



Beliefs and Attitudes Towards the Use of Traditional Medicine in a South African Regional Hospital

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<http://dx.doi.org/10.47814/ijssrr.v7i3.2074>

Abstract

Traditional medicine (TM) in South Africa is the first choice for a large number of black people seeking medical assistance in their communities for various illnesses that are perceived to be a threat to their health. The TM policy acknowledged by the World Health Organisation (WHO) exists in South Africa. The policy guides the process of integrating TM into the national health care system. However, hospitals in black communities have not embraced this policy or TM approach to health care. Nor have patients advocated for the use of TM as part of their medical treatment. The paper thus aims to explore the attitudes and beliefs of patients and health professionals, to understand the underlying issues that impact the acceptance of TM use in the hospital. A single-case qualitative study approach was conducted using the following data collection methods: namely, semi-structured face-to-face interviews with health professionals and a focus group interview with patients. The study findings revealed that although participants used TM to better their health concurrently with western medicine, none supported the integrating of TM as part of their medical treatment at the hospital.

Keywords: *Medical Treatment; Traditional Medicine; Integration; Black People; Health Care System; Attitudes; Belief*

Introduction

Globally, several countries, such as China and India, have considered using TM in their health care system as an option to prevent and treat symptoms of various illnesses (Wiersinga et al., 2020). For instance, in 2020 China approved the use of traditional Chinese medicine to treat pneumonia caused by COVID-19 (Lyu et al., 2020; Wiersinga et al., 2020). While India introduced a national-level clinical trial on three herbs said to improve immune response (Khanna et al., 2021). In Africa, 80% to 90% of the population depends on TM for their daily healthcare service needs (Mbelekani et al., 2017 & Ruchama, 2023). In some areas, TM is the only health care service that is readily available, accessible, and

affordable to people (White, 2015). Mulungwa et al., (2018) states that 80% of the population in South Africa also uses TM for medical conditions instead of going to a doctor or a clinic/hospital. South Africa is a culturally diverse country, and TM is a significant part of culture and tradition. In provinces like Kwa-Zulu Natal, traditional health practitioners (THPs) have joined the Department of Health to educate people about preventing illnesses and about TM (Masemola et al., 2023). Consequently, the important contribution of TM as a major provider of healthcare services in South Africa must not be undervalued. Hence, this paper explores the attitudes and beliefs of black patients and health professionals on the integration of TM into the health care system.

To explore this phenomenon, it is put forward in this paper that the people (patients or health practitioners) who reject the integration of TM into the health care system have used TM before to treat symptoms of an illness (Mulungwa et al., 2018). In this regard, it is crucial to understand the experiences of both patients and health professionals on using TM for their health care in the community. Unexpectedly, to date, limited studies have thoroughly examined the impact that the patients' and health professionals' attitudes and beliefs have on the acceptance and use of TM in the healthcare system within urban black communities in South Africa.

This paper thus makes a significant contribution by conducting a single case study that explores the acceptance, by patients and health professionals, of TM in the healthcare system in order to illuminate health disparities and offer valuable insights for health professionals and scholars working in healthcare within black communities.

The structure of this paper is as follows: First, the literature review section provides an overview of traditional medicine in healthcare and the healthcare system in South Africa. Next, the research methodology and study area. Subsequently, the findings, discussions, and conclusions are presented.

Literature Review

An Overview of Traditional Medicine (TM) in Healthcare

TM has been used worldwide for as long as humans have tended to their illnesses, and it continues to be relevant in today's world for most people in culturally diverse communities (Mmamoshedi et al., 2018). Hence, the study focuses on the Vosloorus township, a diverse community which comprises of people from various cultures and ethnicities in South Africa. According to Mirzaeian et al., (2019) 70% to 95% of people across the world use traditional medicine for their primary healthcare needs. TM is defined as the sum total of the knowledge, skills, and practices based on theories, beliefs, and experiences indigenous to different cultures, whether justifiable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness (Lin et al., 2021).

