PERCEPTIONS HELD BY TRADITIONAL HEALTH PRACTITIONERS REGARDING PATIENTS' USE OF TRADITIONAL MENTAL HEALTH SERVICES IN BURGERSFORT, SEKHUKHUNE DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA

by

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DISSERTATION

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DECLARATION

I, Ngwato Lebogang, declare that "**Perceptions held by Traditional Health Practitioners regarding patients' use of Traditional mental health services in Burgersfort, Sekhukhune District, Limpopo Province, South Africa"** is my own original work. Where other people's work has been used (either from a printed documented, internet or any other source), this has been properly acknowledged and referenced in accordance with the University of Limpopo requirements.

It is submitted to the University of Limpopo for the purpose of Master of Arts in Psychology and has not been submitted before by me at this University or any other institution. I have not used work previously produced by another student or any other person to hand in as my own. I have not allowed, and will not allow anyone to copy my work, with the intention of passing it off as his or her own work. I understand what plagiarism is and I am aware of the University's policy in this regard.

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ABSTRACT

Empirical research highlights that black Africans continue to rely on the traditional health care system despite governments failing to regulate the sector. Located within the interpretivist paradigm and using the hermeneutic phenomenological design, the study explored perceptions held by Traditional Health Practitioners (THPs) on the use of their services by mental health patients. The study was undertaken in the Sekhukhune District, Burgersfort area. Participating practitioners were selected using the purposive and snowball sampling strategies. The sample consisted of ten Diviner THPs. Data were collected using semi-structured interviews and analysed through Interpretive Phenomenological Analysis (IPA).

Themes pertaining to the demographic and clinical profiles of patients that are serviced by THPs were generated. Factors that hinder and/or promote the use of traditional health care services by mental health care users also emerged and are presented in line with the Theoretical Domains framework (TDF). Out of the fourteen (14) TDF domains, only eleven were supported by the findings, and these included Domain 2: *Limitations associated with mainstream mental health care services*; Domain 3: *Social/professional role and identity*; Domain 4: *Dishonesty about spiritual healing capabilities and skills*; Domain 7: *Reinforcement*; Domain 8: *Determining individual life direction*; Domain 9: *Use of effective natural medications*; Domain 10: *Memory, attention, and decision processes*; Domain 11: *Environmental context and resources;* Domain 12: *Social influence;* Domain 13: *Emotions*, and (k) Domain 14: *Behavioural regulation*. Service use enabling factors varied from showing great interpersonal skills, low costs of services, efficiency of natural herbs, maintenance of hygiene by healers, and alignment between the healer-patient belief systems. In contrast, service use disabling factors included the perceived rise in spiritual charlatans and the lack of integrity by some THPs, consequently leading to the public's lack of trust in healers and their methods. The findings imply that ethical practice and collaborative efforts between healers are imperatives

for attracting mental health users. Theoretical, interventional, and policy-related implications are suggested.

Keywords: traditional healing / medicine, traditional health practitioners, traditional mental health services, diviner, faith healer, herbalist

LIST OF ABBREVIATIONS

Abbreviation	Definition
IPA	Interpretative Phenomenological Analysis
SADAG	South African Depression and Anxiety Group
TDF	Theoretical Domains Framework
THP(s)	Traditional Health Practitioner(s)
THPA	Traditional Health Practitioners Act
WHO	World Health Organization
WTHP(s)	Western Trained Health Practitioner(s)

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CHAPTER 1: INTRODUCTION

1.1. BACKGROUND OF THE STUDY

Mental illness is a serious health concern that puts considerable strain on a nation's health productivity (World Health Organization [WHO], 2002). In 2014, about one third of the South African population had already been diagnosed with a mental disorder (Gberie, 2017; Tromp et al., 2014), with only about 16% having access to the necessary treatment (Hamdulay, n.d.), while an estimated 75% of those affected had no access to the necessary treatment (Gberie, 2017; Ntseku, 2019; Tromp et al., 2014). Similar to other developing countries, a large treatment gap has been identified in South Africa, while access to professional mental healthcare services is expensive or some medical aids do not cover such services (WHO, 2003). Not only is the cost of mental health treatment a serious problem, but challenges have been reported such as medication being out of stock, shortages in mental health personnel, and patients having to wait in long queues (Nare et al., 2018).

Mothibe and Sibanda (2019) have estimated that about 72% of people of African ancestry continue to rely on traditional healing to meet their physical and mental healthcare needs, as such an approach resonates well with their cultural and spiritual experiences. Moreover, Traditional Health services have long been used in South Africa (Tshehla, 2015) with an estimated 80% of the population still using Traditional services (van-Niekerk et al., 2014). According to Rahayu et al. (2020), choosing a suitable health system is dependent on various factors such as the patients' social and cultural values, and knowledge of traditional medicines. Socio-demographic factors such as age, gender, occupation, education, and domicile also influence one's decision to use traditional services.

The elderly and females are found to have a high likelihood of consulting Traditional Health Practitioners although other conflicting factors such as the level of education, religion, and spiritual beliefs, as well as marital status may further have an influence (Logiel et al., 2021).

Moreover, a study by Asrat et al. (2020) indicated that individuals with low educational background and mothers are the ones who usually utilise traditional services. Ognsola and Egbewale (2018) further revealed that traditional services are usually used by individuals living in poverty.

African mental healthcare users also prefer traditional healing methods, because of the accessibility and affordability of such healers (WHO, 2002). Accessibility of Traditional Health Practitioners (THPs) is one of the most influential factors towards using traditional services as western trained practitioners are usually located in urban areas, and THPs are the primary health care providers in rural areas. Subsequently, the ratio of THPs to the population is more compared to that of western trained practitioners (Logiel et al., 2021). Asrat et al. (2020) further indicated that THPs' services are cost efficient, thus are affordable to many. Factors such as the lack of medical facilities, mainly in rural areas and the inherent trust that people have towards THPs enforces the use of traditional services.

Although traditional healing offers some promise, forces such as colonialism and apartheid contributed over centuries to the high prevalence of mental illness in South Africa (Williams et al., 2008). For instance, the continued marginalisation of Traditional Health Practitioners in South Africa could be traced back to the past apartheid era, which demonised and prohibited their enterprise (Campbell-Hall et al., 2010; McFarlane, 2015). Nemutandani et al. (2016) indicated that there is a lack of existing policies that provide detailed information on the nature of THPs practices and science, therefore prevents THPs to be fully accepted. Traditional healing is regarded as a practice that is unregulated, unscientific and dangerous (Moshabela et al., 2016). Human rights are further found to inhibit the use of traditional services as they regard the practice to be abusive towards patients through exploitation, neglect and maltreatment (Ae-Ngibise et al., 2010; Durojaye, 2018). Additionally, Krah et al. (2018) indicated that some of the barriers towards usage of traditional services include discrimination and lack of understanding of the THPs' scope and the inadequacy of equipment.

Despite efforts by the apartheid government to discourage the existence of Traditional Health Practitioners, the traditional healthcare system continued to grow, with mental healthcare users continuing to rely on the services of THPs for their mental healthcare (Mokgobi, 2012). It is against such background that the study sought to explore perceptions held by Traditional Health Practitioners on patients' use of traditional mental health services in Burgersfort, Sekhukhune District, Limpopo Province, South Africa.

1.2 Research problem

Accessibility of mental health services remains a priority in South Africa and globally. The right to access and enjoyment of physical, and mental health is provisioned globally resulting in global initiatives to raise awareness on mental health and improve the status and health care of mental health users in law and in fact (Schierenbeck et al., 2013). Mental health has been formally acknowledged as a public health priority in South Africa, with legislations and health policies in place to guide service delivery to mental health care users (Kleintjies et al., 2012). Such legislations promote accessibility, quality and adequate services throughout the country including rural areas (The rural mental health campaign, 2015).

Despite such measures, annual cases of mental illness continue to rise unabated. Research reports suggest that many people struggle to access mental healthcare services, especially in under-developed and developing countries (Kopinak, 2015; Mahomoodally, 2013; Uwakwe & Otakpor, 2014). Issues pertaining to accessibility, affordability, the stigma of mental illness, and lack of resources are among other factors that hinder people's access to appropriate mental healthcare services (Schierenbeck et al., 2013; Tristiana et al., 2018; WHO, 2003). The South African Depression and Anxiety Group [SADAG] (2021) advocated for a need to improve access to health care in rural areas within the South African context.

The unaddressed burden of mental illness has been associated with poor health outcomes and a reduced quality of life (Settineri et al., 2014; Stanley et al., 2017). Moreover, the use of traditional medications according to van Rooyen et al. (2015) informally interferes with the efficiency of hospital treatment as the medication offered potentially causes change in drug interaction, hence leading to an increase in relapsed patients. The undocumented clear policy guidelines to collaborate and translate policy into practice for western and traditional services in the country, therefore challenges the government's efforts towards improving access to health care (Mutola et al., 2021; Summerton, 2006). Although this is the case, studies regarding hindrances or enabling factors have been documented.

The WHO has urged governments to act decisively to address some of the barriers to appropriate mental healthcare services, by among others, finding ways to support and promote the safe use of traditional medicine. However, several factors (such as undocumented policy guidelines for practice, lack of knowledge on traditional medications, lack of formal referral systems between the two systems, unscientific and unregulated traditional medications, unregistered THPs in practice, among others) have also been reported to be barriers to the formal recognition, promotion, and patient access to traditional healing services (Abdullahi, 2011; Mokgobi, 2012, 2013; Mothibe & Sibanda, 2019; Nkosi & Sibiya, 2018; Sharad et al., 2011; Street, 2016).

In South Africa, the demographic profiles of traditional healthcare practitioners and the mental cases they treat remain largely under-reported (Semenya & Potgieter, 2014). Additionally, little or no records on the needs of traditional healers have been documented or formally institutionalised. Relevant government strategies to support and regulate traditional medicine are also missing as they are not fully documented or implemented (Maseko, 2020). Furthermore, traditional healthcare practitioners' perspectives regarding the various factors that could be enabling or hindering patient access to their mental healthcare services also remain under-reported (Krah et al., 2018). All of the identified gaps need to be addressed, as

they constitute missed opportunities by the South African Government in the fight against the growing pandemic of mental illness. Particularly, when one considers the growing stress levels caused by the current impact of Covid-19, growing levels of anxiety caused by job losses, poverty, and an insecure future. This study, therefore, sought to address this gap by investigating traditional healers' perspectives regarding the factors that are perceived to be enabling or hindering patient access to traditional mental healthcare services.

1.3 Operational definitions

The following terms are used throughout the study:

- **Traditional Healing / Medicine:** It refers to "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" (Fokunang et al., 2011, p. 284). Furthermore, the Traditional Health Practitioners Act (2007) defines traditional medicine as "an object or substance used in traditional health practice for the diagnosis, treatment or prevention of a physical or mental illness" (s. 1, p. 6).
- **Traditional Health Practitioner:** Section 1 of the *Traditional Health Practitioners Act* (THPA, 2007) defines a traditional health practitioner as a person who is "registered under this Act in one or more of the categories of Traditional Health Practitioners" (p. 6). In this study, it is abbreviated as THP(s).
- **Traditional mental health services:** refers to the use of traditional medicine to prevent, diagnose and treat mental illnesses (Mbwayo et al., 2013). In this study, traditional mental health services carry the same meaning.

1.4 Purpose of the study

1.4.1 Aim of the Study

The study sought to explore perceptions held by Traditional Health Practitioners on patients' use of traditional mental health services in Burgersfort, Sekhukhune District, Limpopo Province, South Africa.

1.4.2 Study Objectives

This study proposed and advanced the following objectives:

- To determine the demographic characteristics of patients utilising the services of Traditional Health Practitioners for mental healthcare.
- To ascertain what factors Traditional Health Practitioners, perceive as enablers for patients to use traditional mental health services.
- To identify factors that Traditional Health Practitioners, perceive as hindrances for patients to access traditional mental health services.

1.5 Outline of the chapters

The study is divided into six chapters. Chapter One highlights the background of the study while also outlining the research aim, objectives, and the problem statement.

Chapter Two reviews the literature relative to the study, it critically discusses the factors that enable and hinder access to traditional healing services. The role of the theory that supports this study is also discussed.

Chapter Three focuses on the methodology adopted for this study. It outlines the process and procedures followed from the research design to the instrument used to collect data, until the

stage of data analysis. The chapter also outlines the ethical considerations relative to doing research with human beings.

Chapter Four presents the results of the study, while Chapter Five deliberates on the findings of the study.

Chapter Six is the final chapter that presents the conclusions, limitations of the present study and recommendations for future research in the area of traditional healing.

CHAPTER 2: LITERATURE REVIEW

The literature reviewed in this study was found to be significant in providing insight on the use of traditional mental health services as perceived by Traditional Health Practitioners. This chapter will offer an insight into empirical studies and theoretical perspectives on the study's topic. In addition, factors that enable and inhibit access to traditional healing services will be critically discussed.

2.1 Traditional Health Practitioners and traditional healing services

The Traditional Health Practitioners Act of 2007 was enacted with the aim to "provide for a regulatory framework to ensure the efficacy, safety and quality of traditional health care services; to provide for the management and control over the registration, training and conduct of practitioners, students and specified categories in the Traditional Health Practitioners' profession; and to provide for matters connected therewith" (Traditional Health Practitioners Act, 2007, p. 2). The Act further ensures compliance with health care norms and registration of THPs (Tshehla, 2015). The Traditional Health Practitioners Act (2007) defines traditional healing, also known as traditional health practice, as the utilisation of traditional medicine and the performance of services by registered Traditional Health Practitioners based on traditional philosophies. The categories of registered Traditional Health Practitioners include "diviners, herbalists, traditional birth attendants, and traditional surgeons" (THPA, 2007, s. 47. (f)(i), p. 42).

Diviners or '*Ngaka ya ditaola'* for the Northern Sotho people*,* diagnose and prescribe medication for an illness (Mokgobi, 2014) through the use of bones and spirit possession (Mothibe & Sibanda, 2019; Ndetei et al., 2013). Mokgobi (2014) explains that traditional birth attendants (*'Babelegiši'*) possess midwifery skills obtained over the years of assisting in child births, while traditional surgeons are responsible for the initiation and circumcision of males.

Another category of Traditional Health Practitioners recognised in the Act are herbalists, who use plants and herbs to heal a wide range of illnesses (Ozioma & Chinwe, 2019).

This study focused on diviners, who offer a more holistic treatment than the other categories of Traditional Health Practitioners. Diviners diagnose, treat, and prevent mental illnesses (THPA, 2007), with majority making use of plants and herbs, thereby referring to all the services required for a holistic healthcare system (Ozioma & Chinwe, 2019). Based on the latter, the study resultantly focused on this category based on their ability to prevent, diagnose and treat mental illnesses through various use of traditional methods.

2.2 Demographic characteristics of patients using traditional mental health services

Several demographic factors have been observed to have an influence on people's use of traditional healing services. Even though South Africa has limited evidence regarding the influence of specific demographics, a study conducted by Sorsdahl et al. (2009) and Zingela et al. (2019) suggested that age, race, education, and employment status influenced the choice of healthcare system. To some extent in South Africa, age, race, gender, marital status, educational status, and employment status all play a role in the choice of a healthcare system (Mokgobi, 2012; Shewamene et al., 2020).

With regard to age, the elderly population is less likely to access mental health services as they deem mental illness as a sign of weakness (de Mendonça Lima & Ivbijaro, 2013), even though they indicate a higher need for mental health services (Robb et al., 2003). Although it has been evident that most old people lack knowledge about psychological services (Robb et al., 2003), there are those who were raised using traditional medicine (Mokgobi, 2012) and they are more likely to seek traditional healing services in comparison to the youth, who mostly prefer professional or biomedical healthcare services because of their Western education (Mokgobi, 2012; Sorsdahl et al., 2009).

A study by Hughes et al. (2013) suggested that women seek traditional healing services more often (due child birth) than men do, thus it is not only related to mental health (Shewamene et al., 2020). However, in some societies women with lower social status and educational levels are less likely to access health services due to gender norms and decision-making powers (Azad et al., 2020). Hughes et al. (2013) further argues that married people are more likely to seek traditional healing services as compared to single people, which can be attributed to the influence by the spouse and family (Shewamene et al., 2020).

In terms of race, black patients were found to be the major group that visits Traditional Health Practitioners, also those who had lower education levels, and those who were unemployed (Sorsdahl et al., 2009; Zingela et al., 2019). As far as education levels are concerned, it has been evident that people who left school after having completed the secondary education level are more likely to make use of traditional healing services than those who received tertiary education (Hughes et al., 2013), because more limited education also limits the patients' knowledge about available diverse healthcare options (Shewamene et al., 2020). Hughes et al. (2013) suggested that people who are unemployed are more likely to make use of traditional healing services than those who are employed, due to the fact that traditional healing services are more affordable and accessible than the conventional professional or biomedical healthcare (Gyasi et al., 2016). Furthermore, unemployed women have also been reported to have limited access to health services due to the inability to secure funds for healthcare costs (Azad et al., 2020).

