. Lay Beliefs about Traditional Medicine

Traditional Medicine Eradicates the Illnesses

He believes that traditional medicine eradicates the illnesses whilst the western medicine reduces it.

"We turn to believe that this hospital medication in most cases it turns not to be curing the illness but it only reduces it and this traditional medication turn to eradicate this illness. Pills don't cure this illness, which is the reason why we use these traditional medicines so as to see if it wouldn't eradicate this illness."

"They say so, those that we buy these medicines from because they will even tell you than it has to be eradicated out of your system..."

Constantly Changing Traditional Medicine

He keeps on changing traditional healers and/or traditional medicine seeking for eradication of his illness.

"The thing is we are trying to get a cure, hence I don't use the same medicine always, today take this, tomorrow I take that...At times people tell you that so and so can help with this and the other one says so and so can also help with that...And you then try that out. You don't use the same thing throughout."

"....I have tried a large number of things."

4.4.2. Source of Information

Oral Tradition

He gets information about traditional healers and their medications from people.

"...At times people tell you that so and so can help with this and the other one says so and so can also help with that..."

"Somebody once told me to take milk and mix it with dry yeast and then drink that...."

4.4.3. Traditional Medicine Discontinued

He decided to stop using traditional medicine because no change in health when comparing to what the hospital is giving.

"....there comes a time when I have to go to the hospital to get treatment and I also realized that it is still the same. Then I stop using that muti."

"...Up to so far I haven't found any muti that I can say it is accurate."

4.4.4. Attitude of General Staff

Poor Staff-patient Relationship

He complains of bad attitude of staff in the clinic and hospital.

"They don't tell us they just prick you and after they tell you go and see the doctor. When you get to the doctor he also just gives you prescription and that's it."

"Some doctors are a bit harsh, for they will say your diabetics is high what did you eat how will I know if I was not suppose to eat that...."

"And that doctor was harsh and most patients say that the person is harsh, that day I got to see it for myself."

"I heard patients complaining and since it was first time meeting that doctor I then understood why most did not want to be seen by that doctor."

Information not properly given

He is also diabetic patient since 2000, not sure of proper diet and vague information concerning his condition despite several visits to health institutions.

"One female doctor did explain to us and told us about what to eat and what not to eat. Though some doctors they don't."

"About sugar diabetes I know there is sugar meant for us and fruit; though they don't tell us in details what specifically. ....must not eat a banana because bananas are not good for diabetic people and juice is not good as well, but other things I don't know."

"I came to realize that diabetes there is number one and two, though I don't know to differentiate the two."

4.4.5. Complementing Western and African medicines

He believes the two medicines are the same.

"At times you go to somebody and you explain that you need muthi for such and such an illness and he then mix it for you and then tell you how to take it, do not fill you cup, just like that… there comes a time when I have to go to the hospital to get treatment and I also realized that it is still the same. Then I stop using that muthi."

"Some I get it at chemist, some from traditional herbalist. Those that I have not used are those from prophets."

" I *have not seen any decrease, because every time when I go to the hospital it is always around 13, though these pills that I get from the hospital have helped."*

4.4.6. Conclusion

After been told about traditional medicine efficacy to eradicate the illnesses, the respondent changed several traditional medicines without any improvement; then decided to discontinue them.

He got also disappointed by the way nurses and doctors are handling patients in the health facilities.

He believes that the two medicines complement each other because they are the same.

4.5 Interview 5

Respondent Profile

A middle aged lady lives with one of her grand-children at an informal settlement (RDP house). We were supposed to have conducted the interview the previous day, but there was an emergency at a relative, she had to travel and came back the following day. We arrived first but she soon arrived thereafter. She was enthusiastic about the research and shared her reasons for combining orthodox and traditional medicine.

4.5.1. Source of information

Oral Tradition

She heard about the traditional medicine from people.

"What happen is that I decided to also seek help from traditional doctors, those when I heard about this person in Germiston..."

"The person who referred me to this man told me that this man once helped a certain young person who was infected with HIV and was ill but to this man's herbs this young person recovered well because this person was always in and out of the hospital."

"I have been told of him that there is a man there at Germiston Taxi rank."

4.5.2. Working together

She believes that traditional and western medicine must work together according to the law according to what was broadcast over the radio.

"It as a result that I have heard that it is okay to use them because traditional and medical doctor by law have to work together."

"....I can't say who said that, but I heard it over the radio."

4.5.3. Lay beliefs about Traditional Medicine

Meaning of Traditional Herbs

She calls the medication traditional herbs because it is coming from the ground and goes through processes.

"....because they are the ones that we dig from the ground and they are dried, crushed then cook that they can be good for the blood and human body."

Medication kept Secret

She never had in her mind to inform the nurses/doctors that she is taking medication from the traditional healer.

"I had never thought of telling them."

4.5.4. Benefits of Traditional Medicine

Improvement after Traditional Medicine

She felt much improvement after taking the traditional medicine.

"....I went and sat down on a chair and told him what my problem that I had stroke...The thing is when I started been ill of sugar diabetes I was hospitalized and my sight was impaired, I could not see....When I got there I told him what my problems that I had high blood are, sugar diabetes and stroke, he then prepare some traditional herbs that I used the first time."

"....my sight was improving much better I could see again after using that stuff."

"I mentioned my eyes they are right though not 100%, but they are much better."

Good Rapport with Traditional Healer

She was happy with the traditional healer handled her condition.

"He then explained how he does that, so that I understand clear how it works. And he also gave me his details and seems like a person who has gone to school, because you can even see his hand writing it is quiet clear."

"...but he just told me that he calls it "Ufezela" a scorpion and explain what it does in the body."

"I take it when I am about to go to sleep."

"The other time when I went I found a nurse leaving his surgery and he told me that you see I also work with people from medical facilities."

Expectations from Patients

She goes to the traditional healers because she expects been examined before prescription been given.

"I do go to these people to so that they examine me and they then give me these traditional herbs."

Availability of Medication

She could find medication already available at the traditional healer's surgery.

"....I find the stuff readily available."

Cost

She finds the medication expensive.

"The first bottle is R300, each bottle has it own price from the first to the last one been the fourth one. His muti is very expensive..."

4.5.5. Conclusion

She heard about traditional medicine from other people. She was happy by the way the traditional healers were handling her illness with good interaction/rapport, her expectations met, her condition improved after the traditional medication which is kept secret from nurses and doctors, and the treatment

always available though expensive. She thinks that taking the two kinds of medicines is fine because it is according to the law.

4.6 Interview 6

Respondent Profile

After a rather rough start on this day; first locating the address was an ordeal, it was raining and when the interview was about to start the tape recorder was faulty. However, all these distractions did not deter the purpose at hand.

This was an elderly lady in the old section of Katlehong; the place was cluttered, renovations and extensions of the house taking place. She shared that these were being done by one of her grand-children. The neighbour's son had been playing music on their stereo at high volume. We requested that they ask them to reduce the noise which they did.

A very pleasant and welcoming person, she introduced us to her daughter whom she would consult from time to time during the interview about her medication. She even showed us empty containers of some of the tablets she believed were responsible for causing her to cough.

4.6.1 About Western Medicine

Side-effects of Western Medicine

Her complaints of dry cough after taking her treatment from the clinic/hospital were ignored.

"There's something that we don't understand with concerning these pills (western), once you use them you start coughing and you do not know where this coughing comes from."

"Yes this coughing, because you don't really know once you start taking pills, you are definitely sure you are going to cough."

"Yes, when I drink both western and traditional medicine, I get better but coughing is still there...."

"Yes, I am coughing, and that is what frustrates me now because sometimes my blood pressure goes down."

Best Medicine

She believes that western medicine still works better for her despite some side effects.

"Western medicine works best for me, even I cough a lot."

4.6.2 Benefits of Traditional Medicine

Traditional medicine to solve side-effects of Western Medicine

She decided to take traditional medicine to alleviate the unbearable cough from western medicine.
"And that's when you start drinking mhalakane "Alvine" (concoction)."
"Yes, that's what makes us drink traditional medicines."

Improvement after Traditional Medicine

She feels much better after taking traditional medicine to relieve the cough.
"....when I drink your herbs, I feel much better, and it is tasteless."

Clear Instructions

She is well informed of the way she supposed to drink her medication.

"You just mix it."

"And that this pill works certain way, and you drink them after you finish eating (breakfast)."

"I mix them myself."

"Because I drink it three times a day just like I take my pills."

4.6.3 Source of Information

Oral Tradition

She acknowledges that she got all information about traditional medicine from her forefathers.

"From our forefathers."

4.6.4 Traditional herbs in garden

She keeps all traditional herbs in her own garden.

"I have a garden (plant veggies, fruits and herbs.)

4.6.5 Knowledge about hypertension

Symptoms and causes of high blood pressure

She knows how to tell when her blood pressure is elevated. She knows why her blood pressure is elevated

"Once my blood pressure is high I get this headache."

"Mine is high, even now is high, when I first went to the clinic, they asked why mine is high and not controllable."

"I told them that I don't know, may be there is something troubling me."

"I am left with my two surviving children, the rest are dead...This is another contributor of high blood."

"These things cause high blood, my other son died in 1991 on his way to work he was struck by train.....We went back to pick his body in pieces...That is the other reason why my blood pressure is always high...."

4.6.6 Doctors aware of the use of Traditional Medicine by Patients

She assumes that the doctors are aware that their patients are taking traditional medicine; reason why she doesn't see why she should tell them about it.

"Well, he knows (doctor) that most of us are using these herbs."

4.6.7. Complementarities Western and African Medicines.

She feels much better when she combines the two medicines.

"*...When I drink both western and traditional medicine, I get better but coughing is still there."*

She thinks that it is fine to drink the two kinds of medicines. "*Yes I think its okay to drink both the western and traditional medicine....so that you can see which one works best for you."*

She combines the two medicines because of cough. "*If I was not coughing so much, I do not think I'll be using herbs at all time."*

4.6.8. Conclusion

After being well instructed by her forefathers about traditional medicine, she uses traditional medicine to combat the side-effects of western medicine which still remains the best medicine. She is aware of symptoms and causes of her hypertension. She thinks that it a good think to combine both medicines.

4.7 Interview 7

Respondent Profile

At this home we found two ladies sitting in the kitchen. One of them was looking unwell and did not respond to greeting. It emerged later that she was the sister-in-law of the respondent. She told us that she is mentally ill and on medication and rarely communicates.

She then ushered us to the lounge, the house was extended and in the old section of Katlehong. She was warm and keen to share with us about the use of both traditional and orthodox medicine, reasons thereof and the value in terms of reducing her blood pressure.

4.7.1. Source of information

Oral Tradition

She was told by other women about traditional medicine whilst waiting for their treatment at the clinic.

"....I must tell you about the garlic, I was busy discussing with one of the patients and they told me I should sometimes use garlic and (I should swallow it like I'm swallowing a pill) we were just discussing."

"...and one of the ladies there, just told me that I must mix (garlic, ginger and umhlonyane) together cook them and make sure I drink them and see....I am going to get better and its true I got better..."

Home Remedy

She makes her own home remedy after being advised by someone.

"I remember one day I went at the clinic....., and one of the ladies there, just told me that I must mix (garlic, ginger and umhlonyane) together cook them and make sure I drink them....I am going to get better and its true I got better....It is like our home remedy now."

4.7.2. Benefits of Traditional Medicine

Improvement after Traditional Medicine

She believes that traditional medicine improves her condition.