TM is generally associated with herbal medicine which include herbs, herbal resources, herbal preparations, and completed herbal products (Mbelekani et al., 2017). However, authors such as Logeil et al., (2017) argue that a spirituality based on indigenous experiences and knowledge is just as important to TM as physical, herbal products." Hence, traditional healers, as spiritual beings and symbols, are trusted TM advisors and prescribers (Mmamoshedi et al., 2018). Patients consult a traditional healer just like others would a medical doctor for a diagnosis, and the appropriate selection of—and direction on—the use of traditional medicine for their healthcare.

In African countries such as Ethiopia the high prevalence of use of traditional medicine is influenced by a number of factors—namely, cultural beliefs, accessibility, affordability, and barriers to medical treatment (Legesse et al., 2023). This is also true for South Africa, but this is experienced mostly

by black people in rural areas, such as Kwa-Zulu Natal (Ozioma et al., 2019). Surprisingly, this has changed in the 21st century; traditional medicine use is spreading into urban and semi-urban areas as a result of people moving from rural areas into urban areas for better opportunities (Xego et al., 2021). Thus, this study explores this phenomenon in an urban area, the Vosloorus township, which is predominantly black.

There is a valid critique from some health professionals and residents about the use of TM in local hospital (Zuma et al., 2016), based on the unhygienic practices of traditional healers and scientific testing of TM. Nonetheless, the South African government introduced the Traditional Health Practitioners Bill (25 of 2004), encouraging a deeper understanding of TM which improves health in black communities (Masemola et al., 2023). This is because people prefer using TM for their illnesses more than western medicine prescribed by medical doctors. The TM policy was established to corroborate this point, and focuses primarily on HIV/AIDS healthcare (Summerton, 2015). While there is support for TM use in healthcare, most people still resist its inception in hospitals. Therefore, the study aims to explore the attitudes and beliefs of black patients and health professionals that are against the integration of TM into the healthcare system.

The Healthcare System in South Africa

Globally, the healthcare system faces challenges such as inadequate accommodation for patients, lack of funding for biomedical research, high medical costs, and slow adoption of technology (Lucero-Prisno, 2023). Africa is no different since the healthcare system is neglected and underfunded (Olerebi et al., 2019). According to Cullinan (2021), only 52% of the population in the continent has access to health care—out of 615 million people. This does not even equate to half of the population that requires health care services from the system. The healthcare system in Africa is set in a way that the national hospitals in urban areas provide the best health care services, whereas clinics in the rural areas have no doctors, specialists, or medications to cater to the health needs of the population (Nchasi et al., 2022). Hence, people in such areas seek alternative, accessible, and cheaper health help to address the various illnesses in their community. This has led to the continued prevalent use of traditional medicine in Africa, and the general hesitancy to seek out western medicine from than western medicine from the clinic/hospital. WHO defines the healthcare system as “all organisations, people, and actions whose primary intent is to promote, restore, or maintain health” (Kruk, 2018 & Malakoane et al., 2020).

The South Africa healthcare system is characterised by poor service delivery, undertrained and overworked staff, medication shortage, financial cash flow problems, poor management, and dysfunctional communication technology (Malakoane et al., 2020). Although the government spends a lot of money on the healthcare system, nothing has changed or improved (Tandon, 2018). Instead, it is getting worse, and more people than ever are unable to access quality health care in their respective communities. Hence, people choose to consult a traditional healer because the sessions are therapeutic and handled with dignity and respect, growing many peoples’ trust in TM (Bhikha & Glynn, 2016).

The integration of TM into the healthcare system has been supported before and after apartheid in South Africa, by the African national congress (ANC) and, later, the government and the minister of health Dr Manto Tshabalala (Mokgobi, 2013). Because TM can reduce the burdens illnesses place on western healthcare systems and improve health-seeking behaviour from black patients, authors, such as Van Rooyen et al., (2015), believe that a traditional healer and medical doctor working in the same community will complement each other since each will play a role in assisting a patient. In such a scenario, the health of individuals will not be negatively impacted, hence a collaboration is important. In some African countries the integration of traditional healers and medical doctors has been successful because medical doctors have a positive perception and attitude towards traditional medicine (Van

Rooyen et al., 2015). Hence, the study focuses on the attitudes and perceptions of health practitioners and patients because these seem to determine whether TM will be used or rejected in a hospital.