2.3 Facilitators for and Barriers to accessing Traditional Healing Services

Ouellet et al. (2018) identified several factors that can promote or prevent people from making use of traditional healing services and grouped into five distinct categories: namely, personal, relational, cultural, structural, and policy. Devkota et al. (2021) also identified similar factors

that affect the utilisation of mental health services and grouped them into individual level, interpersonal level, organisational level, community level and policy level. Similarly, Tirintica et al. (2018) also reported on factors that also significantly impact mental illness and these include, socio-cultural factors, systemic factors, economic factors, as well as individual factors. Therefore, whether an individual makes use of traditional healing services or not is part of the interplay of some of the factors that will determine their health-seeking behaviour. These factors are presented and discussed below:

2.4.1 Facilitators for accessing Traditional Health Services

Christianity and traditional beliefs have shaped traditional healing into what it is today (Franklin, 2011), that is, whether a person chooses to consult a Traditional Health Practitioner or a professional healthcare practitioner depends on their spiritual and cultural beliefs or lifestyle (Gyasi et al., 2016; Mkize & Uys, 2004). Lebrón (2013) defines culture as "a set of values and beliefs, or a cluster of learned behaviours that we share with others in a particular society, giving us a sense of belongingness and identity (p. 1). It influences how a group of individuals behave and interact on a daily basis. Hence there are cultural factors that enable patients' access to traditional mental healthcare services.

Additionally, it is evident that people who have been raised in a certain culture and have been exposed to traditional healing almost all of their lives, are most likely to seek Traditional Health Practitioners' services (Gyasi et al., 2016; Ouellet et al., 2018). Majority of the people who seek traditional healing are inclined to rely more on spirituality and tend to believe that unlike modern medicine, traditional healing's approach to healthcare and health is far more holistic (Campbell-Hall et al., 2010; Gyasi et al., 2016), as it addresses issues of the body, spirit, and the soul; and also focuses on the physical, spiritual, and the mental state of the patient (Janse van Rensburg et al., 2014; Kahn & Kelly, 2001).

Furthermore, the kind of treatment people seek is based on their cultural influences, whereby most people who prefer to be treated by Traditional Health Practitioners perceive mental illness as an illness of the spirit or spirit illness (Gyasi et al., 2016; Mokgobi, 2012), either caused by bewitchment or the ancestors. Therefore, afflicted patients are more likely to visit a Traditional Health Practitioner, because they believe the cause of the illness is supernatural (Mbelekani et al., 2017). The harmony between Traditional Health Practitioners and their patients' worldviews, and the conceptualisation of mental health problems, is another reason why patients seek help from Traditional Health Practitioners rather than professional or Biomedical practitioners (Gyasi et al., 2016; Mbelekani et al., 2017).

A person's lived experiences and upbringing may further have an influence on the patient's choice of a healthcare system (Mbelekani et al., 2017). As Atwine et al. (2015) suggested, "people decide whom to consult and when, whether to comply with treatment or change health care service providers using the existing local health care systems" (p. 2). Whether a person accesses traditional healing services or biomedical services, it is a personal choice.

For most people who consult Traditional Health Practitioners, the knowledge and training that a Traditional Health Practitioner has about traditional healing practices is very important, as it contributes to the patient's trust and satisfaction with treatment (Ouellet et al., 2018). Furthermore, previous positive experiences with treatment that patients have had when using traditional healing services also serve as a facilitator, because people who had a satisfactory treatment are more likely to seek traditional healing services again (Gyasi et al., 2016; Mbelekani et al., 2017), as opposed to those with no success stories.

Additionally, the positive affective attitude of Traditional Health Practitioners is also more likely to influence people to make use of traditional healing services (Gyasi et al., 2016). According to Gyasi et al. (2016) and Mbelekani et al. (2017), relational factors take into consideration the importance of influence by one's social networks, specifically their family, friends, the society

they live in and whatever they have been exposed to during their upbringing. It has been evident that, their families, close friends, and the society they live in often influence people who seek and make use of traditional healing services. Most people have been advised by their friends and families about where to seek help (Atwine et al., 2015), hence why seeking traditional healing services for some people is also influenced by testimonials from their family and friends (Mbelekani et al., 2017; Ndetei et al., 2013), therefore, relying on their personal experiences and success stories of traditional healing.

The type of relationship the patient has with the healer, how they relate to each other, taking into consideration the mutual trust, respect, understanding, and language (Gyasi et al., 2016; Ouellet et al., 2018), might also serve as facilitator to seeking traditional healing services. Furthermore, an iterative dialogue and mutual language could also establish a good relationship between the patient and healer (Ouellet et al., 2018) thus encouraging the use of traditional health services.

Structural factors address the availability, accessibility, and affordability of traditional healing services, as well as the effectiveness of traditional medicine (Mbelekani et al., 2017; Ouellet et al., 2018). Traditional health practices are widely dispersed and present across rural areas (Thipanyane et al., 2022), making traditional healing services more accessible to rural people (Mokgobi, 2012; Mothibe & Sibanda, 2019), than biomedical services. The cost of transportation, as well as the lack of proper available transportation are also an issue for some patients (Muhorakeye & Biracyaza, 2021), which makes it difficult for patients to access mental health services from conventional healthcare facilities.

Subsequently, patients end up seeking for help from Traditional Health Practitioners who are near them (Muhorakeye & Biracyaza, 2021). It has been reported that most Traditional Health Practitioners also make home visits, treating the patients in the comfort of their own homes (Ndetei et al., 2013). Hence, many people prefer traditional healing services, because their

care is centred on the patients (Ouellet et al., 2018) and their very individual condition, promoting effective treatment (Mothibe & Sibanda, 2019) through patient-centricity.

Empirical research suggests that Traditional Healthcare Practitioners treat various forms of mental illnesses (Audet et al., 2017; Mbwayo et al., 2013), and that their services have proven to be effective (Audet et al., 2017; Mothibe & Sibanda, 2019). For instance, studies from Asia and Africa have revealed that Traditional Healthcare Practitioners treat mood disorders (Liu et al., 2015; Uwakwe & Otakpor, 2014), psychotic disorders (Ahmed & Azam, 2014; Ndetei et al., 2013), and neurological disorders (Amoateng et al., 2018) by using traditional healing practices. These practices include the administration of herbs (Liu et al., 2015; Mbwayo et al., 2013; Ozioma & Chinwe, 2019).

People who support Traditional Health Practitioners believe that they can effectively treat illnesses (Mothibe & Sibanda, 2019) at an affordable price, better than professional medical treatment through doctors, which they consider to be expensive. The high cost of mental health services and health insurance deters people from accessing conventional mental health services (Muhorakeye & Biracyaza, 2021), therefore making them resort to traditional services.

Furthermore, many people also feel that hospitals are too expensive, and do not provide the appropriate or adequate holistic treatment, which leaves patients unsatisfied, particularly if they do not get well after having been in a hospital (Ndetei et al., 2013). In such cases, the perceived failure of the professional medical system influences people to use traditional healing services instead (Mbelekani et al., 2017; Ouellet et al., 2018), seeking for a holistic approach to healing. Furthermore, most Traditional Health Practitioners are said to be affordable (Gyasi et al., 2016), even allowing patients to pay in instalments or in kind / produce (Mbelekani et al., 2017; Ndetei et al., 2013).

According to Ouellet et al. (2018), policy factors are a combination of cultural, societal, and structural priorities and limitations. It has been reported that, if professional western-trained health practitioners were to have more knowledge of traditional healing methods, this could help to make them appreciate traditional healing, possibly even resulting in cross-referrals of the appropriate cases, which might foster mutual respect and understanding (Ouellet et al., 2018). Furthermore, some authors have stated that, western-trained health practitioners and Traditional Health Practitioners could learn more about and from each other's treatment strategies and teach each other (Jama et al., 2021).

While it does not seem to have happened in any known cases, collaboration between the two healthcare systems could include cross-referrals to enhance the treatment of patients (Jama et al., 2021; Thipanyane et al., 2022) particularly where the patient resides in a rural area, far away from a clinic or doctor's rooms. This could promote patients' access to traditional health services. The lack of proper mental health facilities (Devkota et al., 2021) and the insufficient number of western trained mental health practitioners make it difficult for patients to access and make use of biomedical mental health services (Muhorakeye & Biracyaza, 2021), thus making use of traditional healing services which are easily accessible to them (Mokgobi, 2012; Mothibe & Sibanda, 2019).

2.4.2 Barriers to accessing traditional healing services

Not everyone openly seeks traditional healing services. Individuals who hold a personal attitude against traditional healing, or who may lack knowledge about traditional medicine might not seek traditional healing services (Ouellet et al., 2018). Some users of traditional healing services are forced to consult with Traditional Health Practitioners in secrecy, because of the stigma attached to traditional healing (Abdullahi, 2011; Nene, 2014) and the stigma attached to mental illness. Devkota et al. (2021) reported that people with mental illnesses

often hide the illness because they fear society, and it becomes a barrier to accessing mental health services, which often results in a delay in receiving mental health care (Muhorakeye & Biracyaza, 2021) or completely refusing mental health care.

Stigma has been identified by Muhorakeye and Biracyaza (2021) as one of the leading barriers to perceiving mental health services in general. As defined by Goffman (1963), stigma is the use of negative attributes and stereotypes to discredit and devalue an individual. A study conducted by Muhorakeye and Biracyaza (2021) reported that, people indicated to have experienced social stigma related to mental illness and they have self-stigmatised as well (Del Casale et al., 2013), and they often deny having a mental illness because of how the society views mental illness (Devkota et al., 2021).

Members of the community often perceive mental disorders as caused by spirits (Gyasi et al., 2016; Mokgobi, 2012), therefore, perceive people with mental illness as being possessed by evil spirits (Muhorakeye & Biracyaza, 2021). The society has a negative attitude towards mental illness, resulting in shaming, labelling and social exclusion of people with mental illness (Muhorakeye & Biracyaza, 2021), which often results in them struggling to make meaningful interpersonal relationships. It has been reported that, some people with mental illness refuse to access mental health services due to social stigma, which often results in delayed treatment of mental conditions (Muhorakeye & Biracyaza, 2021), in fear of being the gossip of the community.

Moreover, stigma could also lead to an increased risk of suicide by people with mental illness, in attempt to escape the discrimination and the labelling (Del Casale et al., 2013). A key factor influencing stigma has been identified as the lack of mental health education and awareness, therefore, awareness campaigns and psychoeducation about mental health could reduce the level of stigma shown towards people with mental illness (Del Casale et al., 2013). Further

leading to a decrease in untreated mental illnesses, and promoting early detection and treatment of mental illnesses (Del Casale et al., 2013).

As much as a person's cultural beliefs and upbringing might motivate them into seeking traditional healing services, for others it can serve as a barrier to accessing traditional healing services. Therefore, someone who does not believe in ancestors might refrain from seeing a Traditional Health Practitioner, as Traditional Health Practitioners' state that they appease and communicate with ancestors, usually through the slaughtering of an animal (Mokgobi, 2012). For some people, traditional healing is also considered unsafe and unhygienic (Mokgobi, 2012), taking into account the processes and practices involved in traditional healing. Their traditional methods and practices might prevent some people from seeking advice or healing from alternative healers, homeopaths, or Traditional Health Practitioners (Ouellet et al., 2018). Some people are just afraid of trying something new such as consulting a Traditional Health Practitioner as opposed to approaching conventional professional Western-trained Health Practitioners (Ouellet et al., 2018).

Subsequently, Ouellet et al. (2018) indicated that some social networks principal negative reactions and inhibit some people to make use of traditional healing services. The negative connotation of traditional healing being seen as outdated, ineffective, and non-scientific might also serve as a barrier to seeking traditional healing services. People who do not believe in traditional healing tend to try and influence others into believing that traditional healing is ineffective and unsafe (Ouellet et al., 2018). Moreover, professional Western-trained Health Practitioners who do not possess an in-depth knowledge of traditional healing are more likely to advise patients against the use of alternative or traditional healing services (Lampiao et al., 2019; Mokgobi, 2017).

Another barrier that inhibits patients from seeking traditional healing services has been found to be the fact that some people still associate traditional healing with witchcraft or sorcery

(Nene, 2014), and that some Traditional Health Practitioners fake having healing powers (Abdullahi, 2011; Muhorakeye & Biracyaza, 2021; Nene, 2014), and have turned traditional healing into a lucrative business, thus charging patients large sums for their services. This deters people from using traditional healing services.

Consequently, traditional healing services make frequent use of herbal medicines (Gyasi et al., 2016); therefore, the seasonal unavailability of certain plants or herbs can affect their services (Ouellet et al., 2018), which would then create a barrier to patients seeking the Traditional Health Practitioners' services. Some plant species used for treatment are available throughout the year, while others are dependent on the season (Ncube et al., 2011). Another barrier that inhibits patients from seeking traditional healing services is the notion that traditional healing methods are unsafe and unhygienic (Mokgobi, 2014), because they do not use sterile equipment or refrigeration. For example, healing methods such as "cupping / blood-letting" (Mokgobi, 2014, p. 2) are considered unhygienic practices that can promote the easy transmission of blood-borne diseases.

Just as some people consider traditional healing services as affordable, there are some who had to pay large sums of money, mainly because there are no standard costs for treatments rendered by Traditional Health Practitioners (Muhorakeye & Biracyaza, 2021). Rather, the cost of treatment or traditional healing services rendered is often discussed between the patient and the traditional health practitioner, depending on the illness presented, the kind of treatment offered, as well as the duration of the treatment (Muhorakeye & Biracyaza, 2021). This could serve as a barrier that inhibits patients from seeking traditional health services.

Another identified barrier was the lack of knowledge or a comprehensive understanding of traditional healing by Western-trained practitioners. A study by Mokgobi (2014) investigated Western-trained healthcare practitioners' knowledge of traditional healing and it was reported as poor. Majority of Western-trained healthcare practitioners had little knowledge and

understanding about what traditional healing entailed, this could serve as a hindrance (Mothibe & Sibanda, 2019) in the referral of patients to Traditional Health Practitioners, especially for patients who would benefit from traditional healing services (Mokgobi, 2017).

The perception that traditional healing is unsafe, because of the lack of scientific evidence for safety, efficacy, and quality standards (Sharad et al., 2011), however, serves as a barrier for many people seeking help from Traditional Health Practitioners. This might also be why professional health practitioners do not refer patients to Traditional Health Practitioners (Ouellet et al., 2018), evidently, some Biomedical health practitioners do not approve of traditional healing (Lampiao et al., 2019). Another barrier that inhibits patients from accessing traditional healing services is the absence of legislation and accreditation for the practice of traditional medicine (Ouellet et al., 2018), as well as the limited evidence ascertaining the safety of traditional medicine on humans. It makes people sceptical about traditional healing services, denying many people a chance to choose less costly and more accessible services (Mahomoodally, 2013).

2.5 The role of theory in the study

The researcher adopted the Theoretical Domains Framework (TDF) as the lens to guide the study. TDF was developed in 2005 by a group of health psychologists, health psychology theorists and researchers in the health services (Michie et al., 2005) in an effort to explain behaviour, and behaviour change. The TDF was refined in 2012 by Cane et al., who suggested that this theoretical lens can serve as a useful approach in laying the foundation for theoretically “informed interventions to improve implementation and bring about behaviour change” (p. 15). TDF is an important method when trying to gain an understanding of behaviour change by addressing cognitive, affective, social, and environmental factors that have an impact on behaviour (Atkins et al., 2017). Therefore, the researcher considered TDF to be a suitable framework for this study, as the study aimed at getting an understanding of

the Traditional Health Practitioners' perceptions of the factors that facilitate or hinder patients' access to traditional mental health services.

2.6 Concluding remarks

This chapter robustly discussed what traditional healing services entails, as well as the different categories of Traditional Health Practitioners. Five distinct categories were also identified as factors that either facilitate or inhibit patients' access to traditional healing services, and they are all interrelated. The literature also indicated how a person's spiritual and cultural beliefs, as well as their personal attitude have an influence on the type of healthcare system they seek. Furthermore, how their lived experiences, upbringing and their social networks have an influence on whether they seek traditional healing services or biomedical healthcare services was also discussed. Others factors that influence people's choice of healthcare system included the availability, accessibility and affordability of the mental health services offered.

The literature also indicated how stigma is the leading barrier to patients accessing mental health services, whether traditional or biomedical health services. Both the effects of societal stigma and self-stigmatisation were deeply discussed, including the need for psychoeducation and awareness of mental health to help lessen the level of stigma in communities. This chapter also highlighted the theoretical framework that was adopted as a guidance to better understand what Traditional Health Practitioners perceive as factors that facilitate or hinder patients' access to traditional mental health services. The next chapter will discuss the research methodology of the study.

CHAPTER 3: RESEARCH METHODOLOGY

This chapter interrogates the methodology adopted by the researcher. Aspects such as, the research paradigm and epistemology informing the choice of study methods will be addressed. Other important considerations are participant sampling including data-collection procedures. Quality criteria and ethical aspects of the study are dealt with towards the end of this chapter.

3.1 Study Paradigm and methodology: Interpretivists qualitative research

A Phenomenological qualitative research design was adopted. Phenomenological studies take interest in people's lived experiences within the world" (Neubauer et al., 2019); that is, such studies explore the complexity of lived experiences from the participants' point of view (Qutoshi, 2018). This approach was therefore ideal for the exploration, analysis, and understanding of Traditional Health Practitioners' lifeworld regarding the use of traditional mental health services (Tuffour, 2017).

The interpretivist paradigm or philosophy serves as the foundation for phenomenological studies. Thus, prior to executing their studies, qualitative phenomenological researchers must have a solid understanding of the philosophy. According to Chowdhury (2014), interpretivism "emphasise the meaningful nature of people's character and participation in social and cultural life". Interpretive methods develop an understanding and comprehension of behaviour, describe actions from a participant's perception and does not overlook participants (Scotland, 2012). Knowledge is constructed by humans through subjective meanings assigned to their experiences of and in the world (Hiller, 2016). This philosophy enabled the researcher to gain an in-depth understanding on the users' use of traditional mental health services from service providers' perspectives.

