

Article

The roles and challenges of Traditional Health Practitioners in Maternal Health Services in rural communities of Mthatha, South Africa

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Abstract: Traditional Health Practitioners (THPs) are considered as the entry level of care in African societies and play an important role in the delivery of health services to the population. A phenomenological qualitative study was carried out among purposefully selected THPs in Mthatha to understand their roles and the challenges they face in providing maternal health services. The study included a focus group discussion with seven participants, which yielded three themes and seven subthemes. The content analysis of descriptive data from the focus group discussion revealed threats posed by unregistered and counterfeit THPs to the lives of pregnant women in rural settings. THPs' wide range of services allowed pregnant women to receive prenatal, antenatal, and postnatal care in close proximity. This level of care, however, was characterized by high levels of secrecy and counterfeit practitioners who used human body parts, which jeopardized the practice and made it unpopular. Traditional health practice must be protected through registration of THPs and the establishment of functional referral pathways between THPs and conventional health services.

Keywords: Traditional practitioners, maternal health, roles, challenges, rural

1. Introduction

Traditional health services are differentiated by their approaches to re-establishing indigenous health models that existed prior to the advent of conventional medicine [1]. These services are reported to be used by most of the African population and are thought to play an important role in health care delivery, particularly in developing countries [2,3]. Traditional Health Practitioners (THPs) are said to play an important role in providing health services to the South African population, with responsibilities that include divination and herb distribution [4,5].

Literature have shown that THPs in various countries use a variety of traditional medicines for gynaecological conditions such as stimulating fertility, inducing or stopping premature labor, and treating prolonged labor or placental expulsion [6]. Though the safety of using these traditional medicines is still being debated,

traditional practices are said to play an important role for mothers and babies, and they are accessible, effective, affordable, and acceptable [7-9].

As part of divinity, religious leaders are said to heal pregnant women by praying and laying hands on them to reverse negative dreams about evil attacks on her and the baby [7]. Zerfu and colleagues document myths about evil spirits surrounding the death of the pregnant mother and the foetus in situations where undesirable health outcomes occur [10]. Because of indigenous beliefs and practices, some undesirable maternal outcomes are common among pregnant women who attend antenatal clinics late[11]. These beliefs included fear of bewitchment amongst pregnant women as the main reason to consult THPs for traditional medicinal products during pregnancy.

Inadequate functional integration of the traditional healthcare system and conventional medicine leads to uncontrolled use of traditional medicines by the THPs, with traditional healthcare services perceived as a risk for conventional healthcare system implementation [12,13]. The THPs frequently express confidence in conventional medical professionals' competence and respect for their practice. Mainstream physicians, on the other hand, do not have the same level of respect and trust in THPs, as evidenced by their refusal to refer patients to them for a variety of reasons, including traditional medicine's lack of scientific foundation [14]. The THP's holistic approach to patient care, which includes social, environmental, and spiritual well-being [15], contradicts this approach. Changes in attitudes and improved communication between the two health-care systems have been deemed beneficial for providing effective and efficient health-care services [16]. As a result of these approaches, THPs have earned the titles of custodians of traditional African religion and practices, cultural educators, counselors, facilitators, and spiritual protectors [5].

The South African government recognizes THPs as holistic care providers who provide health services to the population as well as holistic and comprehensive healthcare to patients [17]. The study explored THPs' perceptions of their role in providing health services to mustelids in South Africa's Mthatha community in the OR Tambo District.

2. Materials and Methods

2.1 Study design

The researchers used a qualitative phenomenological method to explore the role of the participants in the provision of traditional health practices to pregnant women.

2.2 Setting

This study was conducted in the Mthatha under OR Tambo district South Africa. The area is located in the eastern part of the Eastern Cape province and has a population of 210,783 with district unemployment rate of 26%[18].