Methods

A qualitative research design with a single case study approach and an interpretivist worldview was adopted. The single case study design was selected as it allowed for thorough exploration of the environment, attitudes, and beliefs that impact the acceptance of TM in the healthcare system, using two data sources to gain valuable insights. To ensure rich and detailed information, a purposive sample of black patients from and health practitioners who worked for a regional hospital in Vosloorus were selected. The research methods used in this study included semi-structured face-to-face interviews conducted with five health practitioners. Additionally, a focus group session was conducted with eight female patients aged between 25 and 70 years. It is noteworthy that participants of all genders were invited to participate in the focus group, although only female participants volunteered. The unit of analysis for this study were the patients and health practitioners from Vosloorus.

The study complied with all ethical requirements in terms of informed consent, confidentiality, and privacy, and was thus granted institutional ethics approval. Data collection was guided by the principle of data saturation, ensuring that enough information was gathered to achieve a comprehensive understanding of the research topic (Majid et al., 2018). The analysis and interpretation of the collected data followed Tech's (2013) eight-step approach, ensuring the identification of critical insights while minimising the risk of false positives and false negatives (Fife, 2020). Trustworthiness of the study findings was established through various strategies, including using Lincoln and Guba's (1985) framework of credibility, transferability, dependability, and confirmability (Lemon & Hayes, 2020).

Study Area

Vosloorus is a township located in the South of Boksburg city of Ekurhuleni, East of Johannesburg. It was established in 1963 as people were moved from Stirtonville because black people were not allowed to live close to a white town (Mashabela, 1988). The racial makeup of community is predominantly black; black people comprise 99.3% of the community is (Statistic South Africa, 2018). It has two government hospitals, including a regional hospital, and two clinics for a population of 163,216 (Statistic South Africa, 2018). The data was collected from patients who sought health help from one of the four medical health facilities and health professionals who worked for the regional hospital and who lived in the community. The area was chosen because of the diversity of the population, its limited access to healthcare services and health facilities, and its large number of traditional healers and high use of TM.

Results

Participants' Socio-Economic Data

The participants of the study comprised predominantly black women, with a few men, and the ages of participants varied between 22 and 64 years old. Six participants were health professionals, and eight patients were from the community. All participants used TM at least once in their lifetime to cure or manage an illness, either when the participants were younger and instructed to do so by their parents or relatives, or as adults on their own. The majority of the participants grew up in the Vosloorus community, while three moved into the community later, two to attend school and one health professional to start working at the regional hospital.

From the findings of this study the following themes emerged: *TM influence in healthcare, the use of TM at the hospital, the testing of TM for safe consumption, and the appropriateness of TM in the healthcare system.*

TM 's Influence in Healthcare

The finding of the study revealed that TM was important to the participants' health care because it is part of their cultural beliefs and was trusted by their forefathers to preserve good health. TM is an ancient and culture-bound way of healing that people have used to manage diseases and common disorders that have threatened their health (Xego et al., 2021). TM-specific healthcare continues to be prevalent among people in the country because it is practiced continuously and passed from generation to generation (Van Rooyen et al., 2015). Hence, TM still plays a crucial role in encouraging healthy behaviour and positive health outcomes in black communities. Participants reported that TM assisted them in healing an illness at some point, and thus was effective. The decision to use TM was mainly directed by past experiences and advice from family and community members, since cultural beliefs and norms of the community members include TM when dealing with a health issue. However, the participants also noted that some illnesses required western medicine and healthcare system. Therefore, both are applicable in the process of facilitating better health for people.

PARTICIPANT (3): "It is a very complexed topic that one, right and my opinion is that the two can work in healing an illness in their respective places, I don't believe in the notion that says you can choose one and abandon the other because I believe both have a good place in our society, they have good intentions as long as they are meant to enhance wellbeing."