Contrary to positivism which relates to what is generally given and places its focus on pure data and facts without the influence of interpretations; interpretivism is more focused on depth variable and factors relating to context and individual differences such as cultures, circumstances and times leading to development of various social realities. It seeks to understand meanings through direct phenomenon and experiences (Alharahsheh & Pius, 2020). It rejects objective observations of research but rather promotes subjective observation through direct experiences of the people. The role of interpretivist research is to understand, explain and demystify social reality based on views of different people (Mack, 2010).

Interpretivism focuses on how the researcher addresses the interaction between individuals in the social context they live in, to understand and make sense of how they experience and make meaning about the world (Creswell, 2012; Wahyuni, 2012). It holds the notion that reality is socially constructed (Kivunja & Kuyini, 2017). According to Scotland (2012), interpretative epistemology is subjective in nature based on real world occurrences and hold the assumption that the world exists dependently of human knowledge about it. Subjectivist epistemology allows the researcher to form meanings of data collected through cognitive processing of data informed by communications and engagement with participants (Kivunja & Kuyini, 2017).

Interpretivists adapt a relativist ontology whereby a particular singularity may have numerous interpretation (Lan, 2018), thus the researcher explored and made meaning of realities within traditional mental health services through interactions with Traditional Health Practitioners. In an interpretivist paradigm, relativism views reality as being subjective thus varying from one individual to another (Scotland, 2012). Therefore, when one views reality through the interpretivist paradigm, a qualitative methodology becomes the best tool for conducting research.

According to Nieuwenhuis (2007) and Ugwu and Eze Val (2023), a qualitative study seeks to collect rich descriptive data in respect of a particular phenomenon or context with the intention of developing an understanding of what is being observed or studied. Cropley (2022) further clarified by stating that, the use of a qualitative approach enables academics to learn about how individuals construct the world by allowing them to express how they see it. This suggests that qualitative research, unlike quantitative research, places at the centre how human beings perceive, experience, and make meaning of the world around them (Flick, 2013). Analytically, this sort of research approach examines and comprehends the various interpretations that individuals or groups give to various human or societal realities (Bricki & Green, 2007; Ugwu & Eze Val, 2023). The hermeneutic phenomenological design served as a guide for a more nuanced qualitative investigation of Traditional Health Practitioners' life experiences.

3.2 Study design: Hermeneutic phenomenological epistemology

According to Cropley (2022), there are six fundamental dimensions used to examine empirical parts of any research project and such include design, setting, data collection procedure, kind of data, kind of analysis and strategies for generalising findings. He further reported that, there is a correlation among all the fundamental dimensions, that is, the research design guides the setting; the procedures followed during data collection and the instruments used; as well as the kind of analysis adopted for the research (Cropley, 2022). The study thus followed hermeneutic phenomenology design. This type of design is essential by allowing the researcher to make meaning of the participants' sense making (Tuffour, 2017)

Hermeneutics refers to the study meaning and interpretation in historical texts (Mack, 2010). Phenomenology advocates for consideration of human subjective interpretations and views of their world. A Hermeneutics phenomenological epistemology therefore holds the notion that, knowledge is acquired through methods that value variance between people and objects of natural sciences, and thus require grasping subjective meanings assigned to social action

(Mack, 2010). It allows the researcher to interpret and understand the world through direct phenomenon experience (Alharasheh & Pius, 2020). Hermeneutic phenomenology comes from the writing of Martin Herdegger (1889 – 1976) who is a disciple of Husserl (Kafle, 2011). It rejects the idea of suspending personal opinions and then turning on interpretive narrative to descriptions. It is based on acquiring the objective nature of aspects through subjective experiences of individuals. It attempts to unveil the world as experienced by the subject through their life world stories. It believes in interpretations based on subjective experiences (Kafle, 2011).

Descriptive phenomenology (Husserl's phenomenology) states that personal assumptions may be set aside when deriving, understanding or description of a specific phenomenon, whereas Hermeneutic phenomenology make use of historical background in interpreting and understanding live experiences (Cal & Tehmarn, 2016). According to Lopez and Willis (2004), Hermeneutic phenomenology differ from descriptive phenomenology in that the interpretive approach does not negate the use of a theoretical orientation or conceptual framework as a component of inquiry. A theory is not used formally to generate hypothesis to be tested, but rather can be used to focus the inquiry where research is needed and is used to make decisions about samples, subjects, and research questions to be addressed. Heidegger indicated that, "understanding assumes an essential element of presumptions and interpretations" (Tuffour, 2017, p. 4).

The design was employed in this study to acquire reports through interviews with Traditional Health Practitioners in Burgersfort, Sekhukhune District to understand various meanings assigned to patient's use of traditional mental health services. Moreover, the design was considered appropriate for the study because the aim of the study was to explore what Traditional Health Practitioners perceive and understand as facilitators and barriers that influence patients' use of traditional mental healthcare services. An understanding of which factors enable and inhibit patients to access traditional healing services was derived from the

meanings attached to Traditional Health Practitioners' personal and lived experiences. Moreover, there are no known studies that sought to explore this phenomenon in the Sekhukhune district. The researcher then proceeded to design the study in accordance with this full understanding of the philosophy guiding qualitative studies, including the attitude towards knowledge generation.

3.3 Study setting and population

As guided by the study design, the study was conducted in real-life setting, that is, the study was conducted in Fetakgomo Tubatse local municipality in Burgersfort, Sekhukhune District Limpopo Province, an area situated near the borderline of Limpopo province and Mpumalanga province. Most of the communities in this area are rural with few falling under semi-urban setting. It is well known for its rich platinum and platinum group metals, with mining as its biggest contributor to the economy (SEKHUKHUNE DISTRICT DRAFT DEVELOPMENT PLAN, 2020-2021). It is one of the highly populated areas in the Sekhukhune district. Evidently, the 2018 population for Sekhukhune district indicted that its population is dominated highly by black Africans, followed by Whites, and the minority being Coloureds, Indians and others (SEKHUKHUNE DISTRICT DRAFT DEVELOPMENT PLAN, 2020-2021; Statistics South Africa, 2011). Sepedi is the most common language followed by Afrikaans and English (Statistics South Africa, 2011). The area is found to have the lowest number of people in poverty in comparison to other municipality within the district (SEKHUKHUNE DISTRICT DRAFT DEVELOPMENT PLAN, 2020-2021), although there are high unemployment rates as its rich minerals attract people from other rural areas in search of work. The area is dominated by youth between the ages of 25-29 years with high percentage of males than females (Statistics South Africa, 2011). Although not well documented, there is an estimated 2000 traditional healers in South Africa who are mainly based in rural villages (Molebatsi et al., 2020). Inopportunely, Sekhukhune's contributing percentage has not been documented. Nonetheless, Sekhukhune is densified by rural areas near to each other, therefore, accessing

Traditional Health Practitioners for this study in essence would be easier for as long as the referral system did not fail.

In this community, the studied population was Traditional healers and in particular, Diviners. Diviners are traditional practitioners that rely on the use of bones and African beliefs to diagnose and treat illnesses. Diviners rely on ancestral guidance and serve as mediums between the living and their ancestors. They differ from other practitioners as diviners are able to convey ancestral demands and their calling descends from ancestors. They have the powers to identify origins and define illnesses and prescribe an appropriate traditional medication through spiritual pathways (Semenya & Potgieter, 2014). This sample was selected because they are most likely to produce data that is essential for the study due to the nature of their expertise in the field of study.

3.4 Sampling strategy and procedure

The purposive and snowball sampling techniques were used to identify potential study participants. Non-random sampling methods are those strategies which do not seek to generalise study findings to a population but rather to gain insight into individuals and events, as well as phenomenon (Omona, 2013). With this understanding, sampling was initiated by purposefully identifying known diviners in the community who possessed characteristics befitting to the study. Purposive sampling involves selecting participants because they have the potential to produce useful data in relation to the phenomenon studied (Bricki & Green, 2007; Etikan et al., 2016). Subsequently, snowballing involved participants who were initially approached referring the researcher to other Diviners who were willing to be interviewed and share their lived experiences regarding the study purpose (Etikan et al., 2016; Nieuwenhuis, 2007).

For the study, twelve Traditional Health Practitioners (male = 7; female = 3) who all reside in Burgersfort, Sekhukhune District, Limpopo Province were sampled for participation. Permission was sought from the local tribal authority before interviews could be conducted. Unlike most tribal authorities that regularly have gatherings with all community members and the councilmen, Burgersfort tribal authorities rarely have such gatherings. Permission was principally to make the councilmen aware of the study and the intended engagements with Traditional Health Practitioners within the area. Most participants were not aware of the study until upon referral by their fellow Traditional Health Practitioners.

The criteria considered when selecting the participants was based on the researcher first approaching a Traditional Health Practitioner, particularly a Diviner, known to be treating mental illness in Burgersfort, the Sekhukhune District, Limpopo Province. The identified Traditional Health Practitioner was then requested to help identify and direct the researcher to other Traditional Health Practitioners who are known to treat mental illnesses in the same area or surrounding areas. The Traditional Health Practitioners referred their fellow colleagues to the researcher until a point of saturation was reached as recommended by Marshall et al. (2013).

3.5 Data Collection methods and process

According to Sutton and Austin (2015), data collection is a process of generating large amounts of data which involves taking notes, and also making use of audio or video recordings during interviews or focus groups, which will later be transcribed verbatim before being analysed. For this study, semi-structured interviews were used for the purpose of data collection (see Appendix 1a for the interview guide – English version, and Appendix 1b for the interview guide – Sepedi version). Semi-structured interviews allowed the interviewer to follow up questions with in-depth probing, clarifying the answers through open-ended questions that promoted discussion and freedom of expression by the participants (Nieuwenhuis, 2007). For

rich data, qualitative interviews were conducted in Sepedi, which is the official language commonly spoken by Sekhukhune district residents. Even though Sepedi was the primary language used by most of the participants, some were comfortable responding in English to some of the questions; a strategy which allowed maximum flexibility to enrich data collected. The interview questions were developed in English and then translated to Sepedi, a language that is commonly used by the participants.

The Diviner approached initially was recommended to the researcher. The researcher first called the participants to familiarise themselves with the participants and scheduled face to face interviews based on availability of the participants. On the day of interviews, the researcher visited the participants at their place of practice where the interviews were conducted. Before the interview could resume, the researcher introduced themselves and further had a social conversation with the participant whilst seeking permission to record the interview using a voice recorder. The participant was very welcoming and keen to share his knowledge on the research questions presented. The aim of the study was robustly explained to the participants by the researcher, after which consent to partake in the study was also requested from the participant. Voluntary participation was assured by the researcher, as well as the option for participant to withdraw from the interview at any point they felt like it.

The duration of the interviews with each participant was between 30 minutes to 60 minutes, with the researcher using the adopted interview guide to ask the participants questions in either Sepedi or English (depending on the participant's language of preference). When giving responses, the participant further used their preferred language. Interviews that were conducted in Sepedi were later translated into English and all English responses were transcribed verbatim by the researcher, as the researcher has a deep understanding of both Sepedi and English. The researcher concluded interviews by seeking referrals and contacts of other experts in the same field from the participant.

3.6 Data analysis

The process of data analysis followed after data collected was transcribed. Interpretative Phenomenological Analysis (IPA) was therefore employed to generate meaning from the collected data. IPA "aims at giving evidence of the participants' making sense of phenomena under investigation and, at the same time, document the researcher's sense-making" (Pietkiewicz & Smith, 2014, p. 11). The hermeneutic phenomenological design differs from the descriptive type due to its dual-meaning creation or interpretive process (Tuffour, 2017). Performing IPA then demands that the analysts first, inspect closely how participants make sense of life experience, and then, provide a thorough interpretation of the story in order to comprehend the experience (Smith et al., 2009). Several guidelines have been proposed to help researchers perform IPA, however, they are not prescriptive. In the same vein, the researcher in this study while guided by the guidelines aimed at being creative and flexible to help address the research objectives (Pietkiewicz & Smith, 2014). Analysis of the transcribed data unfolded according to the following steps as suggested by Pietkiewicz & Smith (2014):

Step 1: Multiple reading and making notes

For this stage, the researcher played a central role in the analysis of the participant's responses. A developed understanding of the phenomenon through informed questions and/or probing of text was fostered. The researcher re-played the recordings of the interviews conducted with the Traditional Health Practitioners to ensure that everything has been captured exactly how it was said and without losing the actual meaning. The data transcripts were also repeatedly read through for new insights and compared to the notes made about the whole interview experience and overall observations. Furthermore, the researcher drafted ideas on the views shared by Traditional Health Practitioners and questioned their in-depth meaning in relation to study objectives.

Step 2: Transforming notes into emergent themes

The researcher spontaneously probed the surface meanings by reading in between the lines for deeper interpretation. Through dual interpretation, the researcher made sense of the viewpoints shared by THPs following their own experiences and elaborations thus identifying emerging themes aligned to the study. The notes made during the interviews, and the notes made after listening to the recordings and reading the transcripts were used to identify similarities in the meanings THPs assigned to their perspectives. The researcher extracted data from the detailed notes deemed meaningful and transformed them into emerging themes. Similar views as shared by the THPs were thus identified and selected as themes and clustered together.

Step 3: Writing up a narrative account of the study

The researcher explains and interprets meanings of the participants whilst writing up. They reflect on their encounter with participants and the shared knowledge and experiences of the THPs. The researcher makes meaning by interpreting participants' own experiences, and sense-making by interpreting the participants' account. The researcher took all the identified themes and wrote them one by one in a tabular format. Each theme was properly defined, and extracts from the interview transcripts were used as examples to support each theme. An interpretative comment was made by the researcher for each example provided as support for a theme. The researcher used the most descriptive wording to name the themes.

Interpretative Phenomenological Analysis made it possible for the researcher to identify and define the meaningful themes that are in accordance with objectives of the study. The chapter that follows will outline the research findings and the themes that emerged.

3.7 Quality criteria

3.7.1 Credibility

This refers to how believable the study findings will be. It is the degree to which the research represents the actual meaning of the answers given by the research participants (Moon et al., 2016). In this study, the researcher audio-recorded all interviews, making use of semi-structured interviews. The researcher also noted any observations made during the interviews to get in-depth information and validate the information the participants shared. The interpretation of the gathered data and the conclusions were shared with the participants upon completion of the data analysis, to allow them to correct possible errors in interpretation and provide additional information.

Interpretive phenomenological analysis was further used to analyse the data. Assimilation of transcripts and audio records was conducted to check for congruence. Moreover, the sample that was used consisted of experts in traditional mental health care and from various areas within the area of study, and data was collected using semi-structured individual interviews. Upon commencement of the study, the participants were made aware of their voluntary participation, anonymity and right to withdraw from participation at any given time, therefore ensuring that the participant is free thus establishing a mutual agreement with the researcher and enforcing their relationship.

Moreover, a mutual relationship was established by the researcher introducing themselves and the study formally and in detail to the participants. Through triangulation with the participants, literature and the methods of data collection, the researcher was further able to ensure credibility. Non-probability, purposive and snowball sampling were used to ensure that the researcher gather data from experts that will provide rich data. Hermeneutic phenomenology was adopted to allow the researcher to grasp subjective meanings assigned to social action and interpret the world through direct testimonies thus ensuring credibility.

3.7.2 Transferability

"Transferability parallels external validity and generalisability" (Bitsch, 2005, p. 85). Lincoln and Guba (1985) stated that transferability is a type of external validity, and it refers to the degree in which findings in one study are useful to theory, practice, and future research. "It is the degree to which the results of qualitative research could be useful in other contexts with other respondents" (Anney, 2014, p. 277), explaining how well the study findings align with those of other studies on the same topic. The methodology and analysis of the study will ensure that the study can be clearly related (transferred) to the original theory (Moon et al., 2016).

In this study, the researcher evidenced that the study's findings could be applicable to other studies by providing a detailed description of their experiences during the course of the study, taking into consideration the demographics of the participants, the methods used, and the research setting, among others.

To achieve transferability, the researcher gathered direct testimonies from Traditional Health Practitioners who provided rich description of the phenomenon under study based on their experiences. The participants were referrals from other experts within the traditional health care practice. The researcher further provided a detailed sample size as envisaged and the number of participants that took part in the study to reach saturation. Correspondently, reaching a point of saturation thus ensures data produces enough information to answer research questions and allows the study findings to be transferred to other Traditional Health Practitioners in similar settings. An interpretivist paradigm was adopted in the study and coupled with interpretive phenomenological analysis to allow the researcher to develop an in-depth understanding and meaningful nature of people, therefore ensuring transferability of the data. Data was collected in a real-life setting within the practitioners' working environment to

allow the researcher to gather subjective observations and reflections and allow the participant to feel free and open to the study. Moreover, a thick description of the methodology was provided to ensure that the study findings can be applied in other context.

3.7.3 Dependability

Dependability refers to “the stability of findings over time” (Bitsch, 2005, p. 86). Dependability refers to the consistency and reliability of the research findings, the extent to which research procedures are documented, and that others can follow and critique the research process (Moon et al, 2016). In this study, the researcher examined every step of the study, providing detailed coverage, and also reduced any potential bias. The findings were verified for consistency with the raw collected data to rule out any inaccuracy to ensure that the research findings would be the same should the study be repeated (Bitsch, 2005). The researcher was guided by pre-determined questions during interviews with the participants and further probed the participants to ensure that they gather in-depth meaning of the answers.

The researcher was further guided by formally accepted methods of data collection and analysis, with the study design guided by officially accepted study designs. The researcher first introduced themselves to the participants and familiarised themselves with the participants whilst ensuring that participants knew and understood their ethical rights before continuing with the interviews. Dependability was further ensured by attaching documentation of the study to allow other researchers to perform an audit-trail. A detail description of the research methods is outlined to allow readers to determine the reliability of the data. The researcher further included a trail of quotes in the findings to ensure dependability. Through purposive sampling the researcher was able to select participants from various categories of traditional professions thus diversifying viewpoints and ensuring dependability.