"And you believe these herbs are helping you?" *...Yes they do and the garlic as well."*

4.7.3. Knowledge about Hypertension

Symptoms and Causes

She believes that worries and too much work make her blood pressure rise.

"Yes, you see now I'm old and only left with my grand children, you just discipline and discipline, you find it sometimes I want to do something like (sweeping, ironing) but I can't because of my age."

"...because I sometimes find myself feeling dizzy, and my whole body is sore and that's when I drink my pills...."

"...thinking too much makes your blood pressure to go high."

4.7.4. Uncontrolled Blood Pressure

Her blood pressure is not well controlled.

"Yes the one from the clinic and I go for my regular check-up, and sometimes they'll say it went up, sometimes it went down you see!"

4.7.5. Side-effects of some Traditional Herbs

She was compelled to stop using some traditional medicine because of undesirable side-effects.

"And I don't like using ikgala because at times you find body aching (I tried to use it twice or thrice). I just stop using it because it has this bad after taste thing."

4.7.6. Not Compliant to Western and Traditional Medicine

She is not compliant to treatment received from the clinic. She takes it when she feels like the blood pressure is raised.

"....because I sometimes find myself feeling dizzy, and my whole body is sore and that is when I drink my pills."

"Do you take it everyday? (traditional medicine)*...Not everyday, I drink it when I am not feeling well."*

4.7.7 Keep Secret from Clinic Staff

She did not reveal to the clinic that she is taking traditional medicine.

"At the clinic, did you tell them about this mixture? *... No I haven't."*

4.7.8 Combination of Western and African Medicines

She combines the two medicines for better results.

"*...Because I sometimes find myself feeling dizzy, and my whole body is sore and that is when I drink my pills in the morning. I must tell you about the garlic, (I should swallow it like I'm swallowing a pill)... just drink half a cup and find myself feeling alright. I drink this remedy in the evening. Yes and my pills (morning).*

"Well in my experience when you cough, they'll tell you to drink some concoction (umhlonyane)."

And you believe these herbs are helping you? *"Yes they do and the garlic as well."*

4.7.9 Conclusion

After having heard about the mixtures from people at the clinic, she makes her own home remedy which she uses when she feels like the blood pressure is raised. She is not compliant to both kind of medicine and as a result, her blood pressure is not well controlled. She keeps what she is doing secret from the clinic staff. She prefers to combine the two medicines for better results.

4.8 Interview 8

Respondent Profile

This lady was alone at home, well groomed, beautiful her grey hair well coiffured and looked smart as if she was going somewhere. She lives with her daughter who was recently divorced and a grand-son who at the time was at school. The house was clean and well furnished. I (Interviewer) made small talk with her that she must have been very pretty when she was young; she laughed and appreciated the compliment. She shared all the remedies she was using in conjunction with her hospital treatment.

4.8.1 Source of information

Oral tradition

She heard about traditional medicine from people talking about it and from others selling it.

"Just by hearing from someone saying you know I had this to eat and became better. ...I just said why not, I do want to get better."

"Yes just by hearing that, you also think....um let me also try it maybe it'll make me feel better...."

"You get to find people selling from outside the chemist ..."

"I met this young lady selling this stuff, I ask her how it works and she told me how then I bought but I haven't tried it."

4.8.2 Western Medicine

Not improving after Western Medicine

She was not feeling better after taking treatment from the clinic.

"Here are my pills I drank them but I don't feel better."

Not Compliant to Western Medicine

She is not taking her medication from the clinic as per instruction.

"Sometime I don't sleep at all because I forget to drink my pills, and it is difficult to swallow them."

"These ones I don't think are for high blood, I sometimes drink them for the sake of having pills, and when I go to the clinic they'll run test and after that they'll tell me my blood pressure is high."

"And at times I think back, the reason why my blood pressure is high maybe they are giving us wrong pills at the clinic."

Side-effects from Western Medicine

She complains of undesirable effects after taking western medicine.

"..., and another thing is these pills I get from the clinic, once I drink them my heart starts beating fast."

"Yes, because the pills I get from the doctor are different from the one I get from the clinic, and the ones I get from the doctor makes me feel better."

4.8.3 Attitude of General Staff

Poor nurse-patient Interaction

She complains of the attitudes of nurses towards the patients.

"They don't want you to tell them the same time, and miss your blood pressure check-up."

"They tell you when you come here, its you are sick or you are here for your blood pressure check-up."

"When you come here you are here for your high blood, and then join another queue for what ever illness you might be having."

"Don't mention them at the same time, because they'll start getting angry at you, you mention something else they'll show you the line."

"They don't examine you for...lets say stiff joints or something...."

4.8.4 Benefits from Traditional Medicine

Improvement after Traditional Medicine

She feels much better after taking traditional medicine.

"Just half a cup, then it starts working....Be able to relieve myself."

"...drink herbs is because your health isn't good or maybe your body is sore."

Combination of Western and African medicines.

She combines the two medicines for better results. "*Here are my pills I drank them but I don't feel better. Another is that I hate drinking water, they always tell me to drink water and I hate it (I cough a lot), so drinking water is out of the question for me. I hate the after taste of it, I normally drink juice or cold drink and when I try this drink my bladder gets full quickly and gets this terrible pain (around here.)"*

Oh... the reason you drink Aloe is to be able to…. "*Be able to relieve myself*."

4.8.5 Conclusion

She heard from people about traditional medicine. She decided to take it after her condition did not improved, after she experienced side-effects with western medicine. She couldn't be compliant with western medicine but she had to combine it with African medicine for relieving herself. She experienced poor interaction with the nurses.

4.9 Interview 9

Respondent Profile

Mrs. N on our arrival was at a neighbour's place a younger lady but not that old. She said she had long been waiting for us. We apologized for the waiting. She asked if she could have her neighbour present during the interview, she was allowed that it was her choice.

She looked very elderly and living in squalid conditions, this was on the same street as the previous participant a few houses away. She was living with her son, who was also present but having his own shack on the premises he was unemployed. She explained that they survive on her old age pension from the state.

She shared her use of traditional and orthodox medicine in combination and the reasons thereof.

4.9.1. Source of Information

Oral Tradition

She was told about traditional medicine from one of the nurses from the clinic.

"They told me to stop using pills, and must go and drink some herbs (imbiza)..."

"As I told you I am from Swaziland and went to a clinic over there, you know one of the nurses told me that high blood is not curable, so one of them advised me to start drinking imbiza."

People selling Traditional Medicine

She acknowledges that people are selling traditional to patients.

"....there are people selling different muti...."

"...we know them very well that they want us to finish our money, because they also want to make money..."

4.9.2. Benefits from Traditional Medicine

Results after Traditional Medicine

She explained that even if the concoction does help much but does reduce her blood pressure and helps the digestive system.

"It didn't help much...."

"It helps with high blood."

"It helps your digest system."

"....if I feel my blood pressure is high I drink the concoction and when I go to sleep I normally take my pills and sleep."

"I am not sure but I feel its okay, because I'm sick and I want something that will make me feel better."

4.9.3. Herbs from her Garden

She has planted the traditional herbs in her garden.

"...yes I even planted it."

4.9.4. Staff Attitudes

She complains about the attitude of staff.

"They don't tell us; actually they don't have time for us."

"To tell us exactly, there are so many of us (long line), don't eat too much salt, it causes high blood, that is what they say."

4.9.5. Combination of Western and African Medicines.

She felt obliged to drink her pills after been advised to stop them but at the same time her concoction was important to achieve better control of her high blood pressure.

"*They told me to stop using pills, and must go and drink some herbs (imbhiza), they've sent me from pillar to post, and then I would go to the clinic because I had a problem with sleeping (lack of sleep), so really I don't know what will help us."*

And you went back to using pills? "*Yes I went back to using pills again, because when you get at the clinic they'll ask when last did you take your pills, do you still have them, so we don't want any mistakes because you don't drink your pills anymore."*

Now tell me, are you still drinking this concoction? "*Yes I do have it... yes I even planted it.*"

So now tell me, this concoction what does it do/what's so special about it? "*It helps with high blood."*

How does it help? "*You can drink it whenever*."

How does it help in your body? "*It helps your digest system. Once your digest system is not right, then your blood pressure will rise... if I feel my blood pressure is high I drink (concoction) and when I go to sleep I normally take my pills and sleep."*

4.9.6. Conclusion

She heard of traditional medicine from nurses at the clinic. She started using it with the pills for better improvement of her condition. She has pointed her disappointment by the way nurses treat patients.

4.10 Combined Results

4.10.1 Hospital/clinic staff related

Disappointment from clinic/hospital staff attitudes

Respondents were not happy with what they saw at the clinics/hospitals.

"*She told me that the type of pills that I have to take they don't have them at the clinic."*

"...I started at the clinic and they referred me to the hospital. The nurse did not tell me that I am expected to pay when I get there at the hospital, for I had thought that it is just the same as at the clinic. When I got there I told them the truth that I only had R20 that I was going to use to buy fruits. ...I was told to make an affidavit that I only have R20 that I am going to pay."

Patient's agenda ignored/not explored

Respondents reported that most of their concerns and expectations are completely ignored.

"....They will pile me with panado's and some small one....One thing that I would like them to do for me is that they take me for an X-Ray."

"....they are doctors they should know how to examine me as a patient."

Poor staff-patient relationship

Many respondents reported the bad relationship between them and the staff from the clinic/hospital ignoring even the Batho Pele principles.

"They don't tell us they just prick you and after they tell you go and see the doctor. When you get to the doctor he also just gives you prescription and that's it."

"Some doctors are a bit harsh, for they will say your diabetics is high what did you eat how will I know if I was not suppose to eat that...."

"And that doctor was harsh and most patients say that the person is harsh, that day I got to see it for myself."

"I heard patients complaining and since it was first time meeting that doctor I then understood why most did not want to be seen by that doctor."

4.10.2 Side-effects from Western Medicine

Most of the respondents complain of side-effects of these Western medicine, mainly dry cough, which was not even explained to them prior medication.

"There's something that we don't understand with concerning these pills (western), once you use them you start coughing and you don't know where this coughing comes from."

"Yes this coughing, because you don't really know once you start taking pills, you are definitely sure you are going to cough."

"Yes, when I drink both western and traditional medicine, I get better but coughing is still there...."

"Yes, I 'm coughing, and that's what frustrates me now because sometimes my blood pressure goes down."

4.10.3 Doctors aware of the use of Traditional Medicine by patients

The respondents are convinced that the staff in the clinics/hospitals is aware that their patients are taking treatment from the traditional healers.

"Well, he knows (doctor) that most of us are using these herbs."

4.10.4 Traditional healers related

Muti prepared by Traditional Healers

The traditional healers are ready to prepare the concoction for their patients.

"*...He then prepared it for me...He boiled it...*"

Traditional Healer Confident

The traditional healer knowing what he is doing, to convince his patient decides to give all his particulars.

"*I had to know, for I told him that once anything goes wrong my children will come for him legally so. He then left his numbers and house number ..."*

Home Visit

The traditional healer follows his patients in their home to make sure of the treatment.

"*He also comes to check how you are doing every month."*

Rapport with patients

The traditional healer keeps his relationship with his patients by maintaining rapport.

"He then explained how he does that, so that I understand clear how it works. And he also gave me his details and seems like a person who has gone to school, because you can even see his hand writing it is quiet clear."

Traditional Healer as Educator

Like a teacher with his students, the traditional gives clear instructions to his clients.

"You just mix it."

"And that this pill works certain way, and you drink them after you finish eating (breakfast)."

"I mix them myself."

"Because I drink it three times a day just like I take my pills."