Traditional medicines have been instrumental in promoting health-seeking behaviour and understanding in societies, even eradicating some health burdens that are not believed to be biomedical but supernatural in nature (Summerton, 2015). Hence, in this paper the TM policy and the Traditional Health Practitioners Bill that were implemented in South Africa were mentioned to validate the impact of this perspective in healthcare. Even today, large portions of South Africans continue to use traditional medicine, rather than western medicine in biomedical health facilities, when dealing with a health issue (Masemola et al., 2023). Therefore, traditional medicine is an integral part of healthcare in Vosloorus and is perceived to positively address illnesses.

Use of TM at the Hospital

Participants stated that TM should not be used at the hospital in the community because of the nature of both health cares, which are meant to be practised and adopted for specific illnesses and contexts. Specifically, participants indicated that their past experiences with the use of TM and prescribed western medicine in combination did not result in positive health outcomes. Importantly, participants mentioned that they sometimes preferred using TM for healing illness at home rather than going to the hospital. In South Africa, TM and the healthcare system each play a role in the healing process and the management of an illness or disease (Xego et al., 2021). Therefore, it is clear that a supportive health care approach would take into consideration TM in a black community such as Vosloorus. However, the attitudes and perceptions of the providers and users would direct whether the implementation of a TM approach would be successful in the healthcare system.

PARTICIPANT (6): "Something like this happened to me not so long ago, I even had an allergy, I went blind because I was using an antibiotic from Hira and the next thing, I was also drinking traditional medicine and stuff you see things like that so I don't know what happened I even got an allergy so these things should not be mixed."

Participants further reported that TM should not be used because of how TM was made by traditional healers. Patients believed that traditional medicines contained ingredients not declared by traditional healers and not tested, which contrasts with western health care which only uses ingredients for medicines that have been tested and approved to treat illnesses (Deacon, 2013; Londhe, 2014 & Inerney, 2018). Hence, tested western medicine ingredients were preferred more for hospital use, even though some were similar to those included in TM. TM is made from natural plants and is sometimes recommended in the healthcare system as an alternative to scientific medicine in dealing with a health issue (Legesse et al., 2023).

PARTICIPANT (5): "Their things must be checked first, they mix things that are dirty and not healthy, they sometimes don't know what they mixed, their things must be tested."

Testing TM for Safe Consumption

The participants further emphasised that there was no clear evidence of what was mixed in TM; hence, it should be tested. However, participants reported that even after TM is tested it should be limited to being used at home or at a traditional healers' consultation place. It can thus be argued that even though participants seemed to favour TM, they would feel safer using it if they were familiar with the ingredients inside their TM medications. Furthermore, participants alluded to the idea that medical doctors would be suitable to test traditional medicines because they are trusted as scientists and could check if the ingredients consist only of natural plants that can be consumed by people. TM is used daily and has a significant impact on individual's health decisions and behaviour.

PARTICIPANT (2): "It differs because we are not sure what they put together or mix, my sister had a problem with (...) and someone said lets go to a traditional healer, she did not get help and she passed away, so we are not clear what they mix in order to make their medicine, traditional healer gives you medicine and you don't know how they mixed it with what, Yes, if maybe they can take them to the lab to test them because some of the people do not sterilise etc you see."

On the other hand, participants also remembered and reflected on instances when traditional medicines were used in the community to address an illness, but the illness would not be cured. Participants attributed this to undeclared and untested ingredients used for TM by traditional healers. Although traditional medicine ingredients are usually more natural and less risky than the ingredients in western medicine, some plants used in TM have some toxicity (Onder, 2016 & Welz et al., 2018). Toxicity effects of TM may result in allergic reactions, liver damage, rashes, asthma, headaches, dizziness, or fatigue (Moreira et al., 2014). People would end up going to the hospital when the illness had progressed and become more severe. In such instances, traditional medicines ended up endangering the patient's life by making them more vulnerable to an illness which could potentially lead to death (Onder, 2016 & Okaiyeto et al., 2021). A one-of-a-kind study by du Plooy et al., (2001) found that three out of thirty-two patients died because of TM poisoning in the Ga-Rankua hospital in Pretoria. This quick response of doctors and access to the hospital made it possible for people to survive and regain their health. But Zhou et al., (2019) argues that the non-testing of TM leads to inappropriate dosages of TM remedies, which is the real danger to people's health. Therefore, traditional medicines and modern western medicines must both be considered in health behaviour within the South African context—thus respecting patient-centred care (Glynn & Bhikha, 2016 & Zamawe et al., 2018)—since traditional medicines compliment modern western medicines in health care.