3.7.4 Confirmability

"To achieve confirmability, researchers must demonstrate that the results are clearly linked to the conclusions in a way that can be followed and, as a process, replicated" (Moon et al., 2016, p. 2). Bitsch (2005) stated that "confirmability deals with the issue of bias and prejudices of the researcher" (p. 87). In this study, the researcher ensured that the findings are not in any way influenced by the researcher's background or position but are purely shaped by the participants. Furthermore, the researcher obtained recordings during the interviews and employed officially accepted methods of data analysis to analyse the data collected. They provided a detailed methodology of the study to allow an observer to determine the accuracy of the data and constructs emerging from it.

During analysis the researcher further used only what was said by the participants without interfering or manipulating the data. A detailed indication of the interpretative epistemology and relativist ontology applied in the study is outlined to ensure conformability. IPA was further included with the refined step by step procedure that the researcher followed to determine conformability of the study. Moreover, the researcher provided a well detailed theoretical perspective and literature relating to study findings and detailed how they shaped the study. The researcher further used a reflective journal and transcribed data to check for conformability.

3.8 Ethical considerations

3.8.1 Permission to conduct the study

Before the study could be implemented, ethical clearance was obtained by the researcher from the University of Limpopo, Turfloop Research Ethics Committee (TREC) (see Appendix 5). Furthermore, permission to access the participants in the Burgersfort community was sought from the local tribal authority (see Appendix 4a– English version, and Appendix 4b – Sepedi version).

3.8.2 Informed consent

Informed consent in research suggests that a participant voluntarily agrees to take part in a research project after having been informed of the procedures and potential risks, if any, that are likely to unfold (Bugler, 2002). The researcher informed participants that participation in the study is voluntary, and participants were allowed to discontinue the interview process whenever they wanted to without any penalty. The researcher also explained the aim, objectives, and the nature of the study to the participants. Subsequently, only participants who agreed to participate in the interviews signed the relevant informed consent forms (see Appendix 2a & 3a– English version, and Appendix 2b & 3b– Sepedi version).

3.8.3 Voluntary participation

The researcher informed the participants that taking part in the study was according to their own free will, and that they were not forced to participate. All participants were informed that they could withdraw from the study at any time should they have felt uncomfortable participating in the study. Fortunately, all participants who were identified agreed to participate in the study until completion.

3.8.4 Benefits, risks and avoidance of harm

According to Barrow et al. (2020), participants have the right not to be harmed. Accordingly, the researcher ensured the safety of all the participants by minimising the potential risk of harm, discomfort, and exploitation (Barrow et al., 2020). Furthermore, the researcher ensured that risk was minimised, and harm always avoided in the study. Fortunately, the participants did not experience any psychological distress during the study, as identified by the researcher.

3.8.5 Respect and dignity

It is a researcher's responsibility to avoid any unfair, prejudiced, or discriminatory practice at all times (British Psychological Society, 2014). The researcher must show respect for the participants' human dignity and privacy. In this study, as suggested by Kinnear et al. (2014), the researcher addressed participants in a respectful manner, acknowledged participants, and communicated with participants in an appropriate and polite manner regardless of their age.

3.8.6 Confidentiality, privacy, and anonymity

The researcher ensured that the ethical issues of confidentiality, privacy and anonymity were maintained throughout the research process. For instance, no participant's identity was linked to any response or discussed with anyone (British Psychological Society, 2014). For this study, the researcher observed these key ethical issues by respecting the privacy of participants and protecting their confidential information. Furthermore, the researcher ensured that the participants' names were not mentioned or disclosed, and any information given by the participants was kept private. Anonymity is also assured in that no personal details of participants are used in the document. In the results section, where illustrative material is used, pseudo names are used.

3.8.7 Data protection and management

It is the management of data from the moment of collection, through storage until disposal. The researcher in this study used pseudonyms to maintain the anonymity of personal data (European Commission, 2021) as well as the identity of the participants. Furthermore, password protected storage devices and platforms (European Commission, 2021) are used for storing hard data (such as field notes, consent forms and audio files). Equally important, transcribed data is secured and saved in an encrypted computer folder. The encryption password to the folder will only be shared with the supervisor. Access to the data is restricted, therefore, any requests for the hard data has to be evaluated first and authorised by the researcher in consultation with the supervisor. Data destruction will be considered after a 5-year period.

3.9 Concluding remarks

This chapter discussed in detail the methodology adopted for this study, from the interpretivist nature of the study, to the setting and sampling of the participants, to the type of data collection methods and instruments used up until the steps employed for data analysis. This study is qualitative in nature, therefore, all the methods employed in this chapter are interrelated.

The researcher makes use of voice recorder to capture data for analysis, therefore, there are ethical matters that have to be considered in order for that to be achieved. These addresses obtaining consent from participants, ensuring confidentiality and maintaining anonymity. Other ethical matters are also addressed that often arise when conducting research that concerns human beings.

This chapter also discussed how the quality and reliability of this study can be measured and increased. The next chapter will discuss the research findings of the study.

CHAPTER 4: RESEARCH FINDINGS

This chapter presents the study results. Firstly, the results will focus on the participants' demographic information. Subsequently, the findings will outline the demographic and clinical profiles of patients consulting with Traditional Health Practitioners. Afterwards, a thematic presentation of the themes linked to TDF domains will be offered. Lastly, a summary of the study results will be offered towards the end.

Table 4.1 Demographic and geographic profile of study participants

#	**Gender**	**Age**	**Residential Area**	**Type of THP**	**Level of education**	**Duration of practice**
A	Male	26	Rural	Diviner	Tertiary	6 years
B	Male	46	Rural	Diviner, faith healer	Secondary	20 years
C	Female	29	Rural	Diviner	Tertiary	1 year
D	Male	26	Rural	Diviner, herbalist	Tertiary	2 years
E	Female	21	Township	Diviner, herbalist	Tertiary	2 years
F	Male	35	Rural	Diviner, faith healer	Secondary	15 years
G	Male	27	Rural	Diviner, herbalist	Secondary	5 years
H	Female	26	Township	Diviner, herbalist, faith healer	Tertiary	11 months
I	Male	30	Township	Diviner, herbalist, faith healer	Secondary	4 years
J	Male	30	Rural	Diviner, herbalist, faith healer	tertiary	5 years

Table 4.1 displays the demographic variables of the participants. Ten THPs participated in the study, of which, seven were males and three were females. In their majority, they were young adults ranging from 20 years to early 30s. In their majority, they resided in rural areas whilst another three were from township areas. Most had a tertiary education with a few having secondary education. Eight participants have been practicing for less than 10 years and the remaining two have been in practice for over 15 years.

4.2 Thematic presentation of demographic and clinical profiles of cases consulting with Traditional Health Practitioners

Data collected revealed various themes detailing the demographic characteristics of patients consulting with THPs. Patient variables reported were in terms of participant age, race, gender, domicile, educational status, and employment status. Also reported were clinical profiles of the cases.

The age variable: The study first revealed that THPs see patients of various age groups starting from infants as little as a month old up to the elderly patients. This finding is supported in the following excerpts:

> *"The patients that I see, in terms of their age range, I cover all ages from one month to over 60" (Participant C, 29 yrs., F)*
>
> *"It's a mix of ages. Mostly, some I'm same age group with them, so I relate easily with them. Some are the older people bringing the child and you find I sometime have to assist both of them, a mother and a baby. The older person I assisted was around sixty-two and the baby was two years" (participant I, 30 yrs., M)*
>
> *"We see patients of different ages, but mostly the people who come here are from age 29 upwards, up to 50 years. We sometimes have patients below 29 years but they are not a lot, they are around age 20." (Participant F, 35 yrs., M)*

"We have helped young children; we help children as young as 2 or 3 years old. The patients we see also from teenagers until elderly" (Participant B, 46 yrs., M)

Based on the above extracts, it does appear that Traditional Health Practitioners see patients of different ages, although in their majority are young adults in their late 20s and elderly people.

The race variable: Another finding was that a larger population of patients seeking health care are black Africans, although occasionally some healers serviced Coloureds, Whites, and Indians. Here is what some healers had to say:

"I'm actually open to all races but the customers that I have had so far it has only been black people" (Participant E, 21 yrs., F)

"Majority are black people, a few are Indians." (Participant C, 29 yrs., F)

"it's only 100% of black people on my side" (Participant J, 30 yrs., M)

"They are black people, but I once consulted a coloured person, some from Cape Town". (Participant H, 26 yrs., F)

"A white person, we have only one white man who was staying with a Pedi woman and she brought him to us, and he was assisted. We often assist black people" (Participant B, 46 yrs., M)

"Everyone is welcomed to come to us, but I have not seen or had patients of any other race besides blacks" (Participant F, 35 yrs., M)

The illustrative materials highlight that although THPs are open to rendering services to people from diverse racial backgrounds, since they have started practicing, they mostly serviced black Africans.

The gender variable: It was also found that majority of cases consulting with healers were those of females. Herein is the support for this finding:

"Usually, It's women. Men are fewer. Like now I am currently seeing one male patient but majority are women." (Participant I, 30 yrs., M)

"I'll say I see mostly females" (Participant D, 26 yrs., M)

"I see both genders. Both women and men." (Participant A, 26 yrs., M)

"That is my biggest problem because most of my patients are women, let me just say 90% of them are females… so most of my patients are women. The truth is that in the nature of men, men do not speak out when they have problems unlike women. ... A man would only seek help when they are at their lowest and can't cope anymore." (Participant J, 30 yrs., M)

As evidenced in the above extracts, THPs are servicing all genders, although a large pool is that of women. The extract from Participant J helps to emphasise the identified gender disparity, that is, by pointing out how masculinities can help explain low uptake of mental health services by male patients.

The domicile variable: An admixture of rural, urban and township dwellers were reported to utilise health care services. More compelling in this finding is that health seekers came from in-and-outside of the Limpopo Province including some from provinces as far as 300 kilometres to about 800 kilometres:

"They live far because some of them are from Gauteng. Some of them are from North West. They just call me. I have got social media platform(s) like a Facebook account, or an Instagram and WhatsApp. (Participant H, 26 yrs., F)

"The patients that I see are mostly from within the province of Limpopo. Some of the patients are from Gauteng province and they do make consultations through telephones. Then, I also have others from Kwazulu-Natal." (Participant D, 26 yrs., M)

"uhm, my patients are actually all over but most of them are from Limpopo, I would say about 60% of them are from Limpopo, maybe 30% in Gauteng and the remaining 10 % from Mpumalanga." (Participant E, 21 yrs., F)

"all of them come from faraway places, only a few of them reside from where I live as well, they mostly come from afar. Some come from North West, some come from Burgersfort, others come from Groblersdal and Jane Furse" (Participant G, 27 yrs., M)"

"In a Sepedi idiom, it is said "ngaka ga e tume ga gabo yona" (a healer cannot be famous in his own community) so ehh 95 % of the people I see do not come from where I am staying. And they don't even come from my community, but rather come from various places outside where I stay. Some are from Lebowakgomo, Ga-mphahlele, Ga-molepo, Burgersfort and other places but not from here" (Participant J, 30 yrs., M)

Patients accessing services come from different parts of the country although predominately from around the Limpopo province. Although some patients came from the same province as the healers, it is noteworthy from the data that most patients did not reside in the same local communities as the healers.

The educational status variable: The findings showed that, in comparison to the presenting issue, the patients' educational backgrounds were not a major cause for concern. No official records were being kept for this purpose. However, based on THPs submissions, it was thought that majority of service users had post-matric qualifications.

"I would say that some of them are very much educated and unfortunately the others are less fortunate, but when assisting them I don't really focus on their education, but I focus on their problems and the reason why they are here. The most educated are from tertiary and the less educated from secondary." (Participant E, 21 yrs., F)

"Some do tell me their educational level, but most of them all we talk about are life problems. Some were able to reach tertiary level, some are struggling while still in high school due to life problems and illnesses" (Participant F, 35 yrs., M)

"I am aware of some of them (their educational level) and others I might not be aware. We don't usually discuss in terms of educational level. There are those who have degrees, professors as well. Tertiary level, secondary as well." (Participant C, 29 yrs., F)

Educational status of the patients is not an important aspect that is given attention to, but it appears that most help seekers have formal education up to tertiary levels.

The employment status variable: The data on this variable revealed that service users were persons who in their majority were professionals although general workers were also identified. Participant C supported this finding in saying:

"There are those who are teachers, there are those who are Social workers, nurses and doctors as well. We have police officers, traffic cops as well. Business people as well. Others are traditional healers as well." (Participant C, 29 yrs., F)

Participant C's quotation showed that traditional healers also utilised each other's services. This was also supported by Participant D who like others added other categories of employment sector service users are employed in:

"Yes some of them are fellow traditional healers. Some are working at retail stores. I remember some of them; one was this one who was an assistant teacher, and the other one was a security guard." (Participant D, 26 yrs., M)

"Some are supervisors, CEOs and some are the managers and some are just general workers. Some are police women, the station commanders and some are temporary

workers. Some are just the interns, doctors, medical doctors. Jah." (Participant H, 26 yrs., F)

"The other one I know is a lawyer, then there is a lady who works as HR in Kopano bus services. Then there is one who is a teacher, a manager in Caltex or Engen garage; another one is in engineering, then there is one in Tshwane municipality, yeah these are the ones I can remember" (Participant J, 30 yrs., M)

"Those I have talked to have said to be working for the government, at SASSA. Some work at Shoprite. Some are maids and work for white people. There are some that work at schools, those are people who volunteer at the schools, some cook for kids at school. Some work at EPWP." (Participant F, 35 yrs., M)

Similar to how they do not worry about their patients' educational backgrounds, healers describe seeing patients employed in a variety of fields, some of them in well-paying employment. This further supports their assertion that a majority of their clientele must be holders of tertiary degrees.

The clinical variable: Mental conditions that healers diagnosed and treated ranged from depression, acute stress, and psychosis. This is supported in the following:

"Usually it's depression" (Participant I, 30 yrs., M)

"I assisted people who came to me with the problem of depression, I guess it's only patients with stress and depression." (Participant D, 26 yrs., M)

"When someone is hearing voices, they become like as if they are going crazy, they start acting weird around people, so I had to take my bones and consult my spiritual … because spiritual guidance from my ancestors and God. So, I had to find out that these people they are being tormented by some…. Some of the things are evil spirit, some of them their own ancestors are trying to talk to them just that they don't understand so I must pray." (Participant H, 26 yrs., F)

"People who are mentally depressed we can counsel them. Some have "mafofonyane" you find that a person has lost their mind or memory, we are also able to assist them and counsel them. Some come with depression and they are mentally oppressed, they are able to come to us for assistance." (Participant B, 46 yrs., M).

In this study, it was also found that in addition to treating conditions with a biological basis, traditional healers were also managing psycho-spiritual illnesses explained in terms of cultural beliefs. Two of the commonest conditions are '*mafofonyane' and 'ancestral calling':*

"Jah, as far as it comes to the mental health, condition such as mafofonyane, thebula and the other one is hlakola, etc. I help a lot of patients with these sicknesses. Yes, they are a lot. Brain tumours, I also assist. You know that your blood is actually your life. Your blood can also affect your mental health. So some of them are related to a person's blood, DNA if I may say, and sometimes it is not every time that I will assist because before I can assist, I should first consult with the ancestors to lead me what the patient should be assisted (with)." (Participant A, 26 yrs., M)

"Yes, they are there and a lot of them. Mental illnesses in our scope we call it "Mafofonyane" normally when a patient present with such an illness you would find that it is associated with ancestral calling. Mostly we make the mistake of saying someone was born with a mental illness only to find that they are born with an illness called "lefela kgole" and there is also "bolwetsi bja thaba" this sickness "lefela kgole" comes after "bolwetsi bja thaba" this is sickness that can be cured with "phuana" and normally affects male child." (Participant J, 30 yrs., M).

The above finding reveals in part that traditional healers conceive of mental ill-heath holistically, that is all encompassing of the biological, psychological, social, and spiritual factors. With the latter, more evidently is an indication of the central role of their ancestral spirits in the diagnosis and management of mental illness.

4.3 Emergent Themes linked to the Theoretical Domains Framework (TDF)-Domains

From data analysis, several factors (see table 4.3.1 below) that enabled and hindered the use of traditional health services were isolated. The isolated factors are presented in this subsection and linked to the 14 of the TDF domains, while domains 1 - Knowledge, 5 - optimism and 6 - belief about consequences, were not supported.