4.10.5 Traditional Medicine related

Effectiveness

Most of respondents are happy of the effectiveness of traditional medicine.

"*I after taking it I started feeling much better as compared to before. My condition used to trouble me a lot. ... and once I had that I would then eat garlic with water and thereafter I would feel much better."*

"Everybody in the family was impressed and saying you are so much strong."

"...I was then happy..."

"*I don't know how to clearly explain it, but it gave me strength and bravery..."*

Oral Tradition

All the respondents heard about traditional by the means of oral tradition.

"Just by hearing from someone saying you know I had this to eat and became better. ...I just said why not, I do want to get better."

"Yes just by hearing that, you also think....um let me also try it maybe it'll make me feel better...."

"You get to find people selling from outside the chemist ..."

"I met this young lady selling this stuff, I ask her how it works and she told me how then I bought but I haven't tried it."

Accessibility

The traditional remedies are accessible by everyone within the communities; they are available to anyone who wishes to use them.

"....I find the stuff readily available."

"....there are people selling different muti...."

"There were some women who were going house to house selling that and it was in a sealed bottle."

4.10.6 Traditional Medicine to interaction with Western Medicine

Most of the respondents take traditional medicine to solve the side effects of the anti hypertensive therapy, cough.

"*Well in my experience when you cough, they'll tell you to drink some concoction (umhlonyane)."*

And you believe these herbs are helping you? "*Yes they do and the garlic as well."*

"If I was not coughing so much, I don't think I'll be using herbs at all time."

4.10.7 Home remedies

Most of the respondents are making their own home remedies after been taught by traditional healers or by other people having experiences on it.

"I remember one day I went at the clinic....., and one of the ladies there, just told me that I must mix (garlic, ginger and umhlonyane) together cook them and make sure I drinks them....I am going to get better and its true I got better....It is like our home remedy now."

4.10.8 Patient related

Complementing Western and African Medicine

All the respondents acknowledge that they combine the two medicines and that the two complement each other.

"... When I drink both western and traditional medicine, I get better..."

"*Yes I think its okay to drink both the western and traditional medicine...."*

"*The reason for me to that is because Western and African medicines compliment each other. It helps and heals."*

"Yes, I did (feeling better) and by then I did not stop using treatment I got from the hospital."

Attempt to find Solutions

All the respondents wanted to have solutions to their unresolved problems encountered with Western medicine.

"The thing is we are trying to get a cure, hence I don't use the same medicine always, today take this, tomorrow I take that...At times people tell you that so and so can help with this and the other one says so and so can also help with that...And you then try that out. You don't use the same thing throughout."

"....I have tried a large number of things."

"... I then saw a man talking to someone having this traditional muti in his hand....I decided to then try them out...."

"I asked her if she could give me of her muti and she did ...

Keeping secret the use of Traditional Medicine

None of the respondents was prepared to inform the staff working at the clinic/hospital of the use of traditional medicine.

"No, I did not tell them (hospital staff), I just keep quiet."

"The thing is some of the doctors don't like that...., but those at the hospital I did not tell them about the other. Most of them they don't like it when you tell them that you are using traditional medicines."

"I had never thought of telling them."

Expectations from Patients

The respondents raised their concern that most of the doctors do not examine them, one of the reasons why they prefer to be seen by the traditional healers.

"I do go to these people to so that they examine me and they then give me these traditional herbs."

"When you come here you are here for your high blood, and then join another queue for what ever illness you might be having."

"Don't mention them at the same time, because they'll start getting angry at you, you mention something else they'll show you the line."

"They don't examine you for...lets say stiff joints or something...."

4.10.9 Symptoms of hypertension

All the respondents could be able to tell when their blood pressure was elevated.

"Once my blood pressure is high I get this headache."

"Mine is high, even now is high, when I first went to the clinic, they asked why mine is high and not controllable."

"I told them that I don't know, may be there's something troubling me."

"...because I sometimes find myself feeling dizzy, and my whole body is sore and that's when I drink my pills...."

CHAPTER 5

DISCUSSION

Introduction

The research is about the reasons given by the hypertensive patients at Natalspruit Hospital for concurrently using traditional medicine for their treatment; research motivated by the number of hypertensive patients in the research' practice (Natalspruit Hospital) not adherent to treatment from the hospital.

The qualitative approach was appropriate method since it studies things in their natural settings, attempting to make sense of the meaning people bring to them (Guba & Lincoln, 1994).

Results

The results of this study originated from the data collected from different interviews and their interpretations by the researcher. The respondents answered freely to the research question during a face to face conversation which was recorded with the purpose of exploring the topic in details. A certain number of information was obtained on why hypertensive patients despite their treatment from the researcher's practice were seeking help from the traditional healers. This study focused on the ways the respondents felt about the service from the hospital/clinic, from the traditional healers and mainly on the

reasons given by them when seeking help from traditional healers. Nine respondents constituted the sample, most were females than males and all were unemployed.

The goal of qualitative research is the development of concepts which help us to understand social phenomena in natural (rather than experimental) settings, giving due emphasis to the meanings, experiences, and views of all participants (Pope, 1995). The discussion will focus on four different themes related to hospital/clinic attitudes, traditional healers' attitudes, traditional medicine and patients/respondents.

5.1 Traditional healers

Homsy states that traditional healing practices existed in Africa long before conventional medicine, and several attempts by colonial governments and early religious missionaries to suppress it did not succeed. As an untapped reservoir of knowledge, philosophy and history, traditional medicine not only offers the possibility of cures, but it also provides a national heritage and a means of linking the land and its people (Homsy, 1999). He continues declaring that in Sub-Saharan Africa today, traditional healers far outnumber modern health practitioners, and the majority of the population uses traditional medicine. WHO estimates that 80% of people in low and middle-income countries rely primarily on traditional medicine for their primary health-care needs. Although the actual number of traditional healers is unknown in most countries, such healers constitute a significantly large group of practitioners who are recognized, trusted and respected by their respective communities (Homsy, 1999).

5.1.1 Home Visit

In a pilot study done in Hlabisa in December 2001, Mark Colvin and his team found that there was a high level of satisfaction expressed by patients supervised by traditional healers; all patients believed that traditional healers should be directly observed treatment (DOT) supervisors. They had a caring attitude and enquired about the general well being of the patients they supervised. This caring approach was further demonstrated by three traditional healers doing regular home visits to 18 patients in the early phase of their treatment because the patients were too ill to leave their homes (Colvin & al, 2001). Reid declares that home visit is a crucial link between clinical practice and comprehensive care, and it creates a physical and psychological bridge between facility-based and community based interventions (Reid, 2000).

The patients can feel more understood and properly looked after by these traditional healers since home visits have declined over the years. Our respondents were happy to see their "doctors" visiting them. Surprisingly, these traditional healers behave better than many Family Physicians who cannot even visit their own patients where they live. Frequently in the rural situation, the traditional healers know the norms of the patients' culture – greeting, sitting, language which will not offend the patients, how to approach the family and how to involve the family members. All these make difference to the patient, to the family and to the illness.

5.1.2 Traditional Healer Confident

Tessema noticed that the traditional healers perceive themselves as having personal great qualities in the society such as acceptance, helpfulness, friendliness, advisors and the ability to meet the expectations of their clients. They are regarded by the community as competent to provide health care based on the knowledge, attitudes and beliefs that are prevalent in the community. They are recognized by the community, share their beliefs and are taken into confidence. They treat physical, mental and social illnesses in a manner in which the community expects such illnesses to be treated (Tessema, 1980). Cheetham and Griffiths (1982) add that the shared beliefs between the healer and the community help to facilitate treatment and to reduce possible doubts. Ancestors are regarded as important and highly influential among Africans. They are regarded by the people and the traditional healers alike as custodians of wisdom. The traditional healers regard themselves as agents of the ancestors because they claim to be able to communicate directly with them (Robbertze, 1978).

The same view is shared by Buhrmann who declares that many Africans believe that communication with God is possible through the ancestors. They do so through the ancestors by engaging traditional healers (Buhrmann, 1979). They have greater credibility than do village health workers, especially with respect to social and spiritual matters (Homsy, 1999).

Although many western trained health care personnel see the traditional healer as a deceitful person (Mankazana, 1979), there are some who disagree with such conception and perceive the traditional healers helpful (Mkhwanazi, 1986). The World Health Organization states that traditional healers facilitate an important resource for the furtherance of primary health care that the work force represented by practitioners of traditional medicine. They are a potentially important resource for the

delivery of health care and that medicinal plants are of great importance to the health of individuals and communities (WHO, 1996).

All these qualities make the traditional healers feel very confident to contribute to the health care of the society. One of the traditional healers was so confident that he left all his contact details to one of the respondents in case any problem happened. Traditional healers provide client-centred, personalized health care that is aimed to meet the needs and expectations of their patients. This makes them strong communication agents for health and social issues.

5.1.3 Rapport with Patients.

Torrey acknowledges that the third component of the healing process which appears to be universal is the patient's expectations (Torrey, 1972). Just by going to see the healer, the person has a great expectation that he will be healed. The hope of getting well acts as a motivational force for the patient to stay in therapy and to overcome difficulties that may arise (Torrey, 1972). It is known in the Sub-Saharan African culture that the traditional healer is aware of the expectations of the patient. In this regards, he/she organizes structures or buildings which are appropriate for healing purposes, which buildings help in the therapeutic process. The traditional healer will have certain clothes that distinguish him/her from other people. He/she uses various instruments which help him/her to diagnose and explain what is wrong with the patient. He/she is able to tell the patient that he/she is aware of the patient's prospective visit. He/she may inform the patient about his illness or problem before the patient has a chance to tell the healer what is wrong. The ability of the traditional healer to read the problems of the patient is therapeutic in that it enhances the patient-healer relationship. The common cultural and belief systems seem to be important factors. These make the traditional healer's approach more acceptable to

the people because it coincides with their way of life and therefore does not create unnecessary conflicts (Buhrmann, 1979).

The traditional healer approaches the ill person with treatment aimed at alleviating both his physical and psychological ills (Berglund, 1975). Steinglass writes that traditional healers tend to take a holistic approach to illness, treating the patient's spiritual and physical well-being together (Steinglass, 2002). Studies in several countries show that both healers and their patients have a great deal of confidence in plant-derived medicines used to treat locally recognized illnesses (Green, 1995). The bond between the traditional medical practitioner and the patient lasts even long after the illness has disappeared. Patients visit traditional medical practitioners even during the times they are consulting Western medical practitioners, thus trying both systems simultaneously. They trust traditional medical practices and have faith in traditional medicines, consulting Western medicine only when they have to (Kazembe, 2007).

The traditional healers employ various types of medicine to treat illness. They combine stress-relief methods with medicines. The traditional healer does not concentrate on the physical only but treats the person as whole .Traditional practitioners usually treat the 'whole' person, not just the disease and take into account a person's mental, emotional and spiritual as well as physical well-being.
One respondent was happy with the way the traditional healer did and could even state that "*He then explained how he does that so that I understood clear how he works."* Traditional health practitioners often see their patients together with other family members and can play an important role in family counseling.

5.1.4 Traditional Healer as Educator

Buhrmann states that the traditional healer serves as a custodian of the history of his people. This means that among indigenous Africans, the traditional healer is also an educator (Buhrmann, 1979). Respected traditional health practitioners see many clients and they can be very powerful educators. They have influence in the community, as well as with other healers through their professional networks. They understand local belief systems and can explain illness and misfortune in ways that people understand. The traditional healer uses unique and different way to communicate during the healing process which is not the same during an ordinary conversation. The people tend to associate his symbolic pattern of language with certain rituals and ceremonies and with divination. The patient has not only to learn but to appreciate the role of traditional healer (Plog & al, 1980).