The Appropriateness of TM in the Healthcare System

The participants reported that TM would not be applicable in the health care system because both the approaches and methods of both healthcare systems are completely different. These differences might somehow cause conflict in the healing process and disadvantage the patient. The western healthcare

approach recommends specific treatment and medicine for a disease, while TM focuses on treating a person as a whole rather than just treating their symptoms (Che et al., 2017 & Mordeniz, 2019). However, the practices of healing and medicine have changed, and many people now prefer to use both approaches for their health. Participants further stated that because the western medicine approach is more scientific, TM would not be broadly accepted by medical practitioners in the field. Though, TM has evidently managed to help people heal and combat some alarming illnesses. For instance, the delivery of point-to-point care HIV tests to traditional healers in Uganda resulted in 100% of patients being tested for HIV (Boum et al., 2021). TM can thus enhance healthcare in South Africa, working in harmony with the western medical approach to encourage treatment adherence, behaviour change, and acceptance of diagnosis (Krah, 2017, James et al., 2018 & Jimenez-Fernandez et al., 2023).

PARTICIPANT (4): "I would not say they (traditional medicines) should be catered for because we (black people) use the traditional ways and they use the western ways, for instance when a doctor wants to operate on you, traditional healer does not operate, they give you traditional medicine that will heal that illness so traditional way can be used separately and western separately."

The participants further attested that the different status, based on education, between traditional healers and doctors would be a barrier to a comprehensive healthcare because both would constantly disagree on the correct diagnosis and treatment for various illnesses. Participants highlighted that education is important in ensuring that a person is an expert in their chosen field, which makes doctors superior to traditional healers since the initiation process of traditional healers and teachings on how to make traditional medicines are not transparent. This attitude towards formal education fosters discrimination against TM in the community and the healthcare system.

Discussion

TM plays a significant role in health care for the South African population and its use is increasing in urban areas. Although Vosloorus community members have access to a hospital, many still prefer to use TM or to use both systems (western medicine and TM) for their health needs. Most patients use TM as the first line of treatment for their illnesses and only go to a clinic/hospital later when their condition has worsened or become fatal (Logier et al., 2021). In South Africa, the frequent use of TM and western medicine in combination is between 20% and 68%, predominately by black men (Lasalle et al., 2022).

Cultural aspects such as beliefs, values, norms, practices, and past experiences were linked to the continuous high use of TM in the Vosloorus community. TM use in black communities is influenced by culture, history, personal attitude, social setting of people (Muchemwa, 2023). Further, traditional medicine is used for particular illnesses such as "makgoma" which is a sexual infection that is believed to be caused by sleeping with a widow or widower. In countries such as Tanzania cervical cancer, mental health, and epilepsy are assumed to be caused by evil spirits or witchcraft, which can only be cured by TM (Legesse, 2023), because of the deeply entrenched beliefs held by people in those communities.