Table 4.3.1 Themes relating to TDF domains

TDF domain	Themes	Representative Quotes
2. Skill	• Inefficiencies and limitations associated with mainstream mental health care services	*"Some people you know at early stages they go to doctors and hospitals and when they get there they can't find the help that they are looking for, because you find it's something that is not a natural cause. So they rather come to us because with us there is always a solution for every problem. Every sickness, every problem we have a solution for it." (Participant E, 21 yrs., F)*
3. Social/professional role and identity	• Human centred approach when engaging with patients	*"Humanity, as a healer you should have humanity so that a person can speak freely when they are with you. As long as you are friendly and able to advise people about their lives apart from talking about traditional healing and prophecies." (Participant F, 35 yrs., M)*

	• Professional vs unprofessional conduct of Traditional Health Practitioners	*"Another reason concerns the behaviour and conduct of healers, as a healer I can't be seen in clubs or social gatherings where I am drunk beyond limit. These things had their time before I became a healer and now is not the right time." (Participant J, 30 yrs., M)*
	• THPs using their gift for sinister purposes	*"People will not come if they know that you misuse your ancestral calling and you do bad things to people by obstructing them from succeeding in life" (Participant F, 35 yrs., M)*
	• Lack of confidentiality and privacy	*"Sometimes other 'sangomas' go around telling people that you see that person, he or she is this rich because of me." (Participant H, 26 yrs., F)*
4. Belief about capabilities	• Dishonesty about spiritual healing capabilities and skills	*"Sometimes you may go through a lot of traditional healers and then they tell you that you have to go through this initiation, and then, you find out that you don't actually even have that…." (Participant A, 26 yrs., M)*
7. Reinforcement	• Cost-effective services	*"Another factor I would say is the price ranges. You know as traditional healers we don't charge the same prices. They will come to you when you are affordable. They will be attracted to you because you are affordable." (Participant D, 26 yrs., M)*

	• Service advertisement strategies	*"When they go around asking about me and people say they are satisfied. I usually just see patients walk in and tell me they were given my numbers and referred to me by people I have helped before. They are given my numbers, they call and ask for directions to come to me. Some just come looking for a traditional healer in the area and they come across people at a supermarket and direct them to me" (Participant G, 27 yrs., M)*
8. Intentions	• Addressing Life Challenges and Spiritual Needs	*"the only thing that I can think of maybe is just trying to find out what is happening in your life, maybe nothing is making sense or you feel like you have bad luck or nothing is going right in your life, you want to go find out what is actually happening, why don't (you) see any direction of my life, you understand." (Participant E, 21 yrs., F)*
9. Goals	• Efficiency of traditional medicine and healing	*"Patients prefer going to traditional healers because their medicine is not like the pills which are combined with other chemicals, it is just the herb or plant as it is. They take the herb as it is, they cook it and you drink it, you get better immediately after consuming it. Just like the olden days our grannies used to dig up herbs and we would drink them" (Participant G, 27 yrs., M)*
10. Memory, attention and decision processes	• Referrals amongst healers and by ancestors	*"And sometimes people have dreams that keep coming and they don't find solution and later they choose to consult with the traditional healer to better*

		interpret those dreams to them. Sometimes it's ancestors who show me to the patient and the patient comes to me and tells me that they were led by their dreams to come to me." (Participant I, 30 yrs., M)
11. Environment context and resources	• Lack of Hygiene by THPs	*"In today's lives we prefer cleanliness and hygiene so one cannot come and consult with a healer who is disorganised and unhygienic." (Participant J, 30 yrs., M)*
	• Overpricing and subliminal services by THPs	*"Your consultation place should be clean" (Participant F, 35 yrs., M)* *"I would say sometimes is money. Patients may want the services but you find the problem is money in order for them to access the traditional healing services" (Participant I, 30 yrs., M)*
12. Social influences	• African cultural beliefs	*"I think also beliefs as well, you may find that they believe in African traditional way of life and they feel like if they hold on that they might get cured." (Participant C, 29 yrs., F)*
	• Negative attitudes people hold towards traditional healing	*"Traditional healing was bad mouthed, traditional healers were often accused of witchcraft, this made people end up going to church because of the witchcraft accusation, of which was not true and they were just badmouthing it. There were some Traditional healers who did bad things (back) in the*

		days, which made people lose interest in traditional healing. This made people conclude that traditional healing is related to witchcraft, of which is not true." (Participant B, 46 yrs., M)
	• Undermining traditional healers	*"Another factor is, undermining a person based on my lifestyle." (Participant A, 26 yrs., M)*
13. Emotions	• Different belief systems	*"I do not know if this is going to get personal but I will just be real. I think beliefs as well; beliefs I am going to repeat in terms of beliefs. Other people do not believe in traditional healing, do not believe in the traditional way of life, so they believe in the other form of life. I do not know if you understand what I am saying, maybe the western side of it except the African traditional side of it. Others is because of a choice; they just decide nah I do not want to go to a traditional healer, I do not want to go anywhere, I want to go to the western side of it." (Participant C, 29 yrs., F)*
	• Jealousy amongst THPs	*"And some of our fellow traditional healers as well like they see me that I am from initiation and I like to connect with my ancestors and they twist it that I leave my calling." (Participant D, 26 yrs., M)*
14. Behavioural regulation	• Violation of initiates and patients' rights	*"Like I have said it can also be the issue of good conduct, today's world there are many initiates and*

		we get initiated in majority but your aura as a healer is very important. When we have a graduation ceremony for my initiates when I get to their homes, how do I conduct myself and how do those people see me thus motivating them to come to me. Also my initiates speak for me in that when they get home do they work for the ancestors and uplift my name as their principal" (Participant J, 30 yrs., M)

Below a presentation of each of the findings is elaborated while illustrative materials are quoted to enumerate each of the themes.

Domain 2 - Skill:

Inefficiencies and Limitations associated with Mainstream Mental Health Care Services*:* Participating healers perceived western health care services to be limited or inadequate in dealing with certain mental health problems. It is because of some of these limitations that service users sought traditional healing services. Participant G, captured this finding by revealing that:

> *"I have heard some people say they prefer going to traditional healers because there are some illnesses that do not require medical doctors but traditional healing instead. Some illnesses cannot be healed by traditional healers but by medical doctors just as some illnesses cannot be healed by medical doctors but by traditional healers. Others can be difficult to be healed by both medical doctors and traditional healers but need pastors." (Participant G, 27 yrs., M)*

> *"I guess it depends on the situation that people find themselves in and sometimes it is because people have tried the western route, the psychological processes, tried going through depression, counselling process and nothing changed." (Participant I, 30 yrs., M)*

"…The common fact is that the modern medicine definitely could not heal everything, and you will need to go and consult a traditional healer jah, like nature. Some of the things needs nature not modern things." (Participant H, 26 yrs., F)

Based on the above extracts, patients use traditional services because of some inefficiencies associated with western mental healthcare services. The apparent lack of proficiency by western healthcare services especially when it comes to culturally nuanced mental health conditions was therefore perceived as an enabling factor to service users' reliance on traditional services. The opposite would also be correct, that is, the lack of skill in dealing with culturally conceived conditions deterred service users from utilising professional services.

Domain 3 - Social/Professional Role and Identity

Under this TDF-domain, four sub-themes emerged and are presented here below:

Human Centred Approach when Engaging with Patients: THPs have stressed the value of interacting with patients in humanly and empathic ways as possible. Such an attitude enabled patients' reliance on traditional services including being referral agents to other potential service users:

"You have to be patient with your patients, patients look at your approach and behaviour. When you are around them, they have to be comfortable when they come for assistance. You are not supposed to be harsh when they come all the way for your assistance, you have to make them happy and satisfied" (Participant B, 46 yrs., M)

"No the only thing is the …. The hospitality. Hospitality and your attitude and your sense of humour. First thing's first; when a person comes to you, you need to talk …like they listen to the level of your speech, how you speak. How you represent yourself. Are you that person who's just a healer out for just the world to see and back to your place, is not what happens. They are like, your personal appearance has to speak, your voice, your speech has to speak. Practice what you preach. Jah." (Participant H, 26 yrs., F)

"No, another thing is that I am multilingual. Jah because sometimes you find someone is from Giyani and he speaks Xitsonga… and now they want to consult and find that the healer is trained from their area so this person must be able to address them with their language" (Participant D, 26 yrs., M)

"Jah because I also got it from a Christian since from church as I have started there and so, get to understand where people stand based on the level of maturity and understanding the tongues that we are going through these days. The level of trust I get to understand them better and get that mutual being when I'm with them, so we get to become close and they relate better to me and I believe I am not a hard-core 'sangoma', and I also acknowledge my spiritual knowledge or spiritual being as it is. Jah that's what motivate them to come to me" (Participant I, 30 yrs., M)

It appears that embracing *Ubuntu* principles (for example, embracing diversity, respect, openness, and love for humanity), is believed to encourage people to seek out traditional services.

Professional vs Unprofessional Conduct of Traditional Health Practitioners: The results further displayed that unprofessional conduct of THPs at work or in social spaces had an impact on their professional identities and could deter service users from utilising traditional services. For instance, people may be discouraged from consulting with a healer who is perceived to be disrespectful, dishonest, alcoholic, or even exploitative towards patients:

"You must respect yourself as a healer so other people can respect you as well and come to you, because if you lack respect no one will come to you for any assistance. They would think coming to you for assistance would result in them leaving your place upset, instead of getting assisted" (Participant F, 35 yrs., M)

"Guys will always talk; how can he help you. He's always drinking. What time does he get for help because when you arrive there, he will be drunk." (Participant A, 26 yrs., M)

"And there are some healers who abuse their patients, sexually or physically even mentally and some of them you find they are not recommended as good." (Participant D, 26 yrs., M)

"Like things people with spiritual or traditional healing do sometimes, they ruin our name like there are some other practitioners who sleeps with their patients so when people see us, they just think we do what these other practitioners are doing. They offer those people sex in exchange that I will help you if you sleep with me." (Participant H, 26 yrs., F)

"How you live or associate with people, as I have said before, people need to be free around you. But if you do not make people feel welcomed around you then people will be afraid to come to you" (Participant F, 35 yrs., M)

Ideally, it appears that maintenance of professional integrity is important to service users' trust and reliance on THPs services. In contrast, healers who act to the contrary deter service users from using traditional health care services.

THPs using their Gift for Sinister Purposes: Other THPs have highlighted that some of their colleagues use their gift to perform evil rituals thus leading to lack of trust of the traditional healing system. This is based on the following:

"You find that as a traditional healer, someone comes to you asking for help to kill someone else and you agree to help, of which the ancestors do not permit. You destroy your ancestors' traditional healing lineage. African traditional healing is not meant for killing or harming, but rather for healing and assisting people. Some traditional healers do evil things because they are chasing money and that is what destroys most of them who do just about anything for money, even going against the work of their ancestors. We are all aware of this as the members of the traditional healers' association." (Participant B, 46 yrs., M)

"The second one, some of the traditional healers take other people's luck in order for them to work and this thing of strengthening and …. How can I put it? Like they go and buy things to strengthen their powers at Durban, and that is one of the things that prevent people from coming to us. I've been following other 'sangomas' like, the likes of 'Gogo Maweni' and most people and they've been talking about it nationwide. They say if one potato gets rotten it ruins the other ones so even the people when they see us, they feel like hmm… this one is like 'Gogo Maweni'." (Participant H, 26 yrs, F)

As indicated in the above findings of enablers, THPs have emphasized the importance of values, thus a need to develop trust between practitioners and their patients. Contradictory, some THPs continue to misuse their gift and perform evil rituals for some of their patients and for their own needs. This perceived misconduct has therefore led to people not trusting the system, consequently lacking trust in healers. Moreover, lack of trust in healers may also emanate from same users utilising the same healer while in a perceived spiritual conflict:

"Let's say you come to me seeking help and you see the person who wishes you bad or making you suffer also coming to me for assistance, you will end up doubting my abilities because that person is also seeking assistance in the same place as you are. You become scared because they are the reason you are there seeking assistance in the first place. It makes you lose interest and stop coming back" (Participant B, 46 yrs., M)

Failure to Uphold Patient Confidentiality and Privacy: Amongst the many barriers, failure to respect patient confidentiality and privacy was identified as another barrier to users' utilisation of traditional services. Participant D, said:

"Then secondly, we talk about doctor-patient confidentiality. As a healer there are certain things you are not supposed to do or the practices that you should not even consider. As a healer, we are practising to unify people, the healer should not give

information to a patient that is going to break a family apart. Ok as a healer you should keep information of the patient so confidential. You cannot go around telling people that you know someone and that you did once help them on whatever a condition" (Participant D, 26 yrs., M)

"You must be truthful and honest with people and have privacy, whatever they share with you remains with you" (Participant F, 35 yrs., M)

There is a need for THPs to develop privacy regulations that will help them develop trust between them and their patients. Some THPs share patients' information with other people thus making people not to trust them with their problems. Furthermore, leading to patients being reluctant and unsure of the credibility of the system:

"I have heard other people say they were reluctant to come and would get demotivated to come but they do not know why. They would set an appointment for tomorrow but not come and call and say they became reluctant to come but do not know why, but eventually they do come without announcing." (Participant G, 27 yrs., M)

Domain 4- Belief about Capabilities:

Dishonesty about Spiritual Healing Capabilities and Skills*:* Another identified deterrent was a tendency of arrogance, exaggeration of one's spiritual prowess, and false pretence among some healers. This was perceived as a deterrent to service users' reliance on the traditional health care system. This was indicated in the following:

"Being arrogant, as a traditional healer being arrogant that no one can defeat you and there is nothing that is difficult or challenging for you, because in this world there is nothing that we are perfect in, we give it the best try. The traditional healing does not belong to us, it belongs to our forefathers, so when you go around bragging and intimidating people with what you are capable of, then you want people to fear you and

not come to you. You would think you are making a name for yourself by bragging about being the greatest but instead you are ruining your reputation" (Participant F, 35 yrs., M)

"And another thing, people sometimes come and consult with us. First off, I want to encourage people with HIV and AIDS to go and have their medication because that is helpful. People come to us and say they want something to get rid of HIV and AIDS. We cannot heal that, and some other traditional healers collect money and say they can heal it. That cannot happen." (Participant H, 26 yrs., F)

"Another thing may be the issue of going around trying to prophesy people everywhere you go, this also ruins your reputation as a healer." (Participant J, 30 yrs., M)

"Ok, sometimes patients come to you because they are depressed, instead of helping them get healed, they put pressure and threaten patients to pay them." (Participant D, 26 yrs., M)

"Another factor could be your life experience. You might find that you've been through… you've been to another traditional healer who promised you the world and heaven and he fails to help you, and now you have this mentality that aah! These traditional healers are not working what's just there is that they just take our money for nothing." (Participant A, 26 yrs., M)

It appears that some THPs fail to acknowledge the limitation of their gifts or acknowledge when they cannot help patients with certain problems. This attitude can lead to mismanagement of cases, consequently denting the image while creating some mistrust of the traditional healing enterprise. Generally, this domain's findings reveal the importance of ethical practice by healers, which is an important factor to service users continued use of traditional services.

Domain 7- Reinforcement:

Under this TDF-domain, two sub-themes emerged and are presented here below:

Cost-effective Services: Service users utilised traditional services because of their affordability and patient-centred payment system.

> *"We wait for patients to get healed first and they can pay later on, we do not request cash upfront in order for us to assist them, it does not work like that with ancestors. We are concerned about our dignity that we can help people" (Participant B, 46 yrs., M)*

> *"Do not have discrimination or (have) favouritism among people, do not refuse to assist those who are poor and only assist those who can afford. The focus is helping people and not chasing money, the ancestors gave you the gift to help people and not for your own personal gain." (Participant F, 35 yrs., M)*

> *"Some people say that traditional healers are expensive, which is not true. As a healer whatever a person has when they come to consult, we accept and help them. People are afraid to go to healers because they think we are expensive which is a major issue that I have noticed from people." (Participant B, 46 yrs., M)*

It appears that traditional healing services are first intended to satisfy and heal the patient, appease the ancestors and then the service provider will be shown gratitude of any kind including in the form of monetary payments after having rendered services.

Service Advertisement Strategies: Majority of the THPs suggested that word of mouth and favourable appraisals by those who have used their services before having helped attract subsequent service users.

> *"And another thing is, when somebody heard from someone that they got assisted from me, that's when they got transferred to me." (Participant C, 29 yrs., F)*

"I'll say it is recommendations. Once you assist people or you have assisted people they go and recommend your services to other patients and that really motivate others to consult with you." (Participant D, 26 yrs., M)

"Point number one, if you have assisted a person, they are able to tell other people about how they were helped, and people will start coming to you. There is no attraction that we as traditional healers use to get patients to come, patients go where they get helped." (Participant B, 46 yrs., M)

"And then, maybe there is someone, a 'sangoma' or a traditional healer which his information is like we can do this and that. They see someone doing something and then these social media thing has helped us a lot. A lot of people, you get my point? and then you go to us. You come to us, and you get the help that you need and then you get healed, and then you passed on the message that you had this problem maybe you meet your friend that eish, my friend I had this problem of this thing" (Participant H, 26 yrs., F)

"It's just success stories of people you've helped. When you helped people with their problems or whatever they needed from you, they are bound actually to talk about you that how you've assisted them and give reference about you, and they tell others and they start to come and consult with you." (Participant I, 30 yrs., M)

Traditional Practitioners receive a lot of recognition because of their success stories, which leads to their patients indirectly advertising for them and influencing others to seek their services. As community members share their success stories of how the practitioners have helped them, it helps promote their services.

Domain 8 - Intentions:

Addressing Life Challenges and Spiritual Needs: A need to resolve life challenges, realise dreams, or gain insights into one's prospects prompted service users to regularly utilise traditional services.

> *"On my side many people seek help to build their homes, I generalise this because you find that there is no peace at home, there is evil tormenting the home. There are third party issues such as the husband having an affair, again it can be family rivalry, hence I generalise these issues as building homes" (Participant J, 30 yrs., M)*

> *"If ever something has occurred in somebody's life, and they are just not aware of it. The moment they come to us, we make them aware that this is what is happening with your life, and we can deal with this as soon as possible like as in today, by tomorrow everything will be alright" (Participant E, 21 yrs., F)*

It has been established that people are enthused to use traditional services as these services have the power to assess an individual's life through the spiritual eye. The system is able to provide people with answers about their life directions, success and causes of misfortunes. It also could strengthen various aspects of life.