2.3 Population

The target population for the study consisted of traditional health practitioners (THPs) living in Mthatha, OR Tambo district. These participants possessed vital information about traditional health practices and were regarded as custodians of the services. Despite

the fact that few THPs provided traditional services, seven THPs participated in one focus group discussion (FGD).

2.4 Sampling procedure

Participants for the study were purposively enrolled using a snowball sampling approach. The FGD included seven participants who were given a limited number of THPs. The focus group was held to explore the role of traditional health practitioners in providing traditional health practices and products to pregnant women in Mthatha, OR Tambo district. Mthatha is part of the OR Tambo district, which was designated as a National Health Insurance site by the South African government, as well as one of the districts with poor maternal health outcomes in 2013.

2.5 Data collection

2.5.1 Focus group discussions

The THPs who took part in the FGD were given equal opportunities to participate, with no participant participating more or less than others. This allowed the discussion to progress to data collection that was equitable for all. Data saturation was determined by the absence of new information from participants after one hour and forty-five minutes. A qualified health professional with extensive experience in the clinical setting and in public health system management used an interview guide to facilitate discussions during the FGD by a public health and health promotion specialist Table 1 shows an example of a question used during a discussion. All audio-taped discussions during the FGD were facilitated in IsiXhosa, the language of choice of the participants, with their consent and preference. A professional transcriptionist then transcribed the recordings and documented them for interpretation.

Table 1: Discussion guide

Area	Question
Knowledge	What are the different traditional health practitioners you know of?
	Which traditional services do you provide to pregnant women?
	How do you ascertain your competence of the service you provide to the pregnant women?
Traditional practices	How are your working relationships with other health providers?

2.6 Data analysis

Data from the FGD were analyzed using content analysis. Using the content analysis method to ensure accuracy, transcription was meticulously executed through repeated stages of stop-rewind and repeat. A similar strategy was used to document the field notes, which were then combined with audio transcription. Professional language editors performed a forward and backward translation of transcriptions from isiXhosa to English and back to isiXhosa, ensuring consistency with original recordings. To confirm themes and sub-themes, an independent coder used a test and re-test approach. Following completion of all data processes, all data in recordings was destroyed in accordance with confidentiality regulations.

2.7 Ethics and consent

The Human Research Ethics and Biosafety Committee of Walter Sisulu University granted ethical approval with approval number 016/2016. The Eastern Cape province's Department of Health granted permission to use health facilities under permit number EC 2017RP38 330. Participants gave written informed consent to participate in the FGD and have their audio recorded. A locker, an electronic coding system, a password-protected system, and further anonymization of the data were used to ensure the security of the collected data.

2.8 Measures for Trustworthiness

Confirmability, transferability, credibility, and dependability were ensured in accordance with findings and recommendations from Guba et al. [19] . The researcher spent enough unhurried time with participants to ensure they were adequately impressed by probing and asking follow-up questions.

3. Results

Data for this study was collected from seven THPs from Mthatha in the OR Tambo district who formed one FGD. Analyses from the data resulted in three themes and three subthemes mainly under theme 3.

Table 2 indicates two themes and four sub-themes which emerged from the data. The first theme describes categories of THPs in OR Tambo district and second theme has also four subthemes.

Table 2: Themes and sub-themes emerged for the data

Theme	Subthemes
1. Categories of Traditional Health Practitioners	1.1 Divine healers 1.2 Herbalists 1.3 Faith-based healers
2. Roles of THPs in proving traditional health services to pregnant women	2.1 Pre-conception and antenatal care
	2.2: Diagnosis, treatment or preventive health
	2.3: Management of pregnancy complication
	2.4: Maintenance and restoration of health
3. Challenges faced by THPs in proving traditional health services to pregnant women	3.1 Unregistered traditional practitioners
	3.2 Lack of transparency about the traditional products used by Traditional Health Practitioners
	3.3 Concerns of Traditional Health Practitioners about protection of their practice

Theme 1: Categories of Traditional Health Practitioners

Following are different categories of traditional health practitioners who are consulted by pregnant women, THPs recognised various categories who operated within their space:

“There are herbalists, diviners, faith healers. We are all working under the Department of Health.

