

Policy makers' perceptions and attitudes regarding incorporation of traditional healers into the national health care delivery system

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Based on mixed perceptions which were both negative and positive the policy makers have not been vocal about the process to incorporate traditional healers into the National Health Care Delivery System of South Africa. Negative views were related to the denial that traditional healing does provide a cure and the positive views were identified in the passing of policies from 1994. These policies passed initiated recognition of the existence of traditional healers, but failed to address the important aspect of incorporating the traditional healers into the National Health Care Delivery System. It is these mixed perceptions as well as lack of appropriate policy to facilitate incorporation of traditional healers that urged the researcher to explore the perceptions and attitudes of policy makers regarding this incorporation process, as well as their views on how it should be achieved.

An exploratory, descriptive and contextual qualitative research design was followed. Participants were selected by non-probable, purposive voluntary sample. Data was collected by means of conducting semi-structured interviews, as well as taking field notes. Data analysis was achieved by analysing transcriptions through open coding involving a co-coder until consensus was achieved. Results reflect that policy makers are in favour of incorporation.

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In conclusion incorporation was seen as a process that needs to be undertaken by both traditional healers and biomedical personnel through communication. That government should be responsible for this process by policy formulation, which should clarify terms and conditions for incorporation.

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Introduction and problem statement

The policy makers were not vocal about the incorporation of the traditional healers into the National Health Care Delivery System of South Africa. The stance that the government took on traditional healing was associated with the fact that traditional medicine was seen as creating complications based on its raw nature when used by the patients (Levitz, 1992:25; Pinkoane, Greeff & Williams, 2001: 4). There were often reported cases of mortality arising from use of these medicinal herbs. Even in cases like these the patient continued to use the traditional healers' services out of the reality that he understands their problems and is always available in times of need (Pinkoane *et al.*, 2001:78). It is from this premise of availing health services to the people that the government resolved not to be vocal about the traditional healer's practices because his/ her services partially relieved the overburdened health sector (Meissner, 2004:901). All this time the policy makers were aware that the patients use the services of the traditional healer simultaneously with those of biomedical personnel. Oskowitz (1991:15); Abdool Karim, Ziqubu-Page and Arendse (1994: 7); Morris (2001:1190), as well as Pinkoane, Greeff and Koen (2005:14a) identified projects that have been initiated in South Africa by biomedical personnel, to try working together with traditional healers. According to Freeman and Motsei (1992:1189) in spite of these attempts made by the biomedical personnel to try and work together with the traditional healers, the government seemed unperturbed to officially pave a way for an official agreement to have incorporation in place.

From a neutral stance of non committal but with due consideration for the problem at hand, firstly, came the promulgation of the National Health Plan (ANC, 1994:55); the Homeopaths and Allied Health Professions Act of 1996 (SA, 1996:25) and the White Paper for the Transformation of Health Systems (SA, 1997:47) which gave the traditional healers their due recognition but does not specify or describe any type of working together between them and the biomedical personnel.

The second positive move was the

indication to form a partnership with the Chinese government to investigate the way in which ideas can be exchanged with regard to traditional medicines (Bhengu, 2002:6). According to Morris (2001:1190), the South African government was aware of the fact that the Nigerian government is conducting a pilot trial of traditional medicine from South Africa. To add to these trials by Nigeria, Dr Matsabisa was mandated by the Human Science Research Council to initiate research into traditional medicines even though the government is still hesitant to come forward and officially pave the way for incorporation to be in place (Pinkoane *et al.*, 2001: 84).

However, South Africa faces problems regarding human resource in health care delivery services. This problem arises from various reasons, for instance, the serving of community services after completion of training by health professionals. The dissatisfaction of health professionals evokes in them feelings of rebellion (Prinsloo, 2004:3), which coupled with poor working conditions, gives them reason enough to continue leaving the country to go overseas (De Vries and Marincowitz, 2004:27). It is this exodus that should prompt the government to realise that there is a human resource potential that is being neglected and not used to its best in the traditional healer. Morris (2001:1190) and Pinkoane *et al.* (2001:78) states that many experts now support the use of traditional healing knowledge, which is why the WHO (World Health Organization) is supporting its member countries to utilize the traditional healers if their therapies are the source of health care provision for that community (WHO, 1987:10).