Domain 9 - Goals:

One subtheme emerged from this TDF-domain and is presented as follows:

Efficiency of Traditional Medicine and Healing: There are factors that have influenced the continued use of traditional healing services. One factor that influenced people's utilisation of traditional services was the use of organic medications/herbs as opposed to synthetic ones. The herbs were appraised favourably for their efficiency and safety as captured herein:

> *"Patients prefer going to traditional healers because their medicine is not like the pills which are combined with other chemicals, it is just the herb or plant as it is. They take*

the herb as it is, they cook it and you drink it, you get better immediately after consuming it. Just like the olden days our grannies used to dig up herbs and we would drink them" (Participant G, 27 yrs., M)

"Like you see in our houses we've got these mango trees and whatever, in this nature you can never make your own mango trees. It can't… If ever you have a flu for instance, a guava tree or a mango tree, those leaves you can boil them, and drink and your flu disappear. Nature is a more important thing in life." (Participant H, 26 yrs., F)

"Sometimes is the type of curing you're using, like knowing the different types of herbs that different groups of patients are using and know why they prefer them or that they have experience with some type of herbs you are using, and they come to seek your help." (Participant D, 26 yrs., M)

Natural products are preferred because they did not produce medical dependence:

"Because at the hospital they use a pill for that pain to disappear for that period of time and that thing occurs each and every day. You can't be using medication every day in order to get help, like we as traditional healers we use water so that you clean yourself like cleanse the pipes through your body, through your womb and then you will be ok." (Participant H, 26 yrs., F)

Based on the above findings, it is evident that patients prefer traditional services because of their appraised efficiency and safety. Contradictory, traditional medication and its effectiveness may hinder accessibility of traditional health services. THPs have reported that some people do not prefer the use of traditional herbs because of having been failed by this method of treatment:

"Another reason that prevents people is that of the kind of medication that we use because some will say they do not want to use medicines at all, because they are prayer warriors and believe in it." (Participant J, 30 yrs., M)

Traditional medication is often questioned on its effectiveness. People opt to not use traditional health services because the use of traditional herbs did not meet their expectations and satisfaction. Whilst on the other hand some people are not comfortable in the use of traditional herbs. The critique on the effectiveness of traditional services is further brought up by the choice of consultations that some THPs use lately:

> *"Another thing the issue of online consultation is very wrong; I am young yes but I cannot consult you over the phone. Online consultation is very wrong. This is because when you come to my house for consultation, your ancestors come with you and for me to be able to diagnose you, I would ask my ancestors who will get the answers by communicating with your ancestors and even in the bones we require the breath of the patient so if I check you online where did I get your breath, that's when I will start telling you lies or wrong things. For example, if you look at comments on Facebook, a person will say I am dreaming of a snake, and they will say it's ancestors or things are not working out for me then they say it's "isichitho" but that is not always the case that you have to initiate. Sometimes the ancestors are just uplifting you from your current status to another level." (Participant J, 30 yrs., M)*

Domain 10 - Memory, Attention and Decision Processes:

Under this TDF-domain, one sub-theme emerged and is presented here below:

Referrals among Healers and by Ancestors: Another facilitator to traditional service use was spiritual means of patient referrals. Also, ancestors through dreams referred patient to healers. In some instances, healers referred patients between each other.

> *"Others are being sent by their ancestors, they direct them to me. Let me just say for instance a person is having a mental problem like, let me just say fainting and they just see it in their dreams that they will be assisted at this other house somewhere and they (the ancestors) give them directions as well. You may find that the person has never been to my place before, but because of what they have been shown in their dreams,*

they have been directed to my place and they are able to get to my place and get assistance" (Participant C, 29 yrs., F)

"*As I have already explained, according to me, people go where they will be assisted and people will not stay where they are not assisted. Like for me, if I am unable to assist a patient, I refer them elsewhere to get assistance" (Participant B, 46 yrs., M)*

"You might dream of me helping you. You know when ancestors talking to you and try to actually show you some signs in ways maybe dreaming about me helping you. Seeing yourself as a person in my figure helping you or seeing where I stay. Anything that actually connects you to me and not anyone else. It also pushes people to come." (Participant A, 26 yrs., M)

"Again on the side of the initiates, my initiates have never heard of me from someone else but they have been given a vision of where to find me and they came. They were sent by the ancestors" (Participant J, 30 yrs., M)

The value laden in ancestors and Traditional healers then served as a motivating factor for service use. Evidently, patients relied on their spiritual guidance when seeking traditional healing services.

Domain 11 - Environment Context and Resources:

Under this TDF-domain, two sub-themes also emerged and are presented here below:

Lack of Hygiene by THPs: Personal and workspace hygiene was identified as an enabler thus if not maintained, it discouraged service users from consulting with THPs:

"Not being hygienic as a traditional healer, as a person you need to be neat and not use the fact that you are a traditional healer as a reason not to bath. Healers do bath." (Participant F, 35 yrs., M)

"If you look back at the history of traditional healing, you will notice that traditional healing was oppressed. Traditional healing was not noticed, and people were disgusted

by it because they found traditional healers as untidy, dirty and they found things that were scary and it scared them" (Participant B, 46 yrs., M)

People preferred to consult in clean environments, thus healers who took care of their grooming and their working environments helped attract patients:

"…at least nowadays we have improved, people find it clean and they are able to come in and consult. Although it seems as if we were blacklisted because of how THPs used to act and do things in the past" (Participant B, 46 yrs., M)

Following the above abstract, THPs need to ensure that their working space is hygienic and clean, and as well as their personal presentation. Presenting clean environments will attract people to come to you.

Overpricing and Subliminal Services by THPs: Another closely related factor that was identified as a barrier was the lack of money to pay for services by patients as some healers charge exorbitant fees. The latter, was appraised as opposed to the traditional healing ethos:

"If you are selfish and cannot communicate well with people then you will not have patients coming to you. Also the prices, as children of ancestors we make you pay but honestly speaking ancestors don't know money. So the prices we have are also a problem as one may want to come consult but can't afford R400 consultation fee, and further pay other amounts for treatment. The malfunctioning prices we give people and require them to pay immediately makes them step back from seeking help from healers. Other healers will even make you pay for medication that was not necessary for them to charge you like a flu remedy" (Participant J, 30 yrs., M)

"First thing's first, some of the traditional healers with enough traditional money, you charge a person money and then you don't do their things ok. Then that is the main thing that prevent people from coming to us. You may find that I help you in healing things and then things still didn't go as planned and I have charged you an arm. You know you

don't have that courage to go to someone out and get help because of what I did to you and it's not how it should be done." (Participant H, 26 yrs., F)

"Some people say that traditional healers are expensive, which is not true. As a healer whatever a person has when they come to consult, we accept and help them. People are afraid to go to healers because they think we are expensive which is a major issue that I have noticed from people." (Participant B, 46 yrs., M)

"And sometimes another thing is financial problem. Some people are actually afraid of saying like, eish!! I don't have money for consultation but please help me. Sometimes a person can offer to give me something in exchange of services if they have no money to pay." (Participant A, 26 yrs., M)

"First I'll talk about the price, as we are working with different classes of people, sometimes you find certain class doesn't afford to pay the prices that other class can afford to pay" (Participant D, 26 yrs., M)

High prices prevent people from using the traditional health system. Some healers continue to charge patients money they do not have. Prices differ from consultation to rituals required for one to be healed. Others over charge patients whilst others charge for services they should be rendering for free, thus patients are reluctant to seek help from THPs.

Domain 12 - Social Influence:

Three sub-themes were isolated from the data and are presented as follows:

African Cultural Beliefs: The beliefs that people have, further influence the use of traditional services. THPs have indicated that the cultural and religious background of the patients encourages their decision in seeking health services:

"The main reason I have seen, is the issue of faith and belief. If you have the faith that if I do something like this, I will get help and also having a belief about something

or getting a referral to go to so and so, then they come because you are well known in other places" (Participant J, 30 yrs., M).

"I think most Africans believe in umm… what can I say, believe in 'muti' or in African culture more than the doctors and the scientist and all that. I think that's why yes." (Participant E, 21 yrs., F)

It is evident that belief systems play a vital role in the determination of ideal health services people require. Having a cultural or religious background helps determine the kind of services that the patients will follow. Moreover, an individual's belief and faith about the traditional services encourages them to seek help from this system.

Negative Attitudes People Hold Towards Traditional Healing: THPs have further argued that their services are hindered by the negative reviews and perspectives that people share of their services. Their practice is associated with negativity and witchcraft:

"Another reason that affects us generally as healers is how people talk about us, like when one says I have been to so and so and they did not heal me so I don't see any reason of going to other healers, or that healers are evil and perform witchcraft." (Participant J, 30 yrs., M)

"Sometimes people are prevented to seek traditional healing service because you find that at churches they preach about the traditional healers that they label them as witch doctors, so this issue also prevents people from coming to consult." (Participant I, 30 yrs., M)

"The other thing that I can think of is based on what we actually hear from media and also from other people. You know when they badmouth us, there are other 'sangomas' who are not really doing good towards people; they are the ones who are doing right towards people. So it depends on what the person believes, when the person believes it is true or not. I think it also has to do with the media and people, some people

badmouth us. Even people who are like us who are not really doing well or doing right towards people, it is also a disadvantage." (Participant C, 29 yrs., F)

"ummm … most people … think that umm …traditional healers are … they call us or tend to label us witches, so as they tend to label us as witches, they then prefer to go to doctors and what not, because they believe that we are the witches and we are going to bewitch them instead of helping them heal and do what we are supposed to do." (Participant E, 21 yrs., F)

"First of all, when a person usually wants to come here, one factor that might affect a person from coming here is the surrounding people, someone might have actually bad-mouthed me. It might be another traditional healer, it might be a family member, a relative or things like those ones." (Participant A, 26 yrs., M)

It has been established that many people continue to speak ill of the traditional healing system despite its improvement and development. Many people still have a negative view of the system, and some still associate it with witchcraft.

Undermining Traditional Healers: Demographic factors of THPs are also found to play a vital role in the decision making of patients when choosing a health system. Some THPs have revealed that people judge them based on demographic factors such as their age and socio-economic factors:

"okay and remember another thing is that people sometimes underestimate young traditional healers, because I am a 21-year-old and you find somebody who is like 35 years old, they will underestimate me and say what does this 21-year-old know because I'm older than her and now if I go and tell her my problems she is going to start underestimating me. So, some people out there underestimate us as young traditional healers" (Participant E, 21 yrs., F)

"…Another reason is that people usually consult with well-known traditional healers and do not prefer any other healers…." (Participant J, 30 yrs., M)

It appears that some THPs' work faces critique as people underestimate them based on demographic factors. Based on factors such as the practitioners' age and social status, people tend to underestimate their powers and thus choose to not use their services.

Domain 13 - Emotions:

Under this TDF-domain, two sub-themes emerged and are presented here below:

Different Belief Systems: Having different belief systems guides one's decision about the kind of health system they want to follow. Having a different belief as the traditional belief system, thus prevented people from seeking help from the traditional health system:

> *"And remember it's not everyone who believes in traditional medicines, it's just a few percentages in this world, in South Africa. Yes, if you could tell the person … perhaps say that you are taking a walk around nature and see a specific plant and you tell that person that do you know that this plant helps with this and that and that, people think you are joking or lying, it's just a normal plant. But they don't know that this is actually an herb that could actually heal someone from a sickness or a disease. They just think it's a normal plant and nothing much" (Participant E, 21 yrs., F)*

> *"Okay, the first reason I will share is also about beliefs, that when a person beliefs that if they go somewhere they will get help. This is reason because we go to different churches and consult in different ways. Beliefs are the main reasons because they choose for you where to go." (Participant J, 30 yrs., M)*

> *"Another factor could be religion wise. Some churches do not actually approve this life. Being old and also your young-life background where you'll find that religion wise at home, you've never actually went to consult and immediately when you get exposed to such, it's a new world for you. Accepting it is actually difficult. Jah, those are factors affecting people to not come." (Participant A, 26 yrs., M)*

Some people are found to have a different belief system as the traditional one, as a result they opt for a health system that aligns with their beliefs. Individuals who believe in western practices may not want to be associated with the traditional practices, thus choose to use a different health system. Belief systems have an impact and guide our decisions.

Jealousy amongst THPs: Another factor that posed threat to the use of traditional health services is the internal jealousy that exists amongst THPs. It was found that there's some hatred and jealousy between THPs. This had a negative impact on healers' own work or credibility:

> *"Some other people, neighbouring traditional healers or even as far as wherever, because once you do things you get very popular. People would like to talk about you like, this person is really assisting people you know! This person assisted such an ill patient and so, we don't want to see that traditional healer being busy assisting people. They just don't want to see people getting assisted with their illnesses" (Participant A, 26 yrs., M)*

> *"Random people with gifts. People who actually go to other people and to halt your progress and they can also block your traditional healing gift as a traditional healer. And some of our fellow traditional healers as well like they see me that I am from initiation and I'm like to connect with my ancestors and they twist it that I leave my calling." (Participant J, 30 yrs., M)*

Based on the latter, THPs develop feelings of jealousy towards each other when one progresses. As a result, they end up bad mouthing each other and ensuring that they break each other's reputations. Such conduct therefore leads to people choosing to not use their services as they do not show support and trust amongst themselves as practitioners.

Domain 14 - Behavioural Regulation:

Violation of Initiates and Patients' Rights: THPs have revealed that some healers violated the rights of some initiates and patients in their care.

> *"Some healers are able to transmute themselves and act as ancestors or God and come to you in the form of a dream to tell you that you must be initiated, hence some people after being initiated and they do not practice because they do not have the powers. Also not everyone who gets initiated will be a healer, but others are just meant to perform the "malopo dance" just as in churches not everyone will have the power to prophesy even though all of you are baptized." (Participant J, 30 yrs., M)*

> *"In some cases you find the healer informs the patient when she went to him seeking for a training, you will find the healer say he should sleep with that patient first so that the ancestors can meet and he will be able to assist her and that that patient should not have sex with anyone until the duration of her training." (Participant D, 26 yrs., M)*

> *"Sometimes families bring their patients who are mentally ill. These people sometimes you find they are violent and they fight. Some healers whip them and they say when they beat them the demons in them understand better." (Participant A, 26 yrs., M)*

As the public observe such cases of ill-treatment towards initiates and other patients, they therefore chose to not use the traditional health system as it poses threat to them. It is therefore important that THPs understand the impact of such behaviours and ensure that they treat their initiates and patients in a way that does not hinder with their development, but rather promotes their work.

4.4 Summary of Findings

The sample composed of 10 participants, who were Traditional Health Practitioners from the Sekhukhune district falling within various categories as indicated in the Traditional Health Practitioners Act and are trained through traditional methods. The participants were selected based on their expert experience in the traditional health system and their locality. The study findings revealed various viewpoints of Traditional Health Practitioners regarding clients' access to traditional health services. The participating THPs were found to possess formal education, however, the ancestral calling meant some had to abandoned furthering their studies while others left their professional employments. Majority of people who use traditional health services are educated, women, blacks, and young adults.

The THPs further shared various factors that they perceived as facilitators for people to decide on using traditional health services. From their views, having great interpersonal skills, low costs of services, efficiency of natural herbs, maintenance of hygiene by healers, and alignment between the healers-patient belief systems all attracted patients to use the traditional health system. Additionally, they shared factors that they perceived to prevent people from using traditional services. Among other reported factors were faking of spiritual powers by some healers, misconduct by some THPs including high costs of service, and the public's lack of trust in healers and their methods. It is in this regard, that the healers indicated the importance of ethical practice, collaborative efforts establishing formal referral systems among THPs.

4.5 Concluding Remarks

This chapter has presented the study results shared by Traditional Health Practitioners based on the accessibility of traditional health services. The next chapter will discuss the findings that are presented by this chapter.

CHAPTER 5: DISCUSSION

The main intend of the study was to establish demographic characteristics of service users consulting with traditional healers including barriers and enabling factors to traditional service utilisation. In this chapter, a discussion of the study findings is offered. The discussion starts with demographic and clinical findings. Subsequently, an integrated discussion anchored by the Theoretical Domains Framework.

5.1. Demographic Factors and Clinical Profile of Patients

Traditional health sector has a long history, although colonial and apartheid forces dented its image. Even though arguments are many surrounding this healthcare system, it continues to service, predominately people of African ancestry, as well as some Indian and White people. This finding is in line with Sorsdahl et al. (2009) and Zingela et al. (2019) who indicated that Black people were the major group that visited Traditional Health Practitioners. Furthermore, patients who consulted with traditional healers travelled from within the Limpopo provinces and further afield especially for privacy related reasons. Those from further afield can be perceived to be engaging in some clandestine health seeking behaviours considering the stigma and inferiorisation of the traditional healing system. People do not want to be seen or perceived to be using the traditional healing system hence they consulted with healers far from their own communities.

It also became evident that THPs serviced people from all races, genders, age including diverse socio-economic statuses. This finding contradicts Mokgobi's (2012) earlier findings that elderly people were more likely to seek traditional services compared to young people for most were still adherent to traditional beliefs. Similarly, Hughes et al. (2013) reported that individuals with only secondary education visit/utilise traditional services more than those who

have tertiary education. Contradictory to this report, the study found that most service users who visited THPs were young adults who some had postgraduate qualifications and had professional jobs. The findings further contradict Hughes et al. (2013) and Gyasi et al. (2011) who both suggested that unemployed people and uneducated people were more likely to visit traditional healers because their services are affordable and that they lacked knowledge on western services available for patients. Evidently, THPs are found to service not only underprivileged and poor communities, but also even those in the working class and elites.

