

## Traditional health practitioners in South Africa



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The South African Traditional Health Practitioners Act<sup>1</sup> defines traditional health practice as performance of a function, activity, process, or service based on a traditional philosophy that uses indigenous African techniques and principles that include traditional medicine or practice, including the physical or mental preparation of an individual for puberty, adulthood, pregnancy, childbirth, and death. Traditional health practitioners who are registrable under this Act include herbalists (*izinyanga* or *amaxhwele*), diviners (*izangoma* or *amagqirha*), traditional surgeons (*iingcibi*) who mainly do circumcisions, and traditional birth attendants (*ababelethisi* or *abazalisi*).<sup>1</sup> In total, there were about 190 000 such practitioners in 2007.<sup>2</sup> Spiritual or faith healers, at least equally if not more prevalent and important than are traditional health practitioners in South Africa, were not included.<sup>2</sup>

Analysis of nationally representative population-based surveys in South Africa from 1995 to 2007 showed that use in the past month of a traditional health practitioner seemed to have decreased over the past 13 years. Surveys from 1995 and 1998 found a 3·6–12·7% use of a traditional practitioner, while surveys from 2005 to 2007 showed 0·1% or less use of such a health practitioner.<sup>3</sup> Although population-based surveys indicate a decline in use of traditional practitioners, health-facility-based and other surveys suggest that use of such practitioners (ranging from 6% to 39%) still has an important role in health-care delivery in South Africa, covering a wide range of conditions from complex supernatural or psychosocial problems, mental disorders,<sup>4</sup> chronic diseases such as cancer, diabetes, hypertension, and stroke, childhood health problems, acute conditions, snake bites, generalised pain, and HIV and other sexually transmitted infections to hearing impairment.<sup>3</sup>

On the basis of data from national demographic and health surveys, traditional birth attendance in the 5 years before the survey has also decreased in women aged 20 years and older, from 1·4–2·2% in 1998 to 0·4–1·3% in 2003, but it increased for women aged younger than 20 years from 0·7% in 1998 to 1·4% in 2003.<sup>3</sup> In a nationally representative population-based survey in 2002, the prevalence of traditional male circumcision was 24·8% (more than medical male circumcision at 13·2%).<sup>3</sup> An overall decline of traditional health practice

could be attributed to an increase in physical and cultural accessibility and acceptability of biomedical medicine. Traditional health practice is a private practice component of health care, being funded out of pocket.

Patients see no conflict in seeking both allopathic and traditional African healing for their ailments, as doctors diagnose and treat the pathology while traditional healers establish what is wrong with the body–mind complex and importantly who or what (mostly harmful spirits) made the person ill (done mainly by *isangomas*). Ensink and Robertson<sup>5</sup> found that most African patients and their families interpret mental health problems in terms of a combination of indigenous, psychosocial, and other causes. So, traditional health practice is about ameliorating the cause and identifying who might have placed a bad spell or caused an illness or accident. This is why the two systems can coexist so easily, but is also part of the tension between the two systems. For example, Kahn and Kelly<sup>6</sup> explored how psychiatric nurses manage apparent incompatibilities between their practice of western psychiatry and the use of traditional healing services: such systems coexist pluralistically in their experience. However, when questioned about possible cooperation between these systems, respondents gave views inconsistent with their pluralistic world-view and promoted psychiatry's hegemony.

The purpose of the Traditional Health Practitioners Act is to establish the Interim Traditional Health Practitioners Council of South Africa, to provide for the registration, training, and practices of traditional practitioners, and