The traditional healers also need to be more controlled and organized as a group of health care providers (Pinkoane *et al.*, 2005:4b). The Traditional Health Practitioners Bill formulated in 2003 and amended in 2007, enables traditional healers to form their own organization which is to control their practice (SA, 2003:1-23), but the Bill still does not afford them the legal authority to work with biomedical personnel. The ball is in the court of the South African government to come up with an Act or policy guidelines on the issue to incorporate traditional healers in the provision of

health care services.

From the preceding discussion it remains imperative to investigate perceptions and attitudes of the policy makers regarding incorporation of traditional healers into the National Health Care Delivery System of South Africa, as well as how they feel this incorporation should be achieved.

Paradigmatic perspectives

The paradigmatic perspectives of this research encompass the metatheoretical assumptions and theoretical statements (Pinkoane *et al.*, 2005a, b).

Metatheoretical assumptions

The metatheoretical assumptions for this research are person, health, illness, nursing and environment.

Theoretical statements

The theoretical statements refer to the conceptual definitions used (Chinn and Jacobs, 1995:20; Walker and Avant, 1995:30). They are as follows:

- **National Health Care System**

The total network or system of services and provision of health care in a specific country, including all particular health care systems of whatever nature which occur in a country (World Health Organization, 1987:16; van Rensburg, Fourie and Pretorius, 1992:3).

- **Traditional Healer**

A person who is recognized to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background, as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being, and the causation of disease and disability (WHO, 1978:9).

In this research, reference to the traditional healer implies both male and female traditional healers.

- **Biomedical Personnel**

Doctors, nurses, pharmacists, psychologists/psychiatrists who have been scientifically trained for years as professionals at an institution of learning, university or college (Holdstock, 1979:121; Abdool Karim *et al.*, 1994:2; Arthur, 1997:65; Pinkoane *et al.*, 2001: 11). In this article HE is used to refer to both

male and female biomedical personnel.

Incorporation

Incorporation refers to a process of combining or bringing about two separate entities or bodies to function as one. This functioning can be authorized to act as one legal body by passing a law to enhance and legalize its existence. This legal body can be made up of different professionals or practitioners who have the same aim and objective (WHO, 1987:7; DSAE, 1996: 507).

Policy makers

The persons or appointed officials assigned with decision making for administration, management and research of health care provision within health services (Andrews, 1990:34; du Toit, van der Walt, Bayat & Cheminals, 1997:80). In this article policy makers refer to Regional and or District Health Services Managers.

Research design and method

The research on which this article is based, used an exploratory, descriptive and contextual qualitative design (Mouton and Marais, 1996:45), to explore and describe the perceptions and attitudes of policy makers, regarding the process of incorporation, as well as their views on how this should be achieved, with the goal of formulating a model to make this process a reality (Chinn and Jacobs, 1995: 45; Walker and Avant, 1995:12). The research was conducted in identified districts of Gauteng, North West and the Free State provinces of South Africa.

Sampling and Population

A non-probability purposive voluntary sample (Rubin and Babbie, 1997:226) was used to select a population of policy makers from the identified districts/ regions of the three provinces. Permission for their participation was obtained from the offices of each Provincial Deputy Director of Health in Pretoria, Mmabatho and Bloemfontein. Each of the policy makers gave written informed consent to allow conducting the research, and acting as participants in the research. The criteria for selection were as follows:

- officials in the Provincial Health Departments designated with the job of managing health care

services in the districts/ regions within the identified provinces;

- prepared and available to participate in the research and gave informed consent after receiving the reasons and procedures of the research;
- had to be prepared to participate in the semi-structured interview whilst it was recorded on tape;
- Had to be able to communicate or interact with the researcher through the medium of English, Afrikaans, North or South Sotho, Tswana, Zulu and Xhosa.

Data gathering

Accessing the participants

The researcher made contact with the participants a day before to arrange for the time and place where the interviews were to be conducted. Confidentiality, anonymity, privacy, risks, withdrawal and possible termination were discussed.