Hughes et al. (2013) and Shewamene et al. (2020) indicated that women seek traditional services more than men do. This study supports and strengthens these reports and extends on this by giving reason to the gender disparities observed previously. Traditional masculinities associated with self-reliance and hiding of emotions by men seem to account (Staiger et al., 2020). Although some men do seek traditional services, women still played part in encouraging them to seek out traditional healing services. This further exposes the negative role masculinity has towards male health seeking behaviours. Masculinity makes men want to be in control and solve their own issues (Lindinger-Sternart, 2015), however, some problems require a spiritual eye or professional help; thus, efforts should be in place to encourage men to seek traditional health care.

According to Audet et al. (2017), empirical research has suggested that Traditional Healthcare Practitioners treat a variety of mental illnesses. Similarly, this study revealed that THPs are able to treat various mental conditions such as depression, acute stress, and psychosis. THPs treat conditions such as mood disorders (Liu et al., 2015), psychosis (Ahmed & Azam, 2014) and neurological disorders (Amoateng et al., 2018). In the treatment of mental illness, healers took a holistic approach, that is, they considered the influence of the biological, psychological, social, and spiritual factors. Gyasi et al. (2016) and Mbelekani et al. (2017) have argued that a sharing of this worldview or conceptualisation of mental health problems by both THPs and their patients positively influenced patients to continue relying on traditional services. Many

studies (e.g. Lampiao et al., 2019; Moshabela et al., 2016; Peprah et al., 2018) including this study, have documented on the role of spirituality in traditional healing that is in respect of ethical practice, case formulations and referrals, as well as the diagnosis and management of diverse mental and spiritual conditions.

5.2 Integrated Discussion of the Findings linked to the Theoretical Domains Framework (TDF)

The Theoretical Domain Framework (TDF) is a behavioural framework built on 14 domains that have been adopted to help determine factors that impact behavioural changes within various fields (Atkins et al., 2017). According to Cane et al. (2012), the framework was developed to integrate various behavioural theories to address behavioural issues across different disciplines. Furthermore, it has been widely used to address and explain implementation problems and inform interventions implemented thereof. Herein the discussion is offered in line with the domains supported by the current study findings.

Domain 2: Inefficiencies and Limitations associated with Mainstream Mental Health Care Services

Healthcare systems will always succeed in treating certain health conditions yet fail in some cases. It is in this regard, that this study established that some culturally explained conditions are among some of the conditions failed to be managed by professional mental healthcare providers. The study has revealed that conditions associated with ancestral energies or supernatural forces were those users perceived as needing traditional interventions. It is in this case that patients then resort to the use of traditional services. Ndetei et al. (2013) revealed that people feel that hospitals do not provide necessary holistic treatment and are left unsatisfied when they do not get well after visiting the hospital, thus the perceived

limitations by the professional medical health care system served to influence people to seek traditional health services.

This finding supports the skills domain of the TDF whereby lack of certain skills by professionals could deter patients from using health care services. Left unsatisfied, patients opt for other health care professionals who are skilled or better equipped to address or meet their health care needs. In the context of this study, THPs appear to be bridging the gap or having the necessary skills to service those with mental health care needs that the western healing system would have failed to address. Ouellet et al. (2018) adds that, for most people who consult with THPs, the knowledge and training that the THPs possess of traditional healing practices', is considered of importance, and contributes to patients' level of satisfaction and trust for traditional healthcare treatment. This further indicates the link that domain 1 of knowledge intertwines with the skills domain that the findings indicate as a reinforcing factor for continued use of traditional services.

Based on the findings, it is suggested that the government develops formal collaborative systems that would encourage both traditional and western health care sectors to work together. Systems to do with formal referrals need to be implemented to allow practitioners to formally refer patients to the other system in cases where one system is failing. Moreover, such collaborations will allow the systems to develop mutually benefiting working relationships and build trust amongst each other and to the public, while assuring patients of practitioners' capabilities and skills therefore reinforcing dependency relationships for patients on the systems.

Domain 3: Social/professional Role and Identity

In line with this TDF domain, the study identified four factors that may foster or hinder the use of traditional health services. THPs needed to be guided by or maintain humane interpersonal

skills when engaging with service users. There is therefore a need to maintain relational ethos such as respect for humanity. Patients best align with someone they feel they can trust. In the same vein, THPs are required to carry themselves with dignity and act in a manner that satisfy their ancestors and uphold their identity in society. Maintaining good interpersonal skills and good conduct served to reinforce the relationship that THPs build with their service users. These factors therefore help THPs uphold their social / professional identity and roles within their professional and social context. According to Gyasi et al. (2016) and Ouellet et al. (2018), the type of relationship that THPs build with their patients, that is, their mutual trust, respect, understanding and use of common language may serve as facilitators to seeking traditional services. The findings further link to domain 3 as they indicate the importance and effect that social and professional roles and identities influence patients to engage/consult with THPs.

Ouellet et al. (2018) supports in saying that people fail to use the traditional healing services due to the absence of legislations and accreditation for the practice. Additionally, this study has also revealed that a perceived lack of privacy regulations exists within this practice. Some THPs share patients' information with other people thus people develop lack of trust in THPs to withhold their information. This may also be reason to why THPs previously indicated that most of their patients come from far areas rather than those in their own communities. The lack of professional conduct contracts with domain 3 as THPs fail to hold a professional role in their communities and thus this hinders with the use of their services. Furthermore, patients are hindered to use traditional services because of the choices and decision made by THPs to use their calling to perform evil rituals. Similarly, Nene (2014) has indicated that many people continue to associate traditional practices with witchcraft and sorcery. The perceived misconduct by THPs therefore prevents people from seeking traditional services, and those that choose to do so are further concerned with realisations that their enemies use the same services.

Following these findings, it is important that THPs come together and join forces to ensure that they work together to help develop a positive image and restore the identity and dignity of traditional practices. In that, THPs need to hold workshops and conferences whereby they educate each other and share information on the importance of upholding social/professional identities and roles, and ways to do that. Therefore, adopting such measures will help THPs maintain good conduct and develop the relationships they build with their patients. Subsequently, the regulatory board of THPs need to effectively implement measures that will bind THPs to behave professionally in and outside practice hours. Such implementations may address ethical issues and therefore restore the professional image of traditional health care.

Domain 4: Dishonesty about Spiritual Healing Capabilities and Skills

The study further revealed that some THPs have a negative attitude and fake their spiritual powers. The field has over the years suffered from identity attack, and in recent years a mushrooming of charlatans. This has served to discourage service users from utilising traditional services. Some service providers fail to acknowledge their limitations in practice thus fake the powers that they have in providing treatment. Healers who betray their ethos in practice or some of the charlatans are dishonest in their operations, and often, their immoral behaviours are for esteem and/or monetary purposes (Muhorakeye & Biracyaza, 2021). In this study, it was further revealed that some Traditional Health Practitioners fake having healing powers. Such misrepresentation leads to mistrust of the system and questions THPs abilities. Lack of trust and dissatisfaction with such healers affect the progress and growth of traditional health care. In line with domain 4 this perceived barrier results from THPs inability and incapacities towards providing patients with adequate healing but rather faking such abilities.

The findings therefore illustrate limitations to providing adequate treatment within the traditional health care. As perceived in domain 2, the western practice also faces limitations within the mainstream mental health care services thus it is evident that a proposed

collaboration will not only serve the western health care, but rather both health care systems can benefit. The collaboration will ensure that each system cover on the lack of skills that the other has. Moreover, it will help in the regulation of THPs thus preventing those who lack in practice from forging powers and behaving in ways that contradicts with regulatory measures put in place.

Domain 7: Reinforcement

The reinforcement domain advocate for an increase or decrease in chances leading to a certain behaviour amongst two variables. It influences developed tendency relationship between variables. As in this study, various factors have been identified to reinforce the use of traditional services. Success stories shared by patients with significant others, therefore promoting the healer and indirectly advertising their services, have influenced many people to seek traditional services. They found that some people continue to use traditional services because of lived experiences of others or their own situations. These findings further relate to Ndetei et al. (2013) who also indicated that seeking traditional services may sometimes be influenced by testimonial and personal experiences of traditional healing.

Additionally, THPs maintain a dependency relationship by offering their patients with services that are cost efficient. Their services are not based on accumulating wealth but rather satisfying their ancestral guides. The services they offer to patients have the same prices irrespective of patients' economic status. They can accommodate everyone's' financial status. Mothibe and Sibanda (2019) have also revealed that THPs are able to effectively treat illnesses at an affordable price lower than professional medical treatments. These findings are in line with the reinforcement domain as they indicate factors that strengthen the use of traditional services and thus serve as enablers.

Based on the latter, continued use of traditional services depends on reinforcing factors such as affordable services and the success statistics. An active regulatory body will oversee such elements and ensure that all THPs render services at standard pricing and further share reports on the statistics of traditional services. Shared reports will help develop trust towards using traditional services and promote this health care. Proper exposure will further educate people of the traditional practices reinforcing their usage.

Domain 8: Determining Individual Life Direction

Everyone faces various challenges on daily bases, and some cannot be explained or understood through the human eye. It is in this regard that the study has revealed that some individuals sought traditional services because they are seeking answers regarding their life direction or various situations that western practices cannot explain. As in the study by Campbell-Hall et al. (2010), it has been reported that majority of people who seek traditional services are inclined to rely more on spirituality and that traditional services address issues pertaining the body, spirit, and soul. In line with domain 8, patients make the decision to access traditional services because they want to determine their life's directions, they intend to understand their life statuses through traditional services.

Following the above discussion in the previous domains, the proposition for regulatory body that will ensure that relevant exposure is given about traditional health care will further be significant in this domain as exposure will educate the public about safety measures in this health care system and help restore their trust in it. Developed trust and certainty will thus lead to increased usage of the traditional health care system.

Domain 9: Efficiency of Traditional Medicine and Healing

Debates around traditional medication continue to exist and may foster or hinder the use of traditional services by patients. Liu et al. (2015) in their study have proved the effectiveness of traditional treatment through the use of various herbs. Mbelekani et al. (2017) also indicated that people who had satisfactory treatment while using traditional services are more likely to continue to use such services. This study further revealed that many people continue with these services because of the effectiveness of natural herbs used in treatment. Moreover, the traditional medications do not have a dependency after effect. Thus, patients prefer traditional medications over scientifically modified medication. The findings are in line with domain 9 as the effectiveness of traditional medications lead to reduced/eradication of illness and enforce accessibility of traditional services. The effectiveness of traditional medication fosters the continual usage of traditional services by the patients.

Similar to costs and beliefs, traditional medications also serve as both a barrier and a stimulator. The study revealed that the effectiveness of traditional medication continues to be questioned. Some people still lack trust in traditional medication and for some, it is because they have experienced a negative outcome in using the medication. Some people are still uncomfortable and untrusting of traditional medications. This may be as a result of traditional medication being considered unsafe (Mokgobi, 2014) or its lack of scientific evidence, efficacy, and quality standards (Sharad et al., 2011). In line to the behavioural regulation domain, these findings speak to steps taken by the THPs to ensuring that they change or break such perspectives about the traditional medications.

Consequently, a proposed regulatory body working closely with government and other institutions such as the Indigenous Knowledge system (IKS) need to provide the public with reports on the success rates of traditional medications and their safety. They may further ensure this by providing THPs with dosage regulations and administration of herbs.

Domain 10: Memory, Attention and Decision processes

Domain 10 speaks of an individual's ability to process, remember, and make conscious decision relating to a given situation. In developing facilitators to a situation, it advocates a need for maintaining consciousness and attention thus maintaining effectiveness of that service. In this regard, the study found that some of the factors that influence patients to make concise decisions about traditional services included referrals from fellow healers and ancestors. When other healers refer those patients to their colleagues, it proves a sense of unity and trust thus, patients are able to trust the traditional health care system. Additionally, receiving guidance through dreams by ancestors and directing you to the relevant THPs promotes the use of this system, and patients together with their rightful THPs are able to find relevant healing methods. In this case, having regulations that encourage referrals among THPs will therefore allow patients to build trust on the THPs and make conscious decisions to continue to use the traditional health care system.

On the other hand, Atwine et al. (2015) suggested that people make personal choices about when and whom to consult with. Even in this regard, it is clear that seeking traditional services requires a clear memory and attention to make concise decisions in using these services. Moreover, a need for THPs' own formal referral system is observed to enforce effectiveness of traditional services. The findings are in line with domain 10 as they highlight on the significance of conscious thinking and decision making by patients when choosing to use traditional services and may foster or hinder the progress of a given context.

Domain 11: Environment Context and Resources

Although some people regard traditional services to be affordable, there are also those who find them to be costly. Some people have been overcharged for consultations and treatments. The study has revealed that some people do not use the traditional health system because of

high costs that THPs charge. THPs have indicated that some of their colleagues have turned the practice into a get-rich scheme. Muhorakeye and Biracyaza (2021) also indicated that, a lack of standard costs for treatment in the traditional health system has led to some patients paying large sums of money for services. In line with domain 11, patients who do not have enough resources may therefore choose not to use the traditional health care system.

Subsequently, lack of hygiene by THPs as observed by the study also served as a hindrance to access traditional services. Patients prefer clean and hygienic environments, therefore THPs who lack this aspect influence people to not use their services. THPs in this study have also indicated the importance of maintaining hygiene. They have indicated that some THPs have lately improved on their working conditions and practices, thus working in clean hygienic environment. Despite this improvement, people still have negative reviews regarding issues of hygiene and some THPs still need to work hard and improve on this aspect. Working in a clean environment ensures patients of safety in traditional services. Similarly, Mokgobi (2014) reported that another barrier to seeking traditional services was the notion of traditional methods being considered unsafe and unhygienic as they do not use sterile equipment. These findings are further in line with domain 11 as they advocate for a need to work in a clean environment and offer services in a context that promote hygiene and safety.

Controversial issues continue to exist relating to THPs' working conditions and their resources. Issues relating to hygiene in the working space of THPs and personal hygiene, as well as the costly prices they charge towards rendering services have disadvantaged the use of the traditional health system. In addressing such, it is important to have standard pricing that binds all THPs for the services they offer. Standard prices may however inconvenience those who offer services at lower prices per their ancestral guidance, however, an exception element may be included in such price regulations to allow some THPs to charge lower than the proposed standard prices.

Domain 12: Social Influence

Culture plays a vital role in people's lives. It influences our way of life, cognition, and behaviour. There are various cultural beliefs that exist amongst us and whether a person chooses to consult with THPs, or Western practitioners depends on their cultural beliefs. Mokgobi (2012) indicated that some people may choose not to consult traditional practitioners because they do not believe in ancestors as THPs rely on ancestral guidance in their practice. Correspondingly, Gyasi et al. (2016) further indicated that some people use this system because of their cultural upbringing which has exposed them to these practices earlier.

Seemingly, this study revealed that having African cultural beliefs influenced some people to continue to seek healing from THPs. Their cultural and religious background influenced their decision to consult a THP. In line with domain 12, it is evident that people are influenced by their social and external surroundings. The cultural beliefs that they have influence their help seeking pathway.

Success stories of THPs play a vital role in the growth of traditional services thus any negative disregard from those who have used the system has an impact on others seeking these services. Based on the findings, people continue to have negative attitude and viewpoints about traditional health services. Despite improvements and developments observed in the system many people still associate traditional healing with witchcraft and hold a negative attitude toward it. Nene (2014) also indicated that many people still associate traditional healing with witchcraft or sorcery. The findings contradict domain 12 as individuals hold a negative view about traditional services and therefore perceive negative outcomes from using this system. These findings further outline an overlap to domain 5 (optimism) as they indicate how individual attitudes may hinder the use of traditional services.

Additionally, the study found that some THPs are critiqued and undermined based on their demographic status. THPs are undermined based on their age, socio-economic status and popularity. Some people want to be assisted by popular THPs and others do not trust THPs that look younger and have low socio-economic statuses. Undermining of THPs is in line with domain 12 of the TDF as these viewpoints by patients lead to anticipated reports in using traditional services. These factors demotivate patients as they already anticipate that they will not receive the best treatment based on the status quos of THPs.

Other controversial issues within the traditional practice lies in the implications that culture has on individual beliefs. The study findings have revealed the positive and negative effects that beliefs have on choosing an ideal health care, thus it is important to document and publish more on cultural practices, as well as the belief systems to enhance the continual use of the traditional health care system. In increasing exposure of traditional practices, THPs further provide an opportunity for people to learn more about tradition and thus the advanced knowledge that they have will help re-direct individual views and attitudes towards the practices of this system. THPs can also educate the public through campaigns to help remove myths and misconceptions held towards traditional practices. Furthermore, it will provide people with knowledge on the operation of its health practices thereby providing THPs with equal exposure despite their demographic backgrounds and social statuses.

Domain 13: Emotions

The study identified two factors that confront the emotion domain which focuses on the complex reactions that people have in response to dealing with a matter. The study found that though beliefs may foster one to use traditional services they may also serves as a hindrance when one has a different belief from those that exist within the traditional health system. Those who believe in western practices may not want to associate themselves with traditional practices. Ouellet et al. (2018) identified existing lack of knowledge on traditional practices by

the western practice which has led to mistrust of the traditional methods. Having different belief systems may therefore lead to patient reacting negatively to the traditional health system. These findings are thus in line with the emotion's domain.

Additionally, the use of traditional health services is hindered by the existing feeling of jealousy amongst THPs. The existing feelings of jealousy amongst THPs results in THPs sabotaging each other's reputations and work, leading to patients developing lack of trust for the practitioners in this system and showing less support thereof. In this regard, the reaction that THPs make in response to this feeling align to domain 13 and further hinder the use of the traditional health system.

Moreover, the study findings highlight existing negative attitudes that are not only held by the public but further by THPs towards each other. The findings thereof prove a need for initiatives such as those mentioned in the above domains to help educate individuals and practitioners in order to eliminate issues of bias and subjective negative thinking towards these practices. For instance, a formal referral system between THPs can allow THPs to know each other better and their specialities, thus allowing for a fair distribution of patients and reducing existing competition amongst THPs.

