



## Analysis of the Factors Influencing Consultation with Traditional Health Practitioners: A Case of Bapedi Communities in Limpopo Province South Africa

Sejabaledi A Rankoana

Department of Sociology & Anthropology, University of Limpopo, Sovenga, South Africa

E-mail: [sejabaledi.rankoana@ul.ac.za](mailto:sejabaledi.rankoana@ul.ac.za)

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### **Abstract**

Traditional medicine continues to play a critical role in promoting and sustaining health in developing nations, especially in the rural areas where traditional healers are the exclusive providers of primary health care in their communities. The primary objective of scientists is to ascertain the rationale for the ongoing use of traditional medicine in an era when biomedical procedures are widely available, accessible, and inexpensive to the majority of people. The current research examines the elements that contribute to continuous consultation with traditional healers in four rural communities in South Africa's Limpopo Province. The data collection method was semi-structured interviews with a convenience sample of 53 patients recruited from the households of traditional health practitioners. The study findings present four factors influencing consultation with traditional health practitioners namely accessibility and affordability, affordability and holistic care to offer spiritual and emotional care.

**Keywords:** *Traditional Medicine; Primary Health Care; Culture; Patients; Sustainable Health Care*

### **Introduction**

Traditional medicine is an ancient and culturally specific kind of treatment that people have developed to cope with, and treat a variety of ailments that have endangered their existence and survival (Zuma et al., 2016). Traditional medicine continues to play a critical role in promoting and sustaining health in developing countries, especially in rural areas where traditional healers are the primary providers of health care in their communities (Astin, 1998; Abdullahi, 2011). As a result, it is often considered that the poor and marginalized are the most dependent on traditional medicine for healthcare (Lee et al.; 2010; Visagie & Schneider, 2014). There are differences in dependence between rural and urban settings, where traditional medical treatments continue to be valued and used by local people, even when biomedical techniques are available and inexpensive (Thivhafuni, 2011). Rural areas have a higher prevalence of traditional medicine usage than urban areas, as the members of rural areas are conservative and value their cultural traditions.

The majority of people relying on traditional medical practices for health care are not dissatisfied with conventional medicine because they believe it is more consistent with their own values, beliefs, and philosophical orientations toward health and life (Truter, 2007). According to the World Health Organization's 2014–2023 Strategy, many nations have their own indigenous or traditional practices of healing that are deeply entrenched in their culture and history. These health care techniques are rooted in cultural traditions and have been passed down from generation to generation (WHO, 2018). There are several signs that the bulk of the population, not only in Africa, but around the globe, continues to utilize conventional health care systems (Abdullahi, 2011; Gyasi et al., 2011). Traditional health practitioners are critical to the health care of the majority of Africans, including South Africans (Mathibela et al, 2015). The extensive adoption of traditional medical techniques in Africa and certain underdeveloped nations is due to the affordability of traditional healers and their reputation for holistic treatment. Additionally, the inadequacies of Africa's health care system and the economic burden of the high cost of biomedical therapy have increased rural people' reliance on traditional medical practices (Maroyi & Cheikhoussef, 2015).

Such practices reflect the socio-religious structure of the indigenous societies from which they evolved, as well as the values, behaviors, and practices prevalent within those communities, all of which are aimed at restoring the patient's physical, mental, and social well-being (Helman, 2007). However, the WHO Traditional Medicine Strategy 2014–2023 aims to assist the member states in harnessing traditional medicine's potential contribution to health, wellness, person-centered health care, and universal health coverage, as well as in promoting the safe and effective use of traditional medicine through regulation, research, and appropriate integration of traditional medical products, practices, and practitioners into the health system. The present study discusses why some individuals continue to depend on traditional medical practices in an era when modern biomedical treatments are available to everyone regardless of location and affordability. Examining these factors may help guide decisions about how to enhance and preserve conventional medicine's capacity to provide primary health care.

## **Methods**

### *Study Area*

The data collection was place in four rural areas in the Limpopo Province. The communities are situated in the Capricorn, Waterberg, Sekhukhune, and Mopani district municipalities. The majority of the population is concentrated in rural towns and villages distributed over the former homeland region. Municipal services and infrastructure are difficult and costly to supply due to less populated and scattered communities (Statistics South Africa, 2018). Capricorn, Mopani, Sekhukhune, and Waterberg were selected for the investigation as district municipalities because to their rural nature. In schools, Sepedi is the official language. Additionally, the communities shared economic, religious, social, and political sympathies, indicating the province's vibrant cultural history (Limpopo Development Plan, 2015-2019).