The settings were different places where the policy makers worked in the towns of Gauteng, North West and Free State provinces. All the places were natural settings, private, with no distractions (Burns and Grove, 1997:42).

Conducting interviews

The semi-structured interviews were conducted with all policy makers using an audio tape, one with batteries and the other with electricity. The purpose was to ensure that all information was captured, in case one failed, and the following questions were asked:

What are your views regarding the incorporation of traditional healers into the National Health Care System?

How do you feel about this incorporation process?

How do you think this incorporation should be achieved?

Communication techniques as described by Okun (1992:70-71) such as paraphrasing, reflecting, summarizing, clarifying, and minimal verbal responses were applied during the interviews. The researcher took field notes after conducting interviews with each of the participants and applied the guidelines

of Talbot (1995:478) and Polit and Hungler (1997:307) to described the "what", "where", "who?" or "how?" of the situation.

Data saturation was experienced when the ninth interview was conducted.

Trustworthiness

To ensure trustworthiness in this research the approach of Guba (*in* Krefting, 1991:214) regarding credibility, applicability, consistency and neutrality was used. Credibility reflected the truth by undertaking literature review/ control, taking field notes, cross validation of data analysis using a co-coder and contextualizing the research. Applicability was achieved by giving a dense description of data collection and analysis. Consistency implied consistent recording of the methodology and reporting of the results to facilitate critique or further studies. Regression and morality was overcome by collecting data once only for eight weeks and building a trust relationship with the participants who were selected according to a set criteria. Neutrality was achieved by auditing interviews and field notes using external experts.

Permission to conduct research

Permission to conduct research in the regions or districts of the three provinces was obtained through a letter written to each of the regional or district health services managers within each province, in Pretoria, Mmabatho and Bloemfontein. Each of the policy makers gave written informed consent which allowed conducting the research, and acting as participants in the research.

Ethical aspects

Ethical aspects specific to this research were taken into consideration as detailed in the Guidelines for the Democratic Nurses' Organisation of South Africa (DENOSA, 1998:1-7) and the Department of Health (SA, 2001:1-77):

- quality of the research was maintained by highest standards through thorough Planning, implementation, documentation and the use of experts and a Co- coder;
- Confidentiality and anonymity was ensured by not revealing the identity of Participants and areas where data was collected;
- Privacy was ensured by

- recording interviews in total privacy of participants' homes, not divulging information to any other person;
- informed consent was obtained prior to conducting research, consent forms were kept as proof thereof;
- risks were minimised by little exposure to possible physical, psychological and social risks; and
- termination would have been undertaken, if relevant data could not be obtained.

The Ethics committee of the North-West University approved the research process.

Data analysis

The audio taped interviews were transcribed verbatim by the researcher. Content analysis was used employing the method of open coding as described by Tesch (*in* Cresswell, 1990:153-155). Double coding was employed whereby a nurse specialist independently coded the data after which the findings of the researcher and co-coder were discussed, and consensus was reached to finalise the data.

Results, discussion and literature control

The policy makers' perceptions and attitudes are discussed under five main themes, which are:

- Theme one, communication is important between traditional healers and biomedical personnel to reach consensus about incorporation;
- Theme two, traditional healers need to be taken seriously and used as resource persons in health care delivery;
- Theme three indicates that government should facilitate incorporation by formulating policy to effect this process;
- Theme four portrays the need for traditional healers to be clarified about terms and conditions necessary to effect incorporation;
- Theme five, that two way education and training is important between traditional healers and the biomedical

personnel. A bullet is used to indicate a subcategory.

Theme 1 : Communication is important to reach consensus about incorporation

Policy makers feel communication is important to reach consensus about incorporation and should be between biomedical personnel and traditional healers.

- **Communication is necessary to explore a realistic approach regarding incorporation**
These words sum up these views.

"When you meet the traditional healers they are chirpy about going forward, but the doctors are rather not so open, but I know of some who feel the time for a way forward is here let us meet to talk of the way forward"

These results are supported by Tabane (1995: 37) and Selinzio (2002: 1563) who states that it is now the time to move forward and all ideas of working together should be summed up into a meaningful whole.