Traditional healers' in the Mpumalanga Province, South Africa, are organized into 'schools' around a senior teacher (*gobela*). Healing is understood by its practionners to be a profession, not a religion or even a spiritual exercise. Healers actively assess the effectiveness of their healing methods, transmit their knowledge to each other, and evaluate each others' performances in ways that stray far from the mere transmission of 'tradition'. Clients are likely to pay *sangomas* as much as they would medical doctors for their services, which are not limited to the medical. Their practices can be divided into roughly six 'disciplines': divination, herbs, control of ancestral spirits, the cult of foreign *ndzawe* spirits, drumming and dancing, and training of new *sangomas*. The status of *sangoma* is achieved through an arduous process of teaching and learning through which the student or initiate is simultaneously 'healed'

and educated to become a member of the profession that coheres around these knowledge practices (Thornton, 2008).

5.1.5 Muti prepared by Traditional Healers

The word “muti” derives from the Zulu word for medicine.

Many people visit South Africa's 2,000 traditional healers, and there is a growing recognition of their value to society. Traditional healers, or *sangomas*, use a combination of plant and animal products for their medicinal portions, known as *muti*. They also incorporate a spiritual element into the healing process and perform a variety of functions for those who visit them, including doctor, counselor, priest and psychiatrist. Traditional healers divine with symbols such as bones and other artifacts through which ancestors communicate problems and solutions for their patients (SouthAfrica.info, 2006).

The traditional healers have numerous ways by which they prepare their *muti* or medicine. Pujol lists some of the Zulu terms for various preparations which include:

Infusions (*umuthi ophuzwayo*)

Inhalants (*umuthi ohogelwa ngamakhala*)

Snuff (*umuthi obhenywayo*)

Licking of powder (*umuthi okhothwayo*)

Implantations under skin (*Chaza*)

Enemas (*ukuchatha)*

Bath mixtures (*umuthi wokugeza*)

Poultices *(Izithobo*)

Fatty creams/balms (*amafutha)*

Emetics (*imithi yokuphalaza*)

Internal cleansing *(Izimbiza*) (Pujol, 1988)

Emetics are used primarily for chest illnesses, and are used as expectorants to clear the air passages. They are also used to correct nausea, and pain believed to result from excessive accumulation of gall (green/yellowish substance) (Ngubane, 1977). Similar to the aforementioned preparations are the following Xhosa preparations used in Eastern Cape Province as described by Lamla (1975). It appears that certain types of plants are used in particular types of preparations and that such preparations of medicines are often used to treat a particular type of illness. Following are a few of these preparations from the literature that have magical or medicinal qualities. A lot more exist for which physical ailments are treated: Imbiza (literally pot) is a preparation in which herbs are boiled into a decoction. This is often done for hard medicine like barks (Mpai). Medicines prepared in this way are used for Scrofula, chest complaints and blood purifying processes in the Eastern Cape Province (Lamla, 1975), e.g., ikhala-khulu, (Cape Aloes). Ngubane states that *imbiza* is a generic name for all forms of purgatives (Ngubane, 1977).

Medicines are categorized as being black, red or white. These colors are used symbolically to describe the action the medicines have on the person. These medicines are used as emetics to correct the cause of illness, as is the case for lineage sorcery or pollution (Ngubane, 1977). Black and red medicines are believed to expel what is bad and to strengthen the body against future attacks. To regain good health white medicine is used. Treatment with such colored medicines is intended to rectify a balance between a person and the environment. Finally these medicines are used serially in order of black, red then white. This order of use ensures that a medical regime is maintained, by the end of which, a cure is attained

(Ngubane, 1977). For all above these main reasons, the *sangoma* prepares, mixes the concoction for better results.

5.2 Home Remedies

Most of our respondents were using home remedies for the treatment of hypertension. Different home remedies were mentioned according to the school of thought of their healers. Some home remedies are listed below:

High Blood Pressure treatment using Garlic

Garlic is regarded as an effective means of lowering blood pressure. It is said to reduce spasms of the small arteries. It also slows down the pulse rate and modifies the heart rhythm, besides relieving the symptoms of dizziness, numbness, shortness of breath, and the formation of gas within the digestive tract. It may be taken in the form of raw cloves or two to three capsules a day.

High Blood Pressure treatment using Lemon

Lemon is also regarded as a valuable food to control high blood pressure. It is a rich source of vitamin P which is found both in the juice and peel of the fruit. This vitamin is essential for preventing capillary fragility.

High Blood Pressure treatment using Grapefruit

Grapefruit is useful in preventing high blood pressure. The vitamin P content in the fruit is helpful in toning up the arteries.

High Blood Pressure treatment using Watermelon

Watermelon is another valuable safeguard against high blood pressure. A substance extracted from watermelon seeds is said to have a definite action in dilating the blood vessels, which results in lowering the blood pressure. The seeds, dried and roasted, should be taken in liberal quantities.

High Blood Pressure treatment using Rice

Rice has a low-fat, low-cholesterol, and low-salt content. It makes a perfect diet for those hypertensive persons who have been advised salt-restricted diets. Calcium in brown rice, in particular, soothes and relaxes the nervous system and helps relieve the symptoms of high blood pressure.

High Blood Pressure treatment using Potato

Potatoes, especially in boiled form, are a valuable food for lowering blood pressure. When boiled with their skin, they absorb very little salt. Thus they can form a useful addition to a salt-free diet recommended for patients with high blood pressure. Potatoes are rich in potassium but not in sodium salts. The magnesium present in the vegetable exercises beneficial effects in lowering blood pressure.

High Blood Pressure treatment using Rauwolfia

Among the herbs, Rauwolfia is the best remedy for high blood pressure. Alkaloids of this drug, which have a direct effect on hypertension, have been isolated and are being widely used by practitioners of modem medicine, but they have certain unpleasant side-effects which the drug, taken in raw form, does not have. Practitioners of the Indian system of medicine have, therefore, preferred to use the root of the

drug in a powdered from. Half a teaspoon of this drug, taken thrice a day, is very effective in hypertension.

High Blood Pressure treatment using Vegetable Juice

Raw vegetable juices, especially carrot and spinach juices, taken separately or in combination, are also beneficial in the treatment of high blood pressure. If taken in combination, 300 ml of carrot juice and 200 ml of spinach juice should be mixed to make 500 ml or half a liter of the juice, and taken daily. If taken separately, one glass should be taken twice daily, morning and evening.

High Blood Pressure treatment using Dietary Calcium and Potassium

Recent studies have revealed an important link between dietary calcium and potassium and hypertension. Researchers have found that people who take potassium-rich diets have a low incidence of hypertension even if they do not control their salt intake. They have also found that people with hypertension do not seem to get much calcium in the form of dairy products. These two essential nutrients seem to help the body secrete excess sodium and are involved in important functions which control the working of the vascular system. Potassium is found in abundance in fruits and vegetables, and calcium in dairy products (Home remedies, 2004).

5.3 Patients

5.3.1 Symptoms and causes of hypertension

A study done in Malawi showed that patients with hypertension suffer from symptoms related to the body (sweating, loss of weight, body weakness), the head (dizziness, becomes angry easily, heaviness in the head), the abdomen (dislike for oily, spiced or sweet foodstuff, abdominal pain), and the heart (faints at times, heart pain, feels piercing as if there are pins in the heart). Causative attributions identified for hypertension were: too much thinking (kuganiza kwambiri), fatty, sweet and spiced food, natural (chilengedwe), witchcraft (ufiti/kulodzedwa), and competition (mpikisano wa udindo) (Pelzer & al, 1987).
A similar study conducted in South Africa showed that patients could tell if their blood pressure was high. The following are the symptoms expressed by patients in this study; headache (63%), sweating (51%), feel hot (50%), dizziness (49%), tiredness (43%), emotions (37%), malaise (33%), palpitations (22%), abdominal pains (21%) and swelling (14%) (Henbest & Malete, 1995).
Our respondents were also able to tell us that they could feel when their blood pressure was elevated and act accordingly.

5.3.2 Attempt to find Solutions

Some respondents were forced to seek help from traditional healers after they found themselves not well controlled from the clinic/hospital; on the other hand, some were forced to go the hospital after their conditions were worsening from traditional remedies. Under desperation, patients find themselves shifting from one form of therapy to the other one. A respondent could even state that "when *you are ill and you hear people saying this helps you try it."* Another one could repeat same thing but in other words "*The thing is we are trying to get a cure. I don't use the same medicine always, today I take this, and tomorrow I take that. People tell you that so and so can help with this and the other one says so and so can also help with that. And you then try that out. You don't use the same thing throughout."* When the patient fails to respond to home therapy, elders consult one another and recommend a specialist healer. In traditional medical systems, disease and misfortune are regarded as having socio-religious foundations, and treatment processes must include discovering the deep-seated causes and ways of preventing recurrence. The cause of disease and illness may be natural (God-given) or unnatural (human-induced). Natural diseases such as diarrhoea, skin rash may be treated by Western medicine or by both. Human-induced illness may be a result of sorcery, witchcraft, spirit disturbances or breaching socio-religious obligations and taboos, especially with regards to the ancestors. Such diseases must be referred to traditional healers with their various specializations: herbalists, diviners, seers, spiritualists, etc. African traditional medicine follows a holistic approach to medical situations, considering both organic and psychological attributes of disease and illness together, to come up with solutions. Africans move between Western medicine and traditional medicine, even for the same illness at the same time, depending on what they perceive to be the source of the problem, using the two systems in a complementary or supplementary way (Kazembe, 2007).

5.3.3 Keeping Secret

Traditional medical practitioners fear that Western medicine, with its powerful machinery, would steal their medicines. Dispelling such fears would advance the cause for collaboration. The ideas about collaboration with Western medical practitioners may be considered as being contrary to what would be expected in connection with the concept of the preservation of cultural secrets. Traditional medical practitioners have been known to cling to secrecy about their medicines, but they are now willing to open up and allow others to develop traditional medicines (Kazembe, 2007). Nick Wilson commenting on Xhosa healers' Eastern Cape declares that what was written on traditional healers' use of plants for medicinal purposes had been done by Western sciences (Wilson, 1999).

Some healers entered into agreements with pharmaceutical companies, or institutions such as Tramed allowing many underprivileged healers who are on the bread-line to receive a pittance hand-out for their entire ancestral wisdom. They were called "sell outs" because they have broken the pact of secrecy among healers who are taught not to reveal their medicinal knowledge. Once indigenous peoples share traditional health information or plant material they effectively lose control over those resources, regardless of whether or not they are compensated. Many healers are now joining in a new struggle to preserve their cultural integrity and are actively canvassing for support in halting the expropriation of natural health substances by the pharmaceutical industry, the Medicines Control Authority, Tramed and the World Health Organization (Rees, 2001). A respondent stated that she could not inform the doctors that she was taking traditional medicine because they would be very upset with her.

During a face-to-face structured interviews conducted in Chatsworth, a suburb of Durban in which South Africans of Indian origin predominantly reside. Participants were 200 randomly selected adult English-speaking Indian residents. The prevalence of complementary and alternative medicine usage for period 2000/2001 was 38.5% (95% confidence interval 31.7% to 45.6%). Spiritual healing and herbal/natural medicines, including vitamins were the most common types of complementary and alternative medicine used, accounting for 42.8% and 48.1% respectively of overall complementary and alternative medicine usage. People used complementary and alternative medicine to treat conditions including diabetes mellitus, headaches, arthritis and joint pains, stress, skin disorders, backaches, hypertension and nasal disorders. Fifty four percent of complementary and alternative medicine users (excluding those using spiritual healing only) failed to inform their doctors that they used complementary and alternative medicine. The main reason given by half of this group was that informing their doctors did not seem necessary (Singh, 2004).