Participant 1, THP- FGD

“We are of different categories of traditional health practitioners; I will therefore ask Pastor’s wife to say something because I know her well when it comes to traditional healing”

Participant 1, THP- FGD

Theme 2: Roles of THPs in providing traditional health services to pregnant women

Sub-theme 2.1 Pre-conception and antenatal care

Participants reported that their services start when a young woman consulted them to improve fertility and they provide them with concoction for the purpose and they report missing their menstrual periods.

“It starts when a young woman starts attending antenatal care, she comes to us or traditional birth attendant when she has missed a period for one month after you gave her the traditional medicine for conception”

Participant 3, THP- FGD

“We, traditional health practitioners, give a woman who has a problem of not conceiving a traditional mixture to drink”

Participant 1, THP- FGD

Services for the THPs were explained and included prevention of involuntary abortions by pregnant women.

“We, traditional health practitioners know how to stop the occurrence of miscarriages using our medicinal products”

Participant 4, THP- FGD

Sub-theme 2.2: Diagnosis, treatment or preventive health

Participants reflected on conditions they described as originating from evil spirits which warranted specific traditional services.

“There is a certain herb that we use for protection of pregnancy from the evil spirits”

Participant 7, THP- FGD

“Another fact about the safety of pregnant woman is that there are dangerous places which a pregnant woman must avoid walking in them so that she is not affected by evil spirits. It is one of our

responsibilities to protect them from these spirits by using some traditional medicinal products so that they do not have miscarriages"

Participant 7, THP- FGD

Sub-theme 2.3: Management of pregnancy complication

Some services were described as relevant by the THPs as essential for the pregnant women. Participants indicated swollen feet as a common problem among pregnant women.

"When pregnant women have swollen feet and legs, they come to us, and we treat them successfully"

Participant 6, THP-FGD

"People do not have the same problems when they are pregnant. There are pregnant women who present with swollen legs and feet, and they will be treated with either water traditionally prepared or prayed for, herbs, or traditional mixtures, because our traditional practices are different. I am a traditional health practitioner who uses most of these traditional medicines"

Participant 2, THP-FGD

"When I see that the woman is about to deliver and I notice that she is feeling cold and she tells me that she is in labour, I prepare a certain traditional mixture which I put in small bottle and thereafter I take Gin, mix it with little boiling water and give her to drink and tell her to go and sleep. When she reports that she is in labour, I switch over to Western medicine and she takes it together with a spoon of castor oil and she sleeps. If it happens that she goes to the hospital, she delivers the baby well without operation"

Participant 3, THP- FGD

"What do I do when coming to the swollen feet of the woman who is about eight months pregnant, and the baby has turned but is not in the normal position? I take the medicine which I prepare from herbs I am not going to explain the type of medicine; I use it to turn the baby to be delivered in the right position"

Participant 1, THP- FGD

Participants reported that some pregnant women presented with pregnancy complications, and they reported that they were competent in resolving and managing them.

"If it happens that a pregnant woman comes to you reporting that she has delayed labour contractions I give her traditional mixture only and she gets contractions and delivers her baby well"

Participant 7, THP- FGD

"There is no need for a woman to go to the clinic or hospital when the baby is coming with legs first because we know how to correct when they come to us"

Participants 2, THP-FGD

"A woman will come to you with a breech presentation. I give her some stuff to make her sneeze, and then I assess her using my 'water' to massage her abdomen. Sometimes I mix the product that I use to make her sneeze with camphor body cream, petroleum jelly, and another confidential ingredient. I massage her abdomen, and the breech is corrected to the normal position"

Participant 3, THP- FGD

Sub-theme 2.4: Maintenance and restoration of health

Participants also reported experiences of women presenting with retained placenta from home deliveries and further reported that they had been able to remove those.