The participants were sceptical about the use of TM in the hospital for illness treatment. This was primarily because of the different perspectives of both healthcare systems, which will be a challenge to integrate to the benefit of patients. Moreover, there are the attitudes of western health practitioners towards the use of TM in the healthcare system to consider. According to Mokgobi (2013), general physicians in South Africa reject the use of TM because the assumption is that traditional healers are illiterate. Consequently, illiteracy plays a role in the safe formulation of TM and prescription writing for patients making the consultation process authentic (Mokgobi, 2013). Further, traditional healers are untrusted, disrespected, and unappreciated by health practitioners, which has added to the ignorance of TM (Hlabano, 2013)

The positive experiences, or lack thereof, that the participants had in the past with the use of TM impacted its integration into the healthcare system. Participants would often use TM for an illness that requires western medicine, which resulted in negative consequences because of barriers to accessing health care from the hospital, such as queues, finances, and the attitude of the health care practitioners. However, TM is preferred since it responds to patients' health, social, and financial needs which are inadequately met by the western medicine system (Tan et al., 2021). Therefore, TM is a significant part of health care which helps to close the gap that the western medicine system cannot bridge in society.

Additionally, the non-disclosure of ingredients used in TM by traditional healers contributed to the rejection of its use in the hospital. The participants believed that natural plants were used in conjunction with unidentified ingredients that are not safe for human consumption. Predominately natural plants are used for TM, but little is published on its active constituents (Ozioma & Chinwe, 2019). However, traditional healers in South Africa claim that only natural ingredients are used in TM, such as leaves that are grinded and mixed with tap water (Manqele et al., 2023). Conversely, according to Cabuco (2014), many patients that were admitted to a hospital in the Eastern Cape with renal failure were using TM as instructed by traditional healers. Therefore, for safety purposes, a standardised testing for and declaration of all ingredients used in TM must be enforced by the government.

Scientific testing of western medicine is mandatory in the healthcare system in South Africa. In this light, there is a call from participants to test TM scientifically by medical doctors in order to meet the standards and requirements set in the western healthcare system. Thus, to provide efficient and comprehensive health care in healthcare facilities. One of the main critiques of the use of TM in healthcare was the unscientific approach through which TM is developed by traditional healers (Xego et al., 2021). Health practitioners have the fear that the lack of testing of TM remedies will lead to more deaths, overdoses, and drug resistance in their patients (Nemutandani et al., 2016). Interestingly, TM is tested in clinical trials at the Department of Health in the North-West province. However, TM has not been tested on humans to the standard needed to be accepted and registered with the Medicines Control Council for illness treatment (Coleman, 2017), due to the reluctance of volunteers to participate in such a clinical trial (Coleman, 2017). This means that people still feel unsafe because of the untesting of TM which further prolong its non-existence in the healthcare system in black communities.

Conclusion

The use of TM in a Vosloorus hospital was met with resistance by both patients and health practitioners for several reasons, such as past experiences, the safety of TM, the method and approach of TM to health care, the attitude of health practitioners, and a lack of understanding of how TM is made. In contrast, the use of TM was encouraged and preferred in the community because of cultural beliefs, values, and practices. There was a strong belief in the effectiveness of TM for health care because people still used TM instead of going to the hospital for health help. The analysis revealed that various factors, which include education and transparency, are significant in building the trust and authenticity of TM in the eyes of the healthcare system. The non-disclosure of TM ingredients, the absence of scientific testing, and the education level of traditional healers were highlighted as some of the key barriers to the acceptance of TM use at the hospital.

It is imperative to acknowledge the limitations of this paper, such as the use of a single case study research design and the restriction of the study to patients and health practitioners from the Vosloorus township only. Generalising the findings to the larger population should be done thoughtfully, as the research only represents a specific context and may not include all the beliefs and attitudes of patients and health practitioners across South Africa. While acknowledging the limitations of the paper, the insights obtained nevertheless hold significant value in understanding personal motivations that prohibit the

acceptance of TM in the healthcare system. The findings highlight the significance of patients and health practitioners in the effective integration of TM in the hospital.

Further, studies should expand beyond one community and include different communities in urban areas within South Africa. Additionally, using different methodologies with larger sample sizes would provide a more comprehensive understanding of the attitudes and beliefs of patients and healthcare practitioners towards TM use in hospitals, to better formulate strategies or policies for the effective integration of TM in the healthcare system. Through continuous exploration of such barriers in communities, it is possible to motivate the acceptance of TM use in hospitals, thereby increasing positive health-seeking behaviour and a comprehensive and sustained healthcare system.

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