5.3.4 Expectations from Patients

Exploring patient expectations is very important for ensuring health care of the highest quality. There is a magical increase in the expectations of the patients and a wide gap exists between patient expectations and general practitioner perceptions of medical care. Therefore, to ensure good general practitioner care, a satisfactory balance should be achieved between patient expectations, general practitioner perceptions and priorities set by health care planners (Farooqi, 2005). Good doctor patient relationship is very important for the outcome of consultations. Attentive listening and a caring attitude are very important for developing good doctor patient relationship (Farooqi, 2005). Most important qualities of a general practitioner are attentive listening, understanding and compassion. General practitioners to possess these

qualities. Knowledge and the skills though important for being a good general practitioner were rated second (Farooqi, 2005). The general term expectation is often used to indicate what patients hope will happen whether or not they explicitly verbalize their expectations as requests. The general practitioner faces a dilemma of increased patient expectations and the need for recognizing patient expectations is considered an important objective for primary care systems (Farooqi, 2005).

A number of studies suggest failure to identify patient expectations can lead to patient dissatisfaction with the care, lack of compliance and inappropriate use of medical resources. Patient's satisfaction with the health care is the important health outcome. It has been observed that priorities of patients regarding health care have changed during the last few decades. It has also been recognized that patients may define success differently from health care professionals and patients expect their definitions, qualities and benefits recognized. Given the fact that an estimated 15-25% of primary care patients have unmet expectations, it is apparent that identifying the patients' agenda is an important step to improve patients' satisfaction and other health care outcomes (Farooqi, 2005).

Ten Simple Rules for Meeting Patient Expectations: " The Institute of Medicine has issued these 10 "simple rules" for meeting patient expectations:

1) Care should be based on continuous relationships.

2) Care should be customized for patient needs and values.

3) Patients should be the source of control.

4) Knowledge should be shared and information should flow freely.

5) Decisions should be based on evidence.

6) Safety should be a given.

7) Transparency is necessary.

8) Patient needs and understanding should be anticipated.

9) Waste and duplications should be continuously decreased.

10) Cooperation among clinicians is a priority.

For a truly “patient-centered system,” understandable and timely patient education and communication at every point of health care interaction is fundamental if we are to build enduring patient-physician trust." (Aniruddha, 2009). A respondent desired to visit the traditional healer because she knew that the healer would examine her before prescribing treatment. The doctor- patient relationship is very important for a good outcome of the consultation. Developing a therapeutic relationship with patients should be one of the goals of the general practitioner. Patients should be regarded as active partners in the management of their problems because they no longer want to be passive partners in the consultation (Farooqi, 2005).

5.4 Traditional Medicine

Health care is one of the most important issues and major problems pertaining to the quality of life in Africa today. Hospital facilities are nowhere adequate and a considerable number of people living in rural areas in Africa rely on traditional medicines for health care. The basis for traditional medicines and the primary ingredients used by the traditional healers are wild animal and plant species. The practice is widespread in Africa and market stalls selling plants and animal parts for medicines are common in both rural and urban markets in many African towns and cities. A large number of wild animal species and their products, used alone or with herbs, form the basis of the medicines used by traditional healers

(FAO, 1994). The World Health Organization states that medicinal plants are of great importance to the health of individuals and communities (WHO, 1999). One of the greatest gifts that Africa gave to humankind was the science of African medicine, which is African traditional medicine (Vilakazi, 2004). Traditional medicine is based on years of experience gained from practice and indigenous knowledge passed on from one generation to the other.

5.4.1 Financial Limitations

The cost of both the healers and the medicines are far cheaper than modern medical facilities. In many cases, the curative powers of certain wild species is common knowledge and self-medication is practiced regularly (Makombe, 1994). All traditional healers are in private practice, and the parallel health system is entirely financed by patients who use their services, not exclusively monetary: the healer may receive a cow on curing the patient (Kale, 1995).

In the same interviews conducted in Chatsworth, a suburb of Durban, the cost of complementary and alternative medicine utilization over this 1-year period, incurred by 80.5% of users for the duration of therapy for their most troublesome condition was below R500 (approximately US$50) (Singh, 2004).

5.4.2 Accessibility

Traditional healers are easily accessible and their medicines always available. The belief in traditional medicine is still very strong in rural areas in Africa and some people believe that such medicines are better and more potent for certain types of ailments than modern medicine. They are often available in remote areas where hospital facilities are no where close by (Makombe, 1994). Traditional healers are

found everywhere, unlike doctors who tend to work primarily in the larger towns and cities. Healers are culturally acceptable, they explain illness and misfortune in terms that are familiar, that are part of local belief systems (Green, 1995). The community perceives traditional healing as their important, useful and readily available primary health care (Mahonge & al, 2006).

5.4.3 Effectiveness

The effectiveness of most traditional medicines from wild animals/wild animal parts has not been scientifically studied and proven and their potency in many cases may be questionable. What is important is that those who use traditional medicines out of preference or out of necessity believe in their effectiveness and will continue to use them for a long time to come (FAO, 1994). There is no study on the efficacy of traditional remedies. They are believed to be effective in diarrhoea and in treating psychological problems (Kale, 1995). Patients have been told by traditional healers that traditional medicine eradicates the diseases whilst modern medicine will just relieve the symptoms for a short period, said one respondent.

The face-to-face structured interviews conducted in Chatsworth, a suburb of Durban showed that seventy-nine percent of complementary and alternative medicine users indicated that they had positive outcomes with their treatments (Singh, 2004).

5.4.4 Side-effects

The problem of patients being harmed by traditional remedies has been highlighted in medical literature. The remedies can be drunk, smoked, inhaled, used for bathing, etc. Children with diarrhoea and dehydration can have disastrous consequences. The ingredients may have profound effects on the mouth, tongue, stomach, duodenum, and jejunum. Though severe and fatal complications due to traditional remedies are described, their incidence is not known (Kale, 1995). Anthony Rees is worried that the safety issues involved with traditional remedies are blatantly ignored, considering that up to 68% of deaths caused by acute poisoning among indigenous South Africans are directly linked to traditional medicine toxicity (Rees, 1999). The World Health Organization (WHO) acknowledges that in some cases the cure is worse than the ailment and may result in accidental poisoning which is the biggest problem in African traditional remedies (WHO, 1998). The World Health Organization (WHO) also notes that inappropriate use of traditional medicines or practices can have negative or dangerous effects and that further research is needed to ascertain the efficacy and safety of several of the practices and medicinal plants used by traditional medicine systems (WHO, 2003).

5.5 Oral Tradition

What was written on traditional healers' use of plants for medicinal purposes had been done by Western sciences. There is a vast knowledge of locked up oral tradition of the traditional healers. They have got a vast store of knowledge Western medicine does not know about (Wilson, 1999). Culture is transmitted via symbols, that is, via the symbolic communication system that we call language. The way in which the traditional healer communicates during the healing process is unique and different from the way in which he communicates during an ordinary conversation. In this way, the people tend to associate his

symbolic pattern of language with certain rituals and ceremonies and with divination. This serves as a transmitter of culture and is therefore meaningful to the community (Plog, 1980). Most of the respondents were told about traditional medicine whilst attending the hospital in the waiting area sharing one another about personal experiences and results from traditional medicine; even told by some nurses about traditional ways of solving their health issues.

The interviews conducted in Chatsworth, a suburb of Durban showed also that greater than half (51.9%) of complementary and alternative medicine users did so either upon the advice of someone they knew, or after noticing a complementary and alternative medicine advertisement in the local press (Singh, 2004).

5.6 Complementarities Western and African medicine

The World Health Organization formally recognised the importance of collaborating with traditional healers in 1977 (Steinglass, 2002). In various countries, traditional healers have been drawn on in primary health care strategies. It is noticed that in Sub-Saharan Africa people's expectations of traditional healers and the subsequent workload of traditional healers are dramatically increasing (Bodeker and al, 2000). It is difficult to estimate how many South Africans make use of traditional healers and how many traditional healers practice their trade. The South African government has recognized the Traditional Healers Organization (established in 1970) by drafting the "Traditional Health Practitioners Bill". The first province-wide traditional healers' council was established in 1999 (Morris, 2001). The government initiative on regulating traditional healers is the" Traditional Health Practitioners Bill" of 2003.

Friction is evident between Western medicines or biomedicines that look at material causation to understand and treat an illness; and traditional medicine that generally looks towards the spiritual origin such as witchcraft and displeasure by ancestors in order to cure an ailment (Jolles, 2000). Incorporation of traditional healers into primary health care services should be a good move to avoid losses of lives. As the first contact with the patient, the initial decision of traditional healers determines the prognosis of an ailment. If they were to work hand in hand with modern Western doctors, many patients would be saved from complications of certain ailments. In a black African setting, traditional healing is the first and nearest contact with a health care system. It is therefore by definition the African's primary health care. Incorporating traditional healers into modern health care systems would help identify diseases before they reach an advanced stage and the patient becomes disabled or dies because valuable time has been wasted. Traditional healers should also be encouraged to refer patients they are incapable of curing or treating (Chipfakacha, 1994).

In a proper society, culture and medicine work together towards maintaining the good health of everyone in society. African traditional medicine was intimately tied to African culture (Vilakazi, 2004). Concerning the diseases that are incurable through both Western medicine and traditional medicine, the mediums believe that solutions might come through cooperation between the two systems. A hindrance to such cooperation is the lack of trust on the part of the traditional medical practitioners who fear that all benefits would go to Western medicine whilst they would not gain much. They claim that Western medical personnel have always asked for their secrets and disappeared without giving them anything in return. They lament the non-availability of people who are prepared to enter into serious collaboration with them for the benefit of both sides (Kazembe, 2007).

Traditional healers refuse to acknowledge that they do not always know how to treat certain diseases for fear they will lose face with the patients, while Western medicine does not always have cure for illnesses that stem from traditional cultures and beliefs. Instead of fighting each other, a relation should be built between the two medicines for instance offer some basic training in primary health care (Linde, 1997). Some sceptics argue that there is too much basic incompatibility between modern medicine and traditional African beliefs regarding illness in general and those traditional healers will never change their practices (Green, 1995). Steinglass observes that if the traditional healers believe that diseases are caused by witchcraft, there is not much Western medicine can do to it, from a biomedical perspective. But if traditional healers do not ascribe it to sorcery, then there is room to work with that (Steinglass, 2002).

Despite all the money spent on health care, patients, medical professionals and insurers alike are frustrated, and no one seems to be happy with the *status quo*. The paradigm that made biomedicine so effective the past few decades is now proving insufficient (Hui, 1999). There is growing knowledge of herbs and their biological effects. Extensive research of Chinese, Korean and Kampo formulas has shown that many herbs have unique immunomodulating, cardiovascular, antiviral, and anticancer and other beneficial effects. Clinical research of herbal medicine has demonstrated herbal efficacy in the areas of gastroenterology, hepatology, reproductive, endocrinology, dermatology, neurology and psychiatry. In randomized controlled trials, traditional herbal preparations have been shown to be effective for hepatocellular carcinoma, eczema, vascular dementia and irritable bowel syndrome (Hui, 1999).