“When the woman has retained placenta retained placenta you tell her not to go to the hospital, and you attend to her. This is what we do, if there is a woman with retained placenta, you put your fingers in the vulva and pull it or we give her the bottle to blow until the retained placenta comes out”

Participant 5, THP-FGD

“It happens often that a woman comes to me having retained placenta and I remove it”

Participant 3, THP- FGD

Participants also reported their roles on neonates and explained:

“A baby with a natural birth mark will be having dry furred tongue and an open mouth. We, traditional health practitioners, mix glycerine with a certain type of traditional mixture. There are different types of traditional mixtures which we use to treat birth mark the baby, as well as meconium”

Participant 1, THP- FGD

Theme 3: Challenges faced by THPs in proving traditional health services to pregnant women

Sub-theme 3.1: Unregistered traditional practitioners

Participants indicated that it was not the standard operation for THPs to use human's body parts in treatment of diseases and often such practices are performed by bogus practitioners.

“There are those fake traditional health practitioners who say they heal people and instead they cut the parts of the people”

Participant 2, THP- FGD

“There are no complications following the use of traditional medicine. Complications are seen when people consult other people who market themselves in town as traditional health practitioners by putting posts on the walls. People start undermining us and running after these so-called traditional health practitioners”

Participant 2, THP- FGD

“There are traditional health practitioners who are not working together with us, who do dirty things in the name of healing people”

Participant 4, THP- FGD

"Some traditional health practitioners say they can conduct deliveries telling lies instead they kill the innocent pregnant woman and her baby"

Participant 6, THP- FGD

Sub-theme 3.2: Lack of Transparency about the traditional products used by THPs

The participants who were traditional health practitioners reluctantly reported some of the practices and products they use to pregnant women as follows:

"We cannot as traditional health practitioners tell you, our secrets of how and which medicinal practices and products we use to treat pregnant women. We cannot give the government our secrets in case she steals our secrets. Otherwise, what we do, we go and dig the herbs, prepare them for the clients to be taken during the term of pregnancy. What we are confident of is that the woman delivers well without any complications"

Participant 1, THP- FGD

"... traditional health practitioners do not reveal their secrets, but if a person comes to us for consultation she goes back cured as if she was treated in the hospital"

Participant 5, THP- FGD

Sub Theme 3.3 Concerns of THPs about protection of their practice

The THPs expressed concerns concerning protection of their practices and further protections of the public from the untrained and unknown THPs who often come from foreign countries. This situation was blamed on government's failure to recognise, regulate, and constantly monitor and support THPs.

"The government is lagging behind in helping the traditional health practitioners towards authorisation of herbs, and as a result we do not want to mention the herbs we use which are very useful like a certain type of traditional medicine prepared from either the herb, stone or powder"

Participant 6, THP- FGD

"There are those who call themselves traditional health practitioners and yet they lie who have neither undergone any form of initiation nor have been called to treat people. Others do not want to be in our association"

Participant 3, THP- FGD

"There are people who say that they are traditional health practitioners and yet they do not know what they are doing, they bring complications to our people and tarnish our practice"

Participant 2, THP- FGD

"When the person gets complications, it will be said that it is us the THPs who caused the illness and yet it is these THPs from foreign countries. We usually ask ourselves what happened in their countries that they come and treat our people here because to them this is an employment opportunity"

Participant 1, THP- FGD

“Other traditional health practitioners do not know the herbs. They only heard about them, and they do not even know measurements and how they are prepared. This lack of skill would be seen when a woman gets complications which are a result of using the wrong medicine. This act brings bad image to our services as traditional health practitioners”

Participant 3, THP- FGD

“they are claiming that they cure birth mark by cutting it with a razor blade; and yet we know how to treat birth mark without cutting it. These false traditional health practitioners put on white beads to pose as trained traditional health practitioners”