Domain 14: Behavioural Regulation

Another factor that hinders the use of traditional services is the violation of initiates and patients' rights. It has been found that some THPs continue to act inappropriately towards patients and initiates, thus violating their humanity and dignity. Ill-treatment towards patients and initiates may include sexual offences and assault among many others. These findings are in relation to findings of a study in Ghana that found that THPs abuse the human rights of patients through acts of exploitation, maltreatment, and negligence (Ae-Ngibise et al., 2010).

This further contradicts to domain 14 as these acts do not ensure that trust is built in the traditional system but rather continue to break the integrity of the system.

The existing negative understanding and view towards traditional medications and unethical conduct that is observed in some THPs by violating the constitutional rights of their patients and trainees, further requires the Department of Health and the Traditional Health Practitioners Board to collaborate and develop ethical guidelines that regulate THPs, and further ensure that they are implemented effectively with punishable measures for those who fail to adhere to such guidelines and laws.

5.3 Study Implications for theory

5.3.1 Implications for Theoretical Domains Framework (TDF):

The Theoretical Domains Framework (TDF) is built on 14 domains that help to determine barriers and facilitators associated with human behaviour. It argues that human behaviour is based on the 14 labels assigned to each of the domains. The labels are knowledge; skill; social/professional role and identify; beliefs about capabilities; optimism; beliefs about consequences; reinforcement; intentions; goals; memory, affection, and decision processes; environmental context and resources; social influences; emotion; and behavioural regulation.

Following these domains, the study has revealed facilitators and barriers that affect the use of the traditional health system. In this regard, 11 domains emerged in the study findings and although the remaining three (i.e. knowledge, optimism, and belief about consequences) did not directly emerge, a link between them and the emerging 11 was observed. The study found that people continued to use the traditional health care system because of limitations that exist within the biomedical systems relating to health issues, thus patients do not receive adequate care. These findings contradict with the skills domain as Western-trained Health Practitioners

(WTHPs) lack the skill to address traditional health issues and further link to the domain as they indicate the importance of traditional skills and knowledge (domain 1) that THPs have. Moreover, THPs interact with their patients with warmth and empathy, promoting and maintaining personal relationships with each of their patients. This is in line with domain 3, where THPs maintain social identities with their patients. On the contradictory, the study further revealed that in line with this domain THPs are failing to uphold professional identities and roles as they are found to lack privacy regulations and lack professional conduct in their respective communities. As a result, a lack of trust in the system is perceived and that hinders patients from using the system.

The study further revealed that in line to domain 7, THPs offer cost efficient services that can accommodate all people from different social classes thus promoting accessibility of the system. However, though this domain has proved how costs reinforce the use of traditional services; domain 11 has indicated that some THPs often charge high prices that cannot accommodate everyone, these high prices hinder the use of this system. Another hindering factor is found in line to domain 4 where the study found that some THPs are not honest about their capabilities and abilities thus fail to provide their patients with anticipated results.

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Peoples' shared experiences and views have a great impact on the system. It was found that in line to domain 7, word of mouth and advertisement as people share their positive results has facilitated the use of traditional health services. Contradictory, domain 12 has indicated that negative attitudes and views shared about traditional systems have resulted in many not trusting the system, thus discontinued use. The study further revealed that beliefs also have both a negative and positive impact towards accessing traditional services. In line to domain 12, it was found that having cultural beliefs by patients facilitates the use of this system, however, domain 13 shows that individuals having different beliefs to those of the THPs prevents them from using the traditional services.

Other factors that are found to promote the continued use of the traditional system include the system's ability to help people determine their life direction through the spiritual eye. These findings are found to be in line with domain 8 of the TDF model. Furthermore, the use of effective traditional medications that have no dependency relation to patients aligning with domain 9, is also found to promote the use of this system. Patients are also found to be seeking help from THPs following guidance from ancestors and also being referred by other THPs, thus developing trust and promoting the system. This links to domain 10 as patients take conscious decision towards using this health system.

The study further found that the use of traditional services was hindered by issues relating to hygiene, thus in line to domain 11 it appears that patients prefer consulting with practitioners that present good hygiene and some THPs still lack in this aspect; there is a need to maintain good hygiene by all THPs. The decisions in line with domain 10 taken by other THPs to use their gifts to perform evil, further prevent patients from seeking help in the traditional system. Moreover, domain 12 has revealed that the social influence in relation to THPs social status and class have impacted THPs negatively, as THPs are undermined based on demographic factors such as their age, popularity, and status. Feelings of jealousy that other THPs develop when they perceive their associates' progress have further led to patients not using the services, these findings are linked to domain 13 of emotions. Lastly domain 14 has revealed that the use of traditional services is hindered by the perceived violation and maltreatment of patients and initiates.

5.3.2 Implications for Interventions:

Following the proposed recommendations which were in line with the TDF domains, it is important that various stakeholders join forces and work towards formal integration of THPs thus ensuring that implementations of traditional services follow formalities and adhere to human rights. Furthermore, the study proposes a need for formal guidelines and the

implementation of collaboration with WTHPs. To achieve this, the study first identified the need to address issues pertaining to traditional services independently, such as the unprofessional and unethical conduct of THPs, as well as the issues in treatment that concern safety and regulation. As such the study proposed the following recommendations in line with TDF domains to enhance the accessibility to traditional healthcare services:

- Domain 2: There should be a formal referral system among THPs and WTHPs to allow both systems to gain knowledge of and skills about the other, thus developing a dependence relationship for patients with both systems. The government needs to develop formal collaborative systems that would encourage both traditional and western health care sectors to work together to help bridge the mental health gap. Furthermore, THPs may possess skills necessary to service those with mental health care needs that the western healing system would have failed to address. Therefore, formal referral systems need to be implemented to allow practitioners to formally refer patients to the other system in cases where one system is failing.
- Domain 3: THPs should develop their interpersonal skills. Formal guidelines need to be detailed and implemented to the regulate THPs' conduct and issues pertaining to privacy, to maintain good ethical conduct and the safety of patients. THPs also need to stop using their gift for evil deeds.
- Domain 4: THPs need to develop mutual relationships with each other and further have workshops where they will help each other and advice each other. This could further develop trust and referrals amongst each other, which will allow them to be able to cover up for each other's short falls or limitations.
- Domain 7: The regulatory board for THPs needs to develop formal pricing that their practitioners will make use of. Furthermore, THPs need to develop their own referral system which will allow them to effectively refer patients to other THPs. This can help reinforce their abilities and trust amongst each other.

- Domain 9: The regulatory board should sanction rules on the use and harvesting of natural medication by THPs. Whereby, diviners and faith healers buy medication from herbalists, and herbalists follow the protocols that ensure medications are used effectively, sterilised and in right dosages.
- Domain 10: THPs need to acknowledge the limitations to their gift, that is, there are certain illnesses they cannot treat, therefore should refer the patients to other healers capable of assisting the patients.
- Domain 11: THPs need to practice and maintain good personal and environmental hygiene. THPs also need a regulatory board that will formulate standard pricing which bind all THPs for the services they offer, to avoid costly price charges.
- Domain 12: THPs need to improve on their personal conduct to uphold positive reviews about them by the community.
- Domain 13: Through regular conduct and collaboration, THPs can develop an understanding of each other and reduce negative thoughts, and feelings towards each other's success, thus working together to promote each other.
- Domain 14: A code of conduct should be implemented to promote the human rights of initiates and patients, and good conduct in general.

5.3.3 Implications for Research and Policy:

The study has paved way for future research towards improving accessibility to traditional mental healthcare services. It has made way for further research to be carried out on Traditional Health Practitioners in a broader perspective. Furthermore, the study has identified gaps in policy and legislation with the traditional healthcare system, which needs to be studied further by THPs and various governing stakeholders within the traditional healthcare system. Moreover, the study identified loopholes in the professional and ethical conduct of THPs, thus guiding future research towards possible development of policies and guidelines that may bind THPs.

Additionally, there is a need for collaboration by the THPs and WTHPs which the study understands as crucial to have, as both systems are essential in providing mental healthcare services to the public. As such, more research needs to be conducted to help in the development and implementation by policy makers, as well as other relevant stakeholders to enhance access and the continued use of traditional practices. Following the study findings, it is evident that when it comes to mental health, there is still a lot that still needs to be addressed in line with traditional healing services. The participants of this study have indicated the limited knowledge towards mental health; thus a lot of research is still needed to gather in depth knowledge of traditional health practices towards mental health. Research for mental health specifically needs to question the ethical practices and conduct of THPs, policy and legislation of THPs, regulatory bodies of THPs, safety and administration of traditional medications, as well as human rights.

5.4 Limitations of the Study

- The study is limited to perspectives only given by the THPs within the Sekhukhune district and may thus vary to those in other areas.
- The area had less THPs who showed interest in participating in the study therefore, their views may not be generalised to all THPs. Notably, the small sample size limited generalisation of the study results.
- The THPs further had minimal experience with treating mental illness and therefore limit their views on mental health independently.
- Translating Sepedi responses given by participants during interviews into English also serves as a limitation. The true essence and meaning of the responses given is lost during the translation of data from one language to the other.

- The use of purposive sampling (also called judgemental sampling) can have a biased influence on the results simply because the sample selection depends on the researcher's judgement, that is, the sample is selected on purpose to yield a specific outcome

5.6 Concluding remarks.

The traditional health care system has continued to be relied upon by people especially black Africans including those educated. Traditional healers themselves are educated professionals who had to answer their ancestral calling and serve their local communities. This finding itself ousts the myth that traditional healers are uneducated including the population they serve.

Some of patients who rely on traditional services are well-educated and come from metropolitan centres. Why people continued to rely on traditional services? The study answered that various factors attracted participants but mainly having great interpersonal skills, low costs of services, efficiency of natural herbs, maintenance of hygiene by healers, and alignment between the healers-patient belief systems all attracted patients to use the traditional health system. To contrast, what is repulsive to clients include the rise in charlatans, lack of integrity by some THPs. The imposters and the lack of integrity by some healers meant that the public lacked trust in healers and their system of health care. Upholding ethical principles including collaboration between healers was identified as central to the sustainability of the traditional health care system. Theoretical, intervention and policy related implications were offered to achieve the latter imperative.

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APPENDICES

Appendix 1a: Interview guide

Objectives	Interview questions
1. To determine the demographic characteristics of patients utilising the services of Traditional Health Practitioners for mental healthcare	Patients who access their services: a) What is their age range? b) What is their gender? c) Where do they reside? d) What is their race/ethnicity? e) What is their education level? f) What work do they do? g) What mental health conditions do they need assistance with?
2. To ascertain what factors Traditional Health Practitioners perceive as enablers for patients to use traditional mental health services	h) What do you think are the major factors that motivate patients to use traditional mental health services?
3. To identify factors that Traditional Health Practitioners perceive as hindrances for patients to access traditional mental health services	i) What factors do you think stop or prevent patients from making use of traditional mental health services?

Appendix 1b: Polediśano tlhahlo

Maikemišetšo	Dipotšišo tša diteko
1. Go lemoga go tšwa go dingaka tša setšo, boema bja palo ya batho ba malwetši a mogopolo ao ba a hlokomelang	Balwetši bao ba dirišago di ditirelo tsa bona: a) Ba nale mengwaga e mekae? b) Bong bja bona ke bofe? c) Ba dula kae? d) Morafo wa bona ke ofe? e) Boemo bja bona bja thuto ke bofe? f) Ba šoma go dira eng? g) Ke maemo afe a malwetši a mogopolo ao ba hlokang thušo ka ona?
2. Go kgonthišetša tšeo dingaka tša setšo di bonago di ka dira gore balwetši ba diriše ditirelo tša setšo go tlhokomelo ya malwetši a mogopolo	h) Lebona okare ke mabaka afe a magolo a šušumetšang balwetši go diriša ditirelo tša setšo go tlhokomelo ya malwetši a mogopolo?
3. Go nyakišiša mapheko ao dingaka tša setšo di bonago a palediša balwetši go fihlelela ditirelo tša setšo go tlhokomelo ya malwetši a mogopolo	(i) Lebona okare ke dintlha dife tšeo di ka thibela goba go palediša balwetši go fihlelela ditirelo tša setšo go tlhokomelo ya malwetši a mogopolo?

Appendix 2a: Participant consent form

I _____ hereby agree to participate in a research project that is about the perceptions held by Traditional Health Practitioners regarding patients making use of traditional mental health services in Burgersfort, Sekhukhune District, Limpopo Province, South Africa.

The purpose of the study has been fully explained to me. Participation in this study is voluntary and I can withdraw my participation at any stage. I understand that this is an academic research project, whose purpose is not necessarily to benefit me personally. I understand that access to the records that pertain to my information in the study will be restricted to the persons directly involved in the study, and that the information I give is of importance. The study is strictly confidential. I hereby agree to participate in the study.

Signature: …….

Date: ……..

Appendix 2b: Foromo ya tumelelano ya motšeakarolo

Nna _____ ke dumela go tšea karolo mo nyakišišong ye kopana ya go utolla maikutlo a dingaka tša setšo mabapi le balwetši ba dirišago ditirelo tša setšo go tlhokomelo ya malwetši a mogopolo seleteng sa Burgersfort, Sekhukhune. Ke tšea karolo mo thutong ye ka boithaupi gape nka lesa go tšea karolo nako ye ngwe le ye ngwe. Ke a kwišiša gore se ke porotšeke ya nyakišišo ya thuto, yeo mohola wa gona e sego go nkhola. Ke a kwišiša gore direkhothe tšeo di nago le tshedimošo yaka mo thutong ye, di tla šomiša ke motho yoo a amegago thwii mo thutong ye, gape tshedimošo yeo ke e fago e bohlokwa. Thuto ye ke sephiri. Ke dumela go tšea karolo mo thutong ye.

Mosaeno: ……..

Letšatšikgwedi: ……

Appendix 3a: Informed consent letter

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Date_____

Dear Participant

Thank you for showing interest in this study that focuses on exploring the perceptions held by Traditional Health Practitioners regarding patients' use of traditional mental health services in Burgersfort, Sekhukhune District, Limpopo Province, South Africa.

Please note that your responses to the interview will remain strictly confidential and that your participation in this study is voluntary, meaning you have the right to withdraw your participation at any given time. Your valuable time given to participate in the study is highly appreciated.

Kind regards.

……..	……
Lebogang Ngwato (Masters student)	Date
…….	……..
Dr Makgahlela (Supervisor)	Date
…….	……..
Prof Tholene Sodi (Co-supervisor)	Date

Appendix 3b: Lengwalo la tumelelo

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Letšatšikgwedi ……..

Motšeakarolo yo a rategago

Ke leboga kgahlego ya lena mo nyakišišong ya go lebelela maikutlo a dingaka tša setšo mabapi le balwetši ba dirišago ditirelo tša setšo go tlhokomelo ya malwetši a mogopolo seleteng sa Burgersfort, Sekhukhune.

Hle lemoga gore dikarabelo tša gago mo dipotšološišong e tla ba sephiri mme botšeakarolo bja gago ke bja maikgethelo ebile le na le tokelo ya go ikgogela morago nako efe kapa efe.

Ke leboga nako yeo le e mphilego yona.

Wa lena ka potego

……..	……
Lebogang Ngwato (Moithuti wa Masetase)	Letšatšikgwedi
…….	……..
Dr MW Makgahlela (Mohlahli)	Letšatšikgwedi
…….	……..
Prof T Sodi (Mohlahli)	Letšatšikgwedi

Appendix 4a: Permission letter to tribal authorities/councillors

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Date: ……..

Fetakgomo Local Municipality

House 270

Riba-cross Village

Driekop

1129

Sir/ Madam

I am Lebogang Ngwato, a student at the University of Limpopo. I hereby request your permission to conduct a research study on the **Perceptions held by Traditional Health Practitioners regarding patients' use of traditional mental health services in Burgersfort, Sekhukhune District, Limpopo Province, South Africa**. I am aware of the guidelines and regulations relating to a study of this nature and I agree to stand by the ethics as outlined.

Kind regards

……. ……

Lebogang Ngwato (Masters student) Date

Appendix 4b: Lengwalo la go ya Mešate goba go bakhanselara

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Letšatšikgwedi: …….

Fetakgomo Local Municipality

House 270

Riba-cross Village

Driekop

1129

Mohlomphegi

Ke nna Lebogang Ngwato, moithuti Yunibesithing ya Limpopo. Ke kgopela tumelelo ya go tsena tikologong ya lena go nyakišiša maikutlo a dingaka tša setšo mabapi le balwetši ba dirišago ditirelo tša setšo go tlhokomelo ya malwetši a mogopolo go seleteng sa Burgersfort, Sekhukhune. Ke tseba ka melawana le dipeelano tša go tsamaišana le dinyakišišo tša go swana le ye, maitshwaro a ka a tla laolwa ke melawana ya gona.

Wa lena ka potego

…….

Lebogang Ngwato (Moithuti wa Masetase)

…….

Letšatšikgwedi

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING: 14 September 2021

PROJECT NUMBER: TREC/205/2021: PG

PROJECT:

Title:	Perceptions held by traditional health practitioners regarding patients' use of traditional mental health services in Burgersfort, Sekhukhune District, Limpopo Province.
Researcher:	Ms L Ngwato
Supervisor:	Dr MW Makgahlela
Co-Supervisor/s:	Prof T Sodi
	Dr MB Modipane
School:	Social Sciences
Degree:	Master of Arts Psychology

PROF P MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

i) **This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.**

ii) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.**

iii) **PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**