- **Discussions to be an effort of both traditional healers and biomedical personnel who should accelerate them regarding how incorporation should be attained**
The policy makers had this to say.
"It is felt as though it is difficult to come with the way traditional healers are allowed to work with doctors, but look at what is happening in the clinics with the nurses calling them to teach them new things"

Muller and Steyn (1999:142) as well as Pretorius, (1991:52) support the findings and are of meaning that it is imperative for both to sit and agree on how best this incorporation can be achieved.

- **Both groups need to engage mutually to understand each other's world and work in order that existing relationships can be enhanced**
The quotations of policy makers to support the results are:

"To know each other is to open up, I can never know you or your work unless you give it to me for me to read it, like what you did in your previous work, from now

I will be able to relate with you in a more understanding way, so let them have insight and build a positive relationship"

Mafalo (1997:2) support the findings and states that it is the best for both groups to build a relationship where one knows what is happening in the other's world. Peu *et al.*, (2001:49) and Brom (2003:9) support the findings.

- **The traditional healer is not old fashioned, is enlightened and need to be involved at levels of meetings and discussions**
The knowledge of the traditional healer is acknowledged in these words of a policy maker.

"The old fashioned traditional healer who hid during the day is not here anymore. Now they are young, go to school and even clean. Why not talk directly with him not for him"

The findings are supported by Melato (2000:45) and Pinkoane *et al.*, (2001:90) that the modern traditional healer rural or urban is younger and need to be acknowledged.

- **An existing link between traditional healers, local authorities and biomedical personnel is established in the provinces which enables discussions to resolve the identified problems of initiation schools**
These words reflect the policy makers' views.

"Here in our local clinics the nurses call them for teaching, so it is a way forward because children die in initiation schools. I am sure you saw the news, so we are trying to teach them basics of sterility"

The findings are supported by Mulaudzi (2001:16), Ncaca (2004: 27) and Nare (2004:5) that the traditional healer is having a link with the clinics and doctors.

- **Discussions should also focus on how best reciprocal referral can be realized whereby biomedical personnel refer to traditional healers and it should not only be traditional healers referring to biomedical personnel**
These views are expressed like this:

"They leave the hospital under the pretence of attending to family problems and yet go to the traditional healer. It shows how much they value his cures, so why do they allow the very patient to come to clinics, and yet they (biomedical people) do not send them to him for help, it does not work really"

The findings are supported by Oskowitz (1991:7); Thabede (1991:12) and Tiba (1990:19) that when one consults the patient this process of referral should flow between the traditional healers and the biomedical personnel.

Theme 2: Traditional healers are to be taken seriously and used as a resource person

The second theme reflects the traditional healer as a person to be reckoned and be used resourcefully because the World Health Organization (WHO, 1978:5) advocated for them.

- **The process of incorporation is long overdue and should not be delayed as the WHO advocates for the use of traditional healer whose actions should be viewed positively**
These are the supporting words:

"This is a thing that especially in South Africa, with all our resources should have been accomplished. WHO is interested in the traditional healer and his practice, we need to use their guidelines for him to be beneficial to us, more so in the outlying areas"

Freeman and Motsei (1992:1182) and Bhengu (2003:5) advocate for the use of the traditional healer based on the patients needs. The World Health Organization in Alma Ata proposed that the traditional healer be used in areas identified as in need WHO, 1978:5).

- **The Chinese or Zimbabwean method as examples can be applied to use the traditional healer in health care provision**

The views are expressed with these words:

"We left here as a delegate to attend a conference in Beijing, the one for HIV/AIDS, to our shocking surprise they use their healers who use traditional methods like acupuncture, so it would be good to copy what is already

applied"

"In Zimbabwe they are allowed into the health centers but only if they are known in that area"

Bhengu (2002:5) states that the government is in the process of looking for a working relationship with China. Abdool Karim, *et al.*, (1994:7) support the findings with the application in Zimbabwe.

- **Traditional healing exists parallel to biomedicine as informal part of health care provision and should not to be left aside but to remain autonomous**

These are expressed as:

"From as far back as time can tell even before biomedicine evolved the traditional healer was in place, now they function along side each other, they serve the patient from different worlds but achieve the goal of giving the patient what he wants"

Fenyves (1994:37) and Molepo (2000:47) support the findings and explain that the traditional healer can avail the services, but should remain in his practice area.