Participant 5, THP- FGD

4. Discussion

The study investigated the roles and challenges that THPs face when providing traditional health services to pregnant women in Mthatha. Pregnant women use a variety of traditional techniques and items based on cultural and religious beliefs. Concerns about the safety and health of the pregnant woman and the infant, protection from metaphysical forces, and socio-cultural beliefs were the primary motivations for using traditional medicines [20]. Other similar studies [7,21] also reported religious beliefs and divination. This study identified divine healers, herbalists, and faith-based healers as the most prominent THPs in the area, which was consistent with previous research [22]. These practitioners were said to have the ability to treat prenatal conditions such as infertility and early pregnancy complications. The THPs used traditional medicine to treat pregnancy-related problems, according to the literature [23]. Such abilities have also been reported to prevent pregnant women from having involuntary abortions [24]. This study further identified that THPs believed that pregnant women experienced several challenges, including attacks by evil spirits. The THPs were thus given the responsibility and power to protect pregnant women from such dark forces. The THPs have the ability to fortify the womb against witchcraft, protect children from disease, and protect them from evil spirits [9,24].

THPs reported that their competencies extended beyond protection against evil spirits to the prevention and management of pregnancy-related illnesses and complications. Swollen feet, breech, delayed labor, and colds were reported as common problems by THPs. Traditional health practitioners are frequently consulted as the first level of care in their communities and are preferred to manage maternal difficulties, facilitate easy deliveries, cleanse the body after involuntary abortion, treat common colds, and several other maternal ailments due to their minimal side effects [25-30].

THPs in South Africa are responsible for maintaining and restoring health [31]. The THPs reported that they were able to remove a retained placenta, treat newborns with a furred tongue and an open mouth, and treat birth marks. This finding was consistent with the findings of a Taiwanese study of children, which discovered that traditional medicines were chosen for therapeutic purposes [32]. Despite all the reported abilities by the THPs, there were also reported challenges faced in the practice. According to the THPs, there were many unregistered and unqualified practitioners who made people do unexpected things and killed people. This included the use of human body parts in what the counterfeit THPs claimed to be healing. These phony THPs were said to be untrained and mostly from foreign countries with questionable approaches to health care delivery. This was deemed detrimental to their reputation. South African authorities regarded illegal practices as undesirable and blamed them for poor maternal health

outcomes [31,33]. The use of unregistered and unlicensed practitioners was exacerbated further by the practice's secrecy. The THPs stated that they were unable to reveal the ingredients used in the preparation of various remedies. This approach reduces reliability and limits the hub of knowledge. Because of this level of secrecy, there is a low rate of recording of adverse outcomes after use [21]. It has been documented that THPs treated their curative art with sanctity and secrecy in order to protect the efficacy of their patients, while others refused to divulge or only issued an incomplete recipe [29,34,35].

5. Limitations

6. This was a qualitative study, and as such, its nature predisposes it to bias. The study only focused on a specific population of THPs, who constitute a minor community in society, exposing the study to limited coverage. However, efforts were made to mitigate the effects of these constraints.

7. Conclusion

Traditional health practitioners are important in providing traditional health services to pregnant women in King Sabata Dalindyebo sub-district. However, the lack of disclosure of critical information about the products they used, as well as the preparation and administration of these traditional products, remained a challenge, particularly when considering the products' quality and safety. The simultaneous use of traditional and western medicines, as well as consultations with traditional health practitioners and health professionals, poses a risk to the pregnant woman's and unborn baby's health, as well as the integration of health services in this sub-district. The services provided by untrained and illegal traditional health practitioners, which were frequently reported by them, raises concerns about the safety of their practice to pregnant women, particularly in terms of drug intoxication, interaction, and reaction. The government must expedite registration, service regulation, and the implementation of an integrated model of traditional and conventional health services. Community empowerment is also essential in determining relevant traditional service providers. A clear referral system that is recognized by both THPs and the conventional/mainstream health system must be developed and implemented.

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Informed Consent Statement: All participants received information sheet which highlighted study profile, reporting guide and signed a written informed consent form.

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