In the Western world, complementary and alternative medicine is in renaissance. No longer at the constant periphery of the biomedical model, complementary and alternative medicine is being considered as an increasingly important component of health care. A new paradigm is envisioned in the future where the best of both biomedicine and the holistic medicine are blended to form a new medical model (Hui, 1999). Most of the respondents did not see any problem mixing the two medicines since they compliment each other.There is need for mutual respect and closer collaboration between modern and traditional health practitioners since 80 percent of Africans use traditional medicine for their health care needs, states the World Health Organization (WHO, 2001).

5.7 Hospital Staff

5.7.1 Disappointment from clinic/hospital staff Attitudes

Modern doctors are separated from their patients by social class, economic position, specialized education and cultural background (Chipfakacha, 1994).To provide adequate care, and physicians must understand their patients' beliefs about health and medicine. In Western medicine, the medical practice and the doctor-patient relationship are very objective and impersonal. Personal interest is only aroused when the patient or the manifestation of the disease is peculiar, abnormal, and therefore of scientific interest, and the patient becomes a case. Traditional medical personnel concern themselves with the deep-seated causes of physical symptoms to disease (Kazembe, 2007).

Loots stated that doctors are usually disease-orientated and look at the physical problem and then treat that, while traditional healers are holistic in their approach. They understand the culture, the language

and the community the patients come from, and often treat the underlying psychological problem as understood in their culture. As 60% of problems are usually not physical, these traditional healers have a huge success rate (Linde, 1997). Mankazana states that scientific medicine concerns itself with the "what" aspects of the illness and is relatively insensitive to the "why". This implies that the modern Western medical approach pays less attention to the emotional needs of the patient and pays more attention to the observable symptoms (Mankazana, 1982). Holism, or the systems theory, is also the modern attitude towards family practice, says Loots, and although Western methods of treating the underlying psychological problems are vastly different, the end result might not differ all that much (Linde, 1997).

Modern doctors must be compassionate and give enough time to patients to express themselves, must consider the patient as whole, not separated entities; and never consider the patient as an isolated individual but as an integral component of the family in the treatment process (Kale, 1995). Modern doctors should be knowledgeable about human diseases and the beliefs and traditions of different cultural groups concerning those diseases especially where they are practicing. They should also respect, accept, and understand how culture influences the lifestyle of the groups they are dealing with.

5.8 Conclusions

Traditional medicine is respected and widely used. The majority of the respondents were women.
All respondents are familiar with traditional medicine, could name some local traditional healers and had some knowledge of their type of practice and their type of practice and their use of medicinal plants. They have used the services of traditional healers mainly for hypertension and for other minor illnesses.

The respondents felt that traditional medicine is good and economical.

They felt also that African medicine and Western medicine are complementary; it is therefore good for the two to work together since they can not afford to depart from one another; can not be separated.

The study has shown the reasons why hypertensive patients consult traditional healers as well as modern medicine namely the confidence of traditional healers, their rapport, cares and attitudes towards their patients, home visits, and these are mainly influenced by their culture ; use of home remedies, attempt to find solutions to their unsolved problems from modern medicine mainly related to hospital/clinic staff attitudes, accessibility of medical care, effectiveness of traditional medicine when side-effects are observed, oral tradition, the low cost of traditional medicine, and finally the complementary aspect of African medicine and Western medicine.

There is a contribution that traditional medicine can make to the health care services of many countries and this has been proven by the fact that many patients consult both the traditional healer and the western medicine either simultaneously or one after the other.

5.9 Recommendations

Traditional medicine should be encouraged, especially in rural areas as it contributes substantially to primary health care. The government should primarily be using its resources in encouraging traditional healers to become a part of the health care delivery system through workshops involving both health professionals and traditional healers, training of modern doctors in the importance of cultural care and positive attitude towards the traditional healers. The government should consider integrating traditional medicine into the formal health system of the state. The reasons for the inclusion of traditional healers in primary health care are manifold: the healers know the socio-cultural background of the people; they are

highly respected and experienced in their work; economic considerations; the distances to be covered in some sub-regions; the strength of traditional beliefs; and the shortage of health professionals, particularly in rural areas (Rees, 1999).

There is need to be education of patients on side-effects of anti-hypertensives at the time of dispensing, for instance ACE Inhibitors and the cough, to prevent patients seeking solutions for themselves, including taking traditional medication; education of staff in hospitals/clinics on care of patients to improve their attitudes.

There is need for principles of Family Medicine to be taught and implemented in all levels of care.

There is need for accessibility of modern medicine in remote areas where hospital facilities should be closer to all.

A pilot referral system should be introduced and evaluated. If successful, a full-scale system should be introduced. This will ensure that the traditional healer feels both involved and committed. Traditional healers should come out into the open and be more assertive so that their work becomes transparent and this could further enhance their public image.

The great challenge facing modern Western medical doctors, and modern Western medical researchers, and Public Health officials, is to study carefully the work of these living geniuses and talents of African traditional medicine; and then to start a process of improving Public Health and medical practice through incorporating the science of African traditional medicine into modern Public Health policy and medical practice (Vilakazi, 2004).

5.10 Limitations of the Study

This study was conducted from a qualitative perspective. This paradigm is still considered by scientists as lacking in rigour; especially with regards to generalisation of the outcomes, validity and reliability. However, it provides researchers with variables that can be used to develop questionnaires for a quantitative enquiry, in other words it informs on quantitative research.

The results cannot be generalised because of the small sample size, but can yield similar results in a similar setting. Sampling and sample size is another factor that limits generalisation. The reason being; that the sample size is not representative of the study population. Sampling is purposeful in that only those participants that have experienced the phenomenon are eligible for selection.

The language barriers were also a factor in that all the interviews were conducted in an African language that would result in some information being lost during translation. The interviewer and the translator although they are both proficient in English, it is not their first language either.

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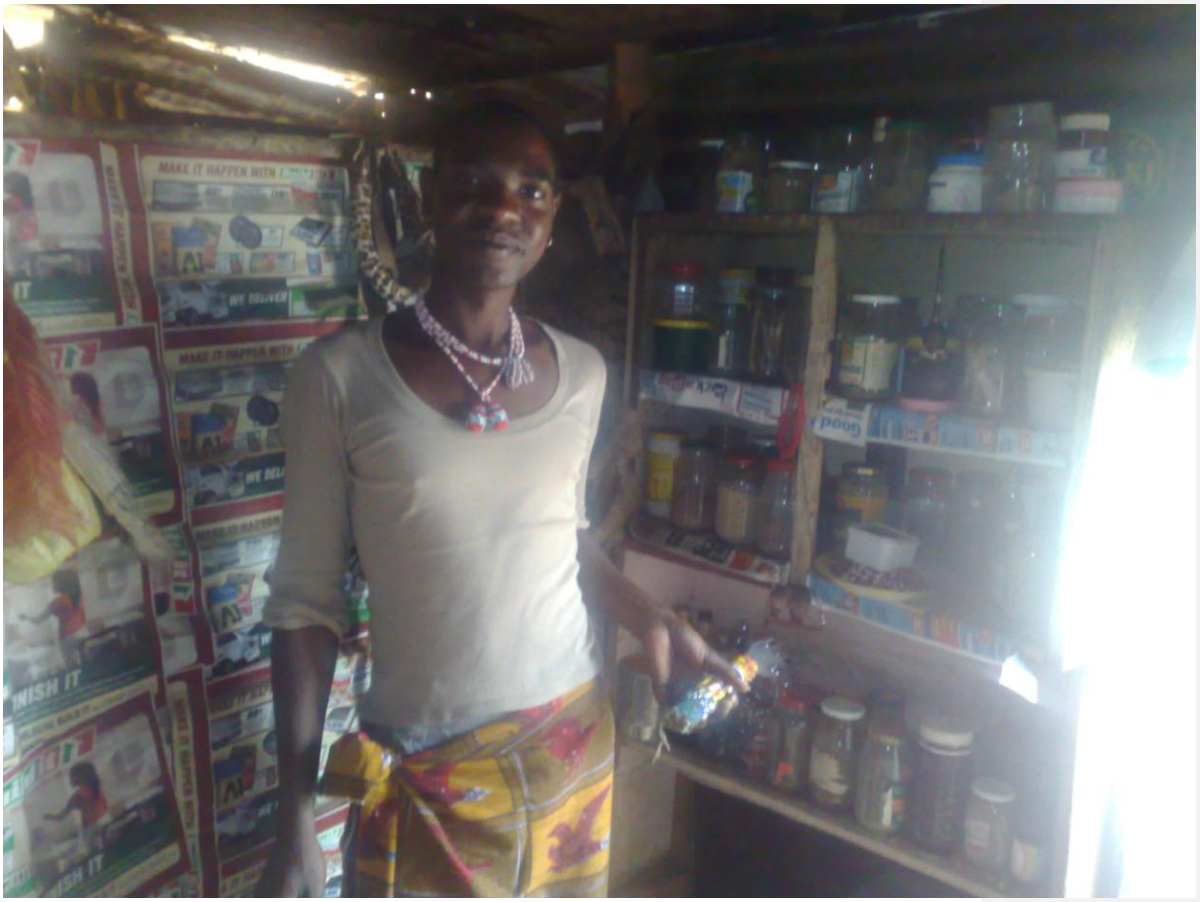


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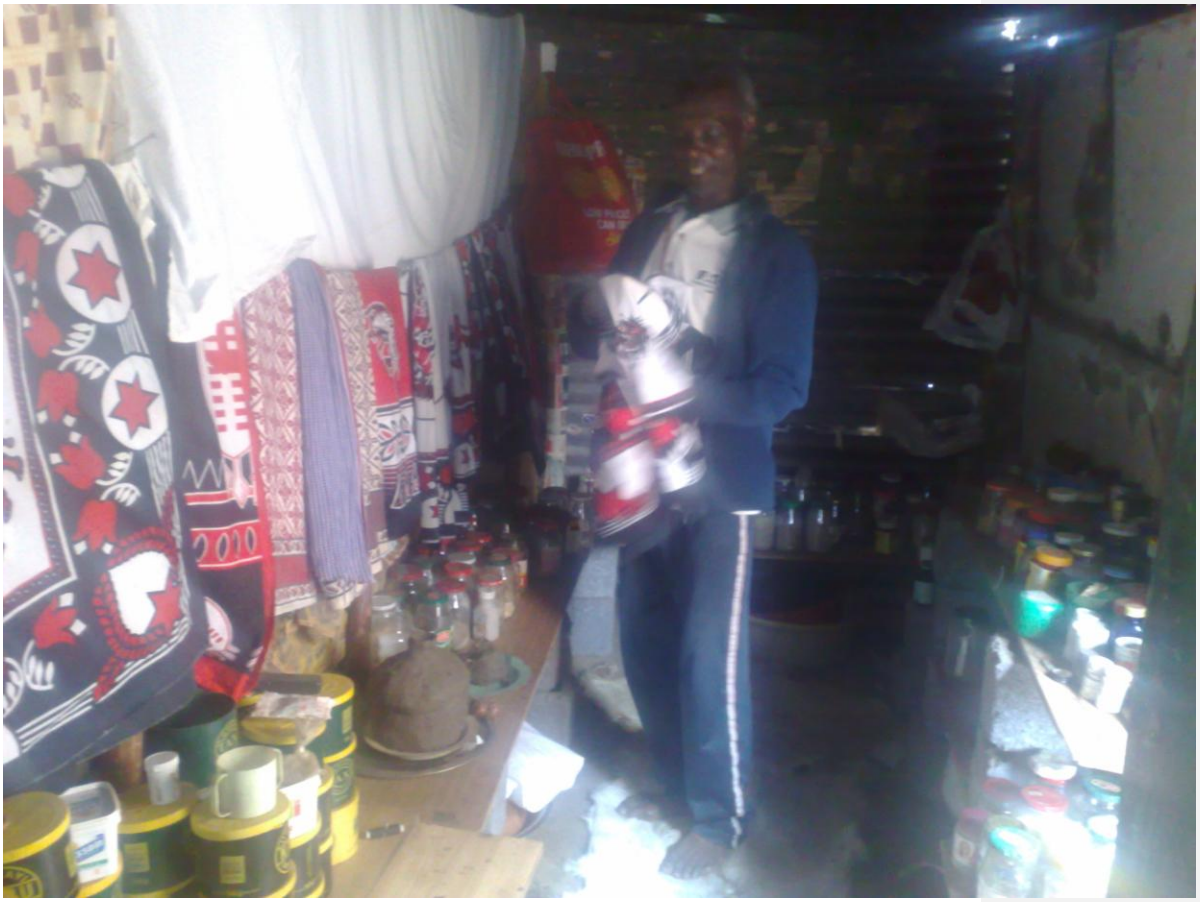