- **The traditional healer shares the culture and belief system of the people and can be used in the treatment of HIV/AIDS**

The following words portray these views.

"These people have been here from Biblical times, they are in the culture of the people, religion is the same, the people of the East have the traditional Shaman presiding over every ritual and ceremony"

Ramokgopa (1993:23), Bateman (2004:804) and Keeton (2004:4) support the findings that the traditional healer is from the people and for ailments like HIV/AIDS the traditional healer should be used as the people believe that they do have a cure.

- **The people go to the traditional healer before going to the biomedical personnel because they are bound to him by belief and culture**

A policy maker had this to say.

"This peculiar practice has been going on but we all ignored it because when I still practiced I would see that this

person is from the traditional healer, but then keep quiet about it. It is part of cultural practice for black people'

The findings are supported by Gumedé (1990:23) and Peltzer (2001:13) that patients consult the traditional healer in secrecy.

- **The traditional healer works more on the minds of the people therefore he is useful in solving community problems**

These are the words:

"This comes as no wonder because he approaches the person in the context of his family and where he live, so it is only sensible to involve him in community matters, go to the rural areas and see this thing practically, the chief calls him to assist in decision making over community matters"

Thabede (1991:13); Setswe (1999:56) and Melato (1999:23) support the findings that traditional healing has a potential to be used in community projects as well as in mental health care.

- **Problems identified for traditional medicine are no different from those of biomedicine where both sides have fakes, faults and practitioners do not live up to professional expectations**

These results are confirmed by the following quote from a policy maker.

"We want to blame foreign doctors, it may be so yes, but what about our own local doctors. The nurses do terrible things, reports come in and we need to take serious steps, just as we say the traditional healers should correct their practices so should we"

Ncaca (2004:5) and Dlamini and Hlongwane (2003: 1) concur about the findings regarding botched operations leading to mortal complications. It is an issue facing provinces that these initiation ceremonies should be controlled.

- **Scientific testing of medicines is necessary to conduct more research on herbs and due recognition to be given for herbs already identified as useful in patient treatment**

The above views are verbalized like this:

"We should not sit in our offices and expect them to give us their medicines, let us in a decent way request each one who have something new to bring it for testing, some of these herbs are useful beyond reasonable doubt"

Mototo (1999:23) and Brom (2003:10) support these findings regarding scientific testing of medicines and that those traditional healers who brought useful medicines should be given their due recognition (Smetherham, 2004:7).

Theme 3: Government to facilitate incorporation by policy formulation

Theme three reflect the need for government to facilitate incorporation by policy formulation.

- **Policy or act to be formulated by government to legalize traditional healing so that traditional healers are regulated according to the same principles applied to biomedical personnel**

These are the words of a policy maker.

"We need a frame of reference as of now the clinic sisters are calling them intermittently to reduce the problem of initiation schools, but it is still not clear what way forward is to be because nothing is on black and white"

The findings are supported by Molepo (2000:13); Mulaudzi (2001:12) as well as Bodecker and Kronenberg (2002:1583) that traditional healing need to be regulated to reduce problems associated with their practices.

- **Policy to clarify the role of the traditional healer in health care provision and to ensure that traditional healing and biomedicine function under one umbrella body**

The words are verbalized as:

"It is the responsibility of government that this whole process should be made clear by an act. They are practicing more or less like private practitioners, therefore they should be told what is expected of them"

Muller and Steyn (1999:23); Mototo (1999:32) and Mulaudzi (2001:15) support the importance of policy to spell out what actions are to be undertaken by

the traditional healers.

Theme 4: Traditional healers to be clarified about terms and conditions necessary to effect incorporation

The results in this theme show the need to clarify traditional healers about terms and conditions necessary to effect incorporation.

- **Traditional healers are to organize themselves according to their own categories as a requirement for incorporation**

These are the words as said by a policy maker.