### *Study Design*

The present study design is qualitative in nature. Semi-structured interviews with participants were used to elicit information on the variables that impact the usage of traditional medical practices. Data were gathered from a convenience sample of 53 participants. The participants were purposefully selected patients consulting with traditional health practitioners (17 men and 36 females). To begin, I selected traditional healers and obtained permission to interview their patients. Patients were interviewed at the homes of the healers. The participants varied in age from 21 to 63 years. Permission was sought from patients and healers to conduct the interviews. Throughout the study's duration, confidentiality and anonymity were maintained. The research findings did not include the participants' true identities, and the information gathered during the interviews was utilized only for the purpose of the study. The participants

were informed of the study's aim and their rights to join or withdraw at any point throughout the study's duration. They signed a permission form acknowledging their involvement in the research.

Interviews with key informants (patients) were used to obtain data. The Health Access Livelihood Framework was used to analyze the data. This paradigm establishes a framework within which health care services and approaches to health are evaluated in light of prospective livelihood assets such as availability, accessibility and affordability (Bakeera et al., 2007). The use of this paradigm is justified by findings that the determinants influencing health care consumption are best articulated using the Health Access Livelihood Framework (Obrist, Iteba & Lengeler, 2007). This approach was utilized in the current research to examine the effect of culture, cost, accessibility, and the form of health care on the use of traditional medicine. Further analysis of the data was conducted using the health access characteristics of availability, accessibility, affordability, sufficiency, and acceptability. Following the analysis and presentation of the data, participants were asked to evaluate it. Participants were very adept at filling in gaps and clarifying ideas and inconsistencies in the data, ensuring that it was accurate and convincing.

## **Results and Discussion**

### *Patients' Socio-Economic Data*

The males made up 17% of the 53 participants, while females made up 38%. The participants varied in age from 21 to 63 years. Thirteen patients lived in the same village as the healers, while the other 40 came from various locations. All participants had sought consultation with traditional healers for the purpose of diagnosing, preventing, and curing sickness, as well as maintaining overall health. The traditional health practitioners' primary areas of competence were claimed to include mental illness, reproductive health, child health, spirit possession, and defilement. Gender, marital status, degree of education, and money had no influence on the frequency with which individuals utilized traditional medicine, although they did.

### *Factors Influencing Consultation with Traditional Health Practitioners*

According to the study's findings, four variables contribute to traditional medicine use: cultural compatibility, accessibility, cost, and holistic health care. Participants cited these four reasons for preferring traditional medicine to other types of health care as their primary method of health care delivery.

### *Culture-Specific Health Care*

When questioned about their usage of traditional medicine in the present access to contemporary health care facilities, 89 percent of patients said that it is a part of their cultural values, produced, utilized, and trusted by their forebears to preserve good health and wellness. Participants stated that western medical practitioners lacked understanding about the treatment of culture-bound disorders and that some diseases could only be addressed via traditional medicine. For instance, a traditional healer may use traditional medicine to cure ritual defilement and other ill-health problems such as mourning, wrath, and spiritual disorders. All participants recognized that healers are community members who are knowledgeable about their cultural values, the types of illnesses that afflict community members, and the forms of therapy necessary for preventative and curative care.

For decades, cultures and indigenous peoples around the globe have established systems of traditional medicine, and communities have recognized the value and affordability of the majority of these medical practices and continue to rely on them for their health care requirements (Helman, 2007). Patients seeking health treatment from traditional practitioners are drawn to the system for a variety of

reasons, including its compatibility with their socio-cultural, religious, and spiritual ideals towards health and sickness (Maroyi & Cheikhoussef, 2015). The practitioners are intricately intertwined into the fabric of their communities' cultural and spiritual life (Helman, 2007). Additionally, culture has a tremendous influence on how an individual perceives the world and shapes their thoughts and behaviors towards health and health care seeking. This finding is bolstered by the fact that over 80% of the population in Ethiopia takes traditional medicines, owing to the cultural acceptance of healers and local pharmacopeias, the relative affordability of traditional medicines, and a lack of access to contemporary treatments (Thivhafuni, 2011). Traditional healers continue to be often sought when ailments are suspected to have a spiritual cause or when patients express worry about their mental health (Truter, 2007). The practice of traditional medicine is influenced by cultural and historical factors. In certain nations, such as Singapore, where the conventional health-care system is well-established, 86 percent of the populace, respectively, continue to rely on indigenous health care systems (Aziz et al., 2018). In certain nations, such as the Republic of Korea, where the conventional health-care system is well-established, traditional medicine is nonetheless widely used by more than 85 percent of the inhabitants, respectively (WHO, 2018).