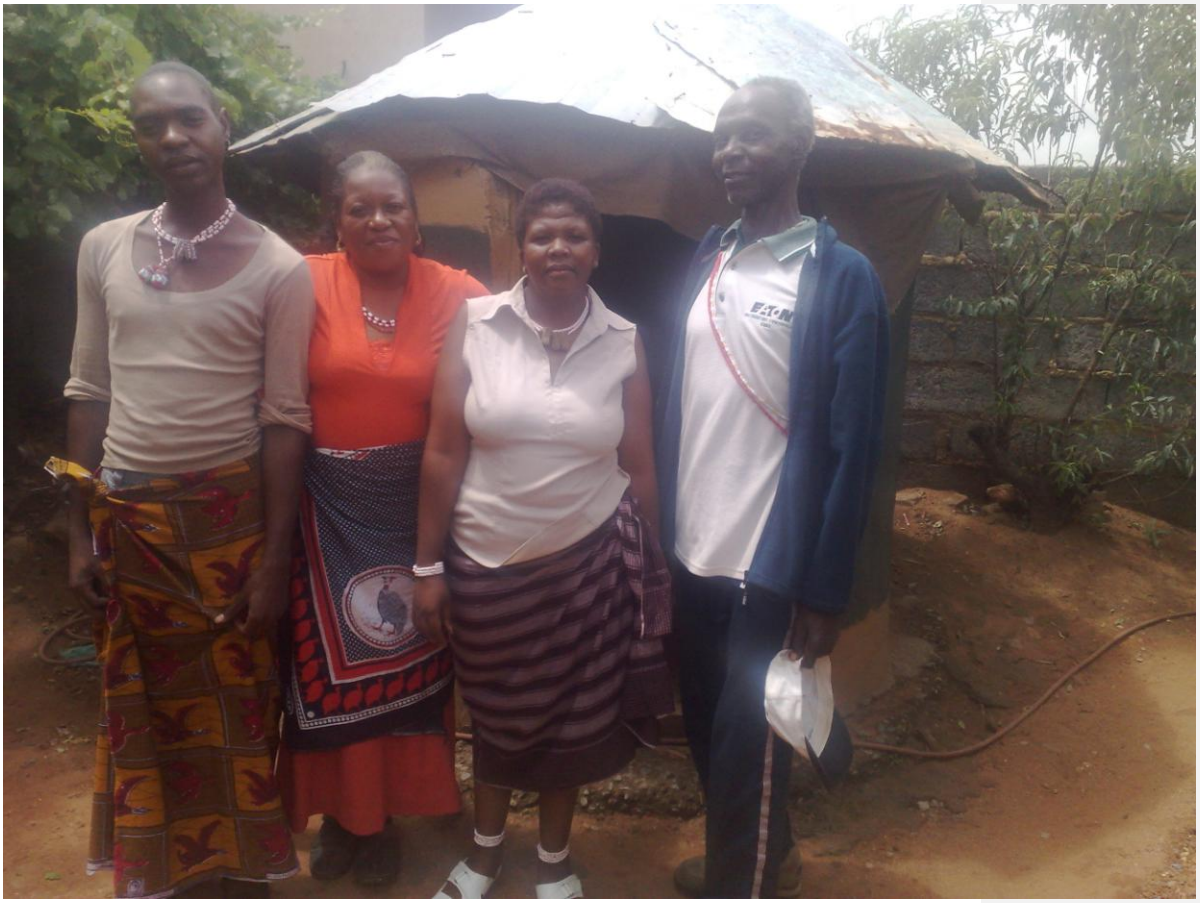

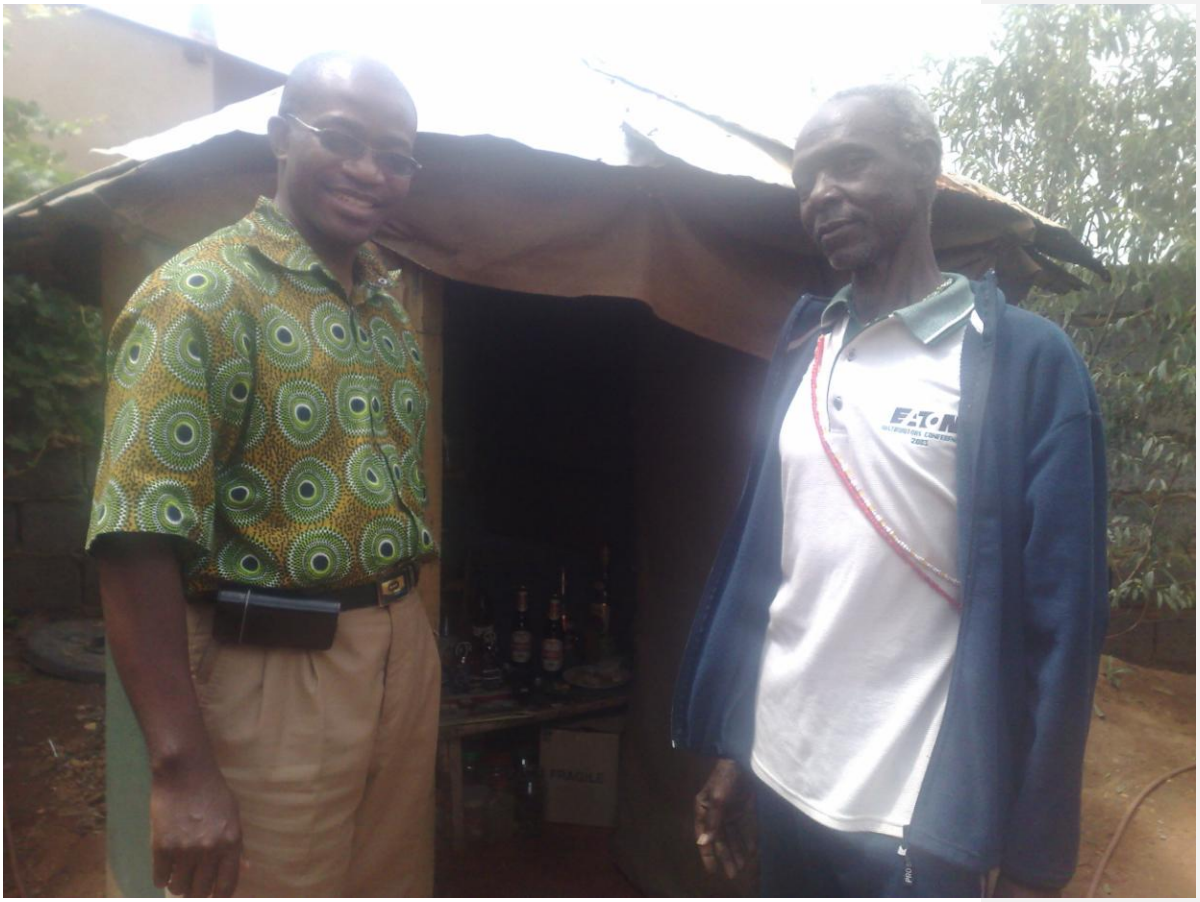

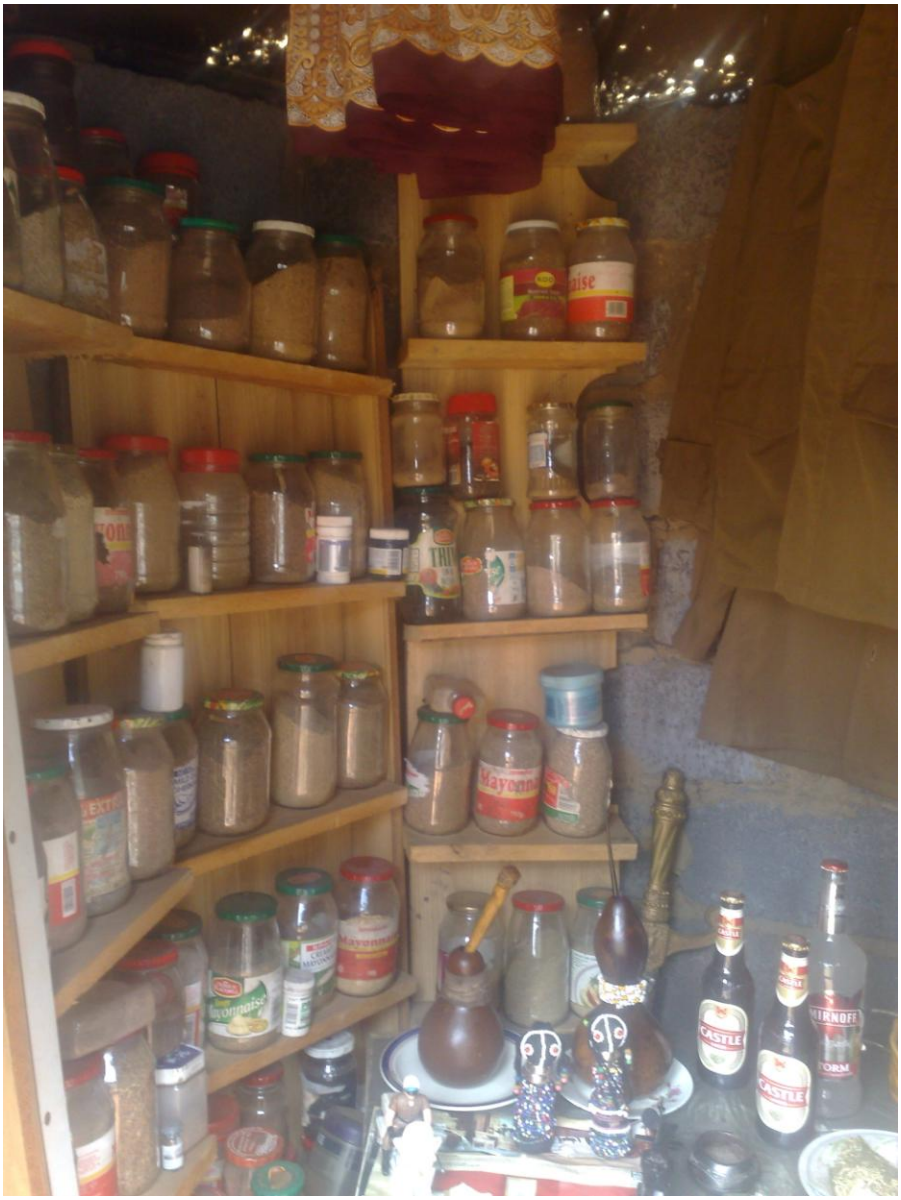
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UNIVERSITY OF LIMPOPO – MEDUNSA CAMPUS

Department Of Family Medicine

Research Protocol

Title: Hypertensive patients attending Alexandra Clinics' reasons for consulting traditional healers.