"They know each other, so like us in this area we all have names of those doctors. Let them have an independent body"

"We want to go to them and ask for their area representative, you do know of VAIPA, so any new person should be known by us, let them organize themselves as in their localities, form a body, for those who know herbs, babies and so forth"

Mototo (1999:27); Bodecker and Kronenberg (2002:1583) and Peltzer (2002:17) concur that it is necessary for them to have representation in the form of an organization.

- **Organization to be in control of traditional healers and be answerable to the government**

These are expressed in this way:

"In as much as they should form an organization or association whatever case maybe, they are too many and the only way to control them is this body to be answerable to the government"

Molepo (2000:23); Mulaudzi (2001:14) and Peu *et al.*, (2001:49) confirm the findings that organization is to be answerable to the government for their actions.

- **Organization to ensure that members have licenses which are renewed yearly**

This is the quotation.

"Like all people belonging to organizations theirs should be known by government so that they should also

pay licenses to work and time and again say yearly or so renew them"

Pretorius (1991:52) and Mototo (1999:45) support the findings regarding licensure of traditional healers which are to be paid as an individual responsibility.

- **The organization needs to set standards which are to form guidelines that are to be the framework regarding traditional healing practices**

These are verbalized by a policy maker.

"The most crucial part is for them to follow a patterned way to work with the doctors, I think if we look at what the WHO proposes it becomes meaningful to follow that pattern but someone must teach them"

The findings are supported by Mthimkulu (1999:31); Muller and Steyn (1999:79) as well as Mulaudzi (2001:14) regarding standards and guidelines to follow when treating patients.

- **The guidelines that the organization sets are to be maintained and enforced to assist in evaluating their practice**

The views of a policy maker are expressed like this.

"To be sure we work with safe traditional healers there is a definite way that should be followed, but I feel it will only serve everybody's interest if the same could be done by the very traditional healers self because we cannot set guidelines for evaluation over the practice that is alien to us"

Mulaudzi (2001:15) and Keeton (2004:4) support the findings and explain that this evaluation is to help with compliance and exclude all atrocities on their part.

- **Traditional healers are to have ethical control over their practice to help them identify bogus traditional healers who are to be excluded from incorporation, but are to be punished**
This is a quotation for ethical control.

" You know there are so many of them some good others involved in terrible things, fakes of all kinds, and truly and honestly they need some form of strong control about their work, we can call it ethics, discipline or whatever, but their code of practice should be ensured"

The findings are confirmed by Muller and Steyn (1999:79) supported by Bodecker and Kronenberg (2002:1582) that there is a need for control over traditional healing practice, based on the premise that they are so many and some are not well vested with healing therapies.

- **Traditional healers' can work from their own homes**

These are the words of a policy maker.

"It will be more becoming if they still worked from their homes, it is only that some stay a little far, but what is important is that they are able to do whatever they want when they are there, no constraints"

Mototo (1999:25); Molepo (2000:32) and Melato (2000:43) see it as necessary that the traditional healer works from their own places where there is privacy.

- **Rural traditional healers are nearer to the people and are easily accessible and are more receptive in their own places**

These are policy maker's quotation.

"The traditional healer who is in the rural area is like the one in informal settlement, so his presence there is a bonus for health care, let him operate from there"

Mototo (1999:23) and Jordan (2001:23) support these findings that the traditional healer is accessible when operating near the people.

Theme 5 : Two way education and training is important between traditional healers and biomedical personnel

This theme portrayed the policy makers as perceiving education and training as important for both traditional healers and biomedical personnel regarding healing therapies.

- **Education and training is important for both traditional healers and biomedical personnel regarding healing therapies**

The following words quote these views. *"There is no doubt in my mind that when the two groups meet they should engage in mutual education which is to focus on all aspects of health care"*

Mulaudzi (2001:12) and Pinkoane *et al.*, (2005:3a) support the findings that it is necessary to avoid hazards by two way teaching and learning.

- **Traditional healers need training to be taught identification of complications and cases above their scope of practice**

These words are said by the policy makers.

"This is a long standing issue, but I am happy that the clinic sisters are already on this education for the traditional healers. It would be so good to have them understanding what they can do and what need to be seen by the clinic sister or doctor for that matter"

Molepo (2000:