#### *The Influence of Accessibility*

Participants reported that traditional health practitioners are convenient and generally accessible because some (25%) live in the same communities as their patients, while others (75%) consult with healers in neighboring provinces and appear to speak either the same language as the healers or the same language as the healers and patients. The healers live and operate on a community level, which enable treatments to be accessible and affordable to anyone seeking their health care services. Participants expressed a preference for consulting with healers due to their accessibility. Occasionally, a favored healer would arrive from a nearby village or municipality. Thirteen participants reported that they consult with healers who live nearby and are intimately familiar with their culture and patients' backgrounds.

Barriers to health care consumption in South Africa are mostly socio-cultural in nature, as individuals seek health treatment that is congruent with their cultural beliefs (Thivhafuni, 2011). Numerous people who appreciate traditional medical methods have a strong bond with their traditional healer, who is often a member of the same community and culture (Astin, 1998). The extensive use of traditional medicine in Africa and several developing nations is due to its availability and affordability (WHO 2014-2023 Strategy), since millions of people in the rural areas depend on indigenous healers for maintenance of health care (Maroyi & Cheikhoussef, 2015; WHO, 2018).

#### *Affordability*

The participants demonstrated that the medicinal practices of traditional health practitioners are cheap. Payment arrangements are varied, and practitioners are often compensated in cash (\$50) or livestock (goats or lambs), depending on the type of therapy to be given. The payment terms are negotiable if the patient or their families cannot afford the price. Usually the terms do not exceed twelve months. For millions of individuals living in rural regions of Africa's Continent, indigenous healers continue to be their primary source of health treatment due to their inexpensive fees (Astin, 1998). Traditional medicines offer an affordable and alternative form of basic health care in impoverished nations (Ladele & Bisi-Amosun, 2014). While traditional medicine lacks scientific support, its long history of use demonstrates its significant value as a low-cost and accessible type of health treatment (James et al., 2018). Pharmaceutical treatments are neither widely available or inexpensive, which implies that the majority of people worldwide continue to utilize traditional medicinal therapies (De Wet et al., 2016).

### *Complete Health Care*

Participants reported that traditional health practitioners provide holistic health care. Their health care offerings include preventative and curative treatment. Protective and preventative treatment are offered by administering plant-derived charms that reduce susceptibility to illness. The administration of plant-derived medications is used to treat a range of ailments, including culture-syndromes (epilepsy, defilement, insanity, spirit possession, female infertility, and impotency). Participants expressed that consultation with the traditional health practitioners satisfies the need for a more comprehensive health care system that addresses both the emotional and spiritual parts of their life as well as the physical problems they are experiencing. They want to have a greater knowledge of the significance of what is occurring in their life at the moment and what will occur in the future.

There is growing discontent with the current health care services and a resurgence of interest in whole-person care and illness prevention, which are more often associated with traditional medicine (Moshabela, 2008). Due to the fact that African traditional medicine is tangled with cultural traditions and religious beliefs, it is seen as holistic, which embraces treatment of both the body and mind (Cunningham et al., 2008). Additionally, traditional healers recognize that their major emphasis in satisfying the population's primary health care requirements is on quality of life (Mathibela et al., 2015). Practitioners mostly conduct counseling as part of therapy; for example, as part of treatment, healers might question about the patient's familial ties and the patient's ability to maintain positive relationships with ancestor spirits, which involves providing sacrifices. The practice of traditional medicine is client-centered and personalized, with an emphasis on the social and spiritual dimensions of African cultures (Cunningham et al., 2008). The practitioners fulfill a variety of responsibilities in the community, including counseling, social mediation, cultural education, and as guardians of African traditions and practices (Zuma et al., 2016). African traditional medicine has a significant part in comprehensive health care, whether it be preventive, therapeutic, or palliative in character (Abdullahi, 2011) as a means of reestablishing patients' social and emotional wellness. Numerous reasons have been advanced for the use of traditional medicine, including the treatment or prevention of illness, the enhancement of one's quality of life, and the promotion and maintenance of health. Thus, treatment of disease is intrinsically linked to cultural and religious values and is holistic in character. It is concerned not only with the physical state of people, families, and communities, but also with their psychological, spiritual, and social well-being (Aziz et al., 2018).

### **Conclusion**

Interactions with 53 patients consulting with traditional health practitioners in the study area, revealed that traditional medicine is still favoured for maintaining excellent health and well-being. The fact that traditional medicine is a cultural practice is the most often cited reason for its usage, followed by accessibility, cost, and holistic treatment for a general desire for wellbeing. Following an examination of the reasons for continuous dependence on traditional medicine, the author proposes that the system be evaluated for safety and effectiveness before being incorporated into the mainstream of health care services to increase access to health care services.

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