Researcher: Dr Atileombolo Lotika
28, Gesternte Street
Sunward Park Ext. 2
Boksburg 1459

Supervisor: Dr L.H. Mabuza

Co-supervisor: Mrs. NH Malete

Table of Contents

I. STUDY PROBLEM

Alexandra Clinic, which exists since 1912, is situated in Alexandra Township in the Gauteng Province. This clinic has been kept running for the last seventy-four years with money from donors and the Government. The latter contribution was pitifully inadequate until the political changes of 1994. The people of Alexandra and the surrounding areas have always been grateful for the support of the donors. [1]

Thousands of Alexandrans are living in shacks along the Jukskei River, in precarious and health threatening situations along the river. [1]

Alexandra Township is spreading rapidly. There is extensive building across
the river right up to the N3 freeway. The new houses all provide proper sanitation and clean portable water, which gives hope for the future health of the community. Another factor, which affects the delivery of preventive health care, is that many people move frequently from one address to another. [1]

Alexandra Clinic has taken part in innovative projects and programmes in past years, many of which have been adopted elsewhere in the country so we are happy to be involved in another initiative, which should speed up the rationalization of health delivery in Alexandra. [1]

In January 2000, the researcher joined Alexandra Clinic and he has been observing a number of patients known as hypertensive on treatment non compliant to the medication which is given free of charge, consulting the traditional healers for help. Some of them come to the clinic with complications related to herbal medicine given from traditional healers.

This research seeks to understand the reasons given by patients attending the traditional healers while in Alexandra Clinic; we do have the Chronic Disease Clinic (CDC) with well-established specialized programmes within the department.

II. LITERATURE REVIEW

Many authors have explored the relationship between the Black African and the Traditional Health Care. Chipfakacha in his literature review states that the first contact between a Black African patient and health care service usually takes place in the traditional healing system. [2]

Most of the patients who are discharged from the hospital on home based care usually end up at the traditional healers as relatives seek a second opinion or simply because they disagree with the diagnosis of incurable disease. [3]

Most of the patients hold medical and traditional treatment. [4]

In illness and in the art of healing the pivotal concept is the ancestors. The ancestors and their role in the lives of Black people seem to be a difficult concept for most Western people. They are too "human", and the relationship between the Black people and their ancestors is too personal. The rituals and ceremonies are not primarily to appease and propitiate the supposedly wrathful ancestors, but to learn their wishes, to be guided by their wisdom and to have communion with them.

The clan ancestors have retained many of their human qualities. They can feel the cold, and hunger and thirst; they can feel neglected or happy and well cared for; they can get annoyed, angry and even vengeful. On the whole, however, they are kind mentors, guides and protectors, especially when the customs are kept and regularly performed. If these are neglected they can withdraw their protection and thus expose the individual and family or clan to the evil powers of witches who can cause illness and misfortune. [5]

The ancestors also cause illness, but such illnesses are not "evil". It is said they make a person ill or "prick" his body, causing aches and pains so as to make him aware of the error of his ways and to urge him to make amends. Such illnesses are curable by certain procedures, some rather simple, others prolonged and complicated. The aim of these measures is to restore broken contact with the ancestors and thus improve health and a general feeling of well – being. [5]

Elizabeth Clarke states that traditional healers play a vital role in the health of the majority of people in South Africa. They are deeply interwoven into the fabric of cultural and spiritual life; they are the first practitioners to be consulted in up to 80% of cases (especially in rural areas), and they are present in almost every community, which means that they are easily located in remote areas where other health services are not. [6]

"Doctor, for the time being you must be satisfied with being the last resort in the health problems of the Bantu" (Schimlek, 1950:91). Up to 80% of the patients who come to see the general practitioner have first seen a traditional healer.
Couple this fact with the fact that there are about 200 000 traditional healers (out of the estimated million or more) recognized by the Southern African Traditional Healers Council (SATHC) means that traditional healers are able to exist in such large numbers because the Western health care system is probably unable to satisfy the needs of the people. These patients come to the modern doctor for treatment of illness problems, which are not addressed properly by disease – orientated doctors. Patients wanting to talk, wait in queues for doctors who haven't got the time to listen. [7]

If someone gets ill, this is usually either ascribed to ancestor's activity or to witchcraft, common illnesses, such as colds, being exceptions. In the traditional Xhosa society an ill person can be treated with "home remedies", but if he does not respond he is sooner or later taken to an "*igqira*" for his opinion. [8]
Though many authors have explored the attitudes of Black African seeking first help from traditional healers, this doesn't satisfy the curiosity of the researcher. The patients after been stabilized on treatment still consult the traditional healers. There is a gap in the researcher's knowledge that the study must fill.

III. PURPOSE OF THE STUDY

To understand reasons given by hypertensive patients seen at Alexandra Clinic also seeking help from traditional healers.

IV. OBJECTIVES

1. To determine different circumstances in which patients find themselves seeking for help from the traditional healers.

2. To determine the hypertensive patients' perception of hypertension.

V. RESEARCH QUESTION

What reasons do hypertensive patients give at Alexandra Clinic for consulting traditional healers?

VI. METHODS

It will be a descriptive qualitative study using free attitude interviews for data collection.

Study Population / Sampling.

Among the hypertensive patients attending the Out Patient Department, the researcher will select his sampling using the inclusion criteria which are described below. Purposely source sampling of 8 to 10 patients to be interviewed. The sampling may be increased until saturation.

Once "saturation" is reached, with no new information being uncovered, the sample is believed to be adequate for the study.[9]

Inclusion criteria will be:

- Patients previously attended to by a traditional healer before attending the Out Patient Department
- Patient, male or female at least 14 years for medical treatment and 18 years for surgical treatment
- Patient must reside in Alexandra
- Patient must be mentally stable

Exclusion criteria will be:

Patient not taking traditional medicine concurrently with hypertensive therapy.

Data collection.

All the interviews will be conducted at Alexandra Clinic. The interviews will be audio-taped.

Data will be collected by research assistant (A) who is also fluent in S. Sotho and Zulu.

Exploratory question.

What are your reasons for taking traditional medicine in combination with hypertensive treatment? English version.

Lebaka ke eng le etsang gore udirise ditlhare tsa setho udi tlhakantse le etsa blood pressure? S. Sotho version.

Siyini isizathu esibangela ukuthi usebenzise umuthi wesintu kanye nowe high blood pressure ngesikhathi esisodwa? Zulu version.

Data analysis.

The transcribed and translated scripts will be handed to an independent research assistant to verify the correctness of the translated (English) version of each interview, making cross reference to the audio taped interviews for clarifications. After this process has been completed, the transcribed scripts will be analysed by the researcher using the "cut and paste" method to obtain the themes that emerge from the

interviews. The themes and the supporting quotation from the text will thus form the basis of the write up of the dissertation with the possible development of models to answer the research question.

Validity and reliability.

To improve validity and reliability the following will be done: enough time will be spent on each interview, and the participants will be allowed to exhaust the topic at hand (saturation); open-mindedness will be enhanced through the use of free-attitude interview; various perspectives by the researcher and team will be obtained, and there will be peer briefing during assessment of transcripts (independent helpers), and the findings will be fed back to the individuals for validation; data triangulation, which is obtaining data from a range of sources[11], will be achieved by looking at the information from many perspectives by the researchers, co-workers and supervisor.

Bias.

Since the researcher has his own preconceptions about the attitude and belief of Black African towards diseases, which are mainly related to witchcraft, he has to stick to his own exploratory questions to reduce any "bias in assumption". Bias will also be reduced by discipline (on the researcher's part) to stick to the "Exploratory question". The researcher will only facilitate discussions through reflective summaries and clarifications.

In qualitative research interview the aim is to discover the interviewee's own framework of meanings and the research task is to avoid imposing the researcher's structures and assumptions as far as possible.[10]

Another bias may be introduced by the purposeful selection of the affected individuals," selection bias". However, since this study is to focus on the depth of information, the bias introduced should not play a significant role.

The researcher will reduce the "sampling bias" by having a study population with an equal chance of selection.

The researcher will reduce the "bias of interpretation" by considering every interpretation from the patient without any inference and speculation.

Finally, the researcher will reduce any "interviewer bias" by gathering selective data.

VII. ETHICAL CONSIDERATIONS

- Permission to be sought from the Departmental Research Committee (DRC) of Family Medicine, UNIVERSITY OF LIMPOPO – MEDUNSA CAMPUS.
- Permission to be sought from the Research Ethics and Publicity Committee (REPC) of UNIVERSITY OF LIMPOPO – MEDUNSA CAMPUS.
- Permission to be sought from the Director of Alexandra Clinic
- Clear explanation of purpose of study must be given to each patient
- Written consent to be obtained from each patient

Implementation.

After approval from the DRC, the REPC and the Director of Alexandria Clinic, the study will start.

Proposed plan of action:

- March 2006 : Submission of protocol
- April 2006 : Data collection
- June 2006 : Data analysis

- July 2006 : Write up / Dissertation

VIII. BUDGET.

Stationary	R1000
Travel	R500
Cassette-recorder	R350
Audio-tapes	R50
Photocopy	R200
Binding of dissertation	R1500
Total	R2600

IX. REFERENCES.

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XI. APPENDIX.

CONSENT FORM.

Statement concerning participation in the Research Project.

Name of Research: Hypertensive patients attending Alexandra Clinic's reasons for consulting traditional healers.
I have read the information on the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.
I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on the regular treatment that holds for my condition neither will it influence the care that I receive from my regular doctor.
I know that this study has been approved by the Research, Ethics and Publications Committee of Faculty of Medicine, University of Limpopo (Medunsa Campus). I am fully aware that the results of this result of this study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.
I hereby give consent to participate in this study.

…… ……. …….
Name of patient Signature of patient

…….. …….. ……
Place Date Witness

Statement by the researcher

I provided verbal and/or written information regarding this study.
I agree to answer any future questions concerning the study as best as I am able.
I will adhere to the approved protocol.

…… ……. …… ……..
UNIVERSITY OF LIMPOPO
PO BOX 22
MEDUNSA
0204
Dr Atileombolo Lotika Signature Date Place

UNIVERSITY OF LIMPOPO
Medunsa Campus

RESEARCH, ETHICS & PUBLICATIONS COMMITTEE

FACULTY OF MEDICINE

CLEARANCE CERTIFICATE

P O Medunsa
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0204
SOUTH AFRICA

Tel: 012 - 521 4000
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MEETING: **04/2006** **PROJECT NUMBER: MP 44/2006**

PROJECT: **Title:** Hypertensive patients attending Alexandra clinics' reasons for consulting traditional healers

Researcher: Dr A Lotika
Supervisor: Dr LH Mabuza
Co-supervisor: Mrs NH Malete
Department: Family Medicine & Primary Health Care
Degree: M Med (Fam Med)

DATE CONSIDERED: May 09, 2006

DECISION OF COMMITTEE:

REPC approved the project.

DATE: May 18, 2006

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PROF GA OGUNBANJO
CHAIRMAN (RESEARCH) REPC OF FBM

Note: i)	**Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.**
ii)	**The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**