Fai fominyen (traditional healers) in South African ritual

to serve and protect the interests of those who use these services. This process still has a long way to go. Regulation is key to professionalising and protecting the reputation of traditional health practice. However, there is no common diagnostic nomenclature, therapeutic method, or curriculum, and thus attempts to create accreditation have failed. Traditional healing is still unregulated because there is no established accreditation procedure. This opens the door to charlatans who give traditional healing a bad name. There has not been much enthusiasm in terms of integrating the two systems in a manner that allows cross-referral and joint care. Devenish<sup>7</sup> notes that: "Although the Department supports a system of collaboration on Primary Health Care and HIV and AIDS prevention and education, at present the Department does not support referrals from the formal health system to traditional healers, principally because of a lack of research and regulation around the dosage and efficacy of traditional treatments." Some studies have shown the possible role of traditional practitioners in adherence to tuberculosis treatment,<sup>8</sup> HIV prevention,<sup>9</sup> and antiretroviral drugs for prevention of mother-to-child transmission of HIV.<sup>10</sup> Not much has followed to evaluate this role rigorously for possible scale-up. Harmful practices, such as enemas for babies with diarrhoea and male circumcision with one instrument on more than one patient, need to be eliminated; and positive aspects of their care (eg, the use of African potato to treat infections) need to be encouraged after being scrutinised scientifically.<sup>11</sup>

South Africa has made important steps towards inclusion of traditional care into the national health-care system by a traditional medicine directorate within the Department of Health, a traditional medicine research institute, postgraduate education in herbal science,

and a draft policy for the institutionalisation of African traditional medicine, including a national institute. However, it seems that traditional medicine and allopathy will remain fairly separate and parallel in South Africa. Yet there should be limited cooperation between the two when appropriate.<sup>12</sup>

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I declare that I have no conflicts of interest.

- 1 Republic of South Africa. Traditional Health Practitioners Act, 2007; *Government Gazette* Jan 10, 2008. [http://us-cdn.creamermedia.co.za/assets/articles/attachments/11034\\_tradhealpraca22.pdf](http://us-cdn.creamermedia.co.za/assets/articles/attachments/11034_tradhealpraca22.pdf) (accessed June 30, 2008).
- 2 Gqaleni N, Moodley I, Kruger H, Ntuli A, McLeod H. Traditional and complementary medicine. *S Afr Health Rev* 2007; chapter 12: 175–85.
- 3 Peltzer K. Utilization and practice of traditional/complementary/alternative medicine (TM/CAM) in South Africa. *Afr J Trad CAM* 2009; **6**: 175–85.
- 4 Sorsdahl K, Stein DJ, Grimsrud A, et al. Traditional healers in the treatment of common mental disorders in South Africa. *J Nerv Ment Dis* 2009; **197**: 434–41.
- 5 Ensink K, Robertson B. Indigenous healers patient and family experiences of psychiatric services and African indigenous healers. *Transcult Psychiatry* 1999; **36**: 23–43.
- 6 Kahn MS, Kelly KJ. Cultural tensions in psychiatric nursing: managing the interface between western mental health care and Xhosa traditional healing in South Africa. *Transcult Psychiatry* 2001; **38**: 35–50.
- 7 Devenish A. Negotiating healing: understanding the dynamics amongst traditional healers in KwaZulu-Natal as they engage with professionalisation. *Social Dynamics* 2005; **31**: 243–84.
- 8 Colvin M, Gumede L, Grimwade K, Maher D, Wilkinson D. Contribution of traditional healers to a rural tuberculosis control programme in Hlabisa, South Africa. *Int J Tuberc Lung Dis* 2003; **7** (suppl 1): S86–91.
- 9 Peltzer K, Mngqundaniso N, Petros G. A controlled study of an HIV/AIDS/STI/TB intervention with traditional healers in KwaZulu-Natal, South Africa. *AIDS Behav* 2006; **10**: 683–90.
- 10 Peltzer K, Henda N. Traditional birth attendants, HIV/AIDS and safe delivery in the Eastern Cape, South Africa: evaluation of a training programme. *S Afr J Obstet Gynaecol* 2006; **16**: 74–79.
- 11 Owira PMO, Ojewole JAO. 'African potato' (*Hypoxis hemerocallidea* corm): a plant-medicine for modern and 21st century diseases of mankind? A review. *Phytother Res* 2009; **23**: 147–52.
- 12 Meissner O. The traditional healer as part of the primary health care team? *S Afr Med J* 2004; **94**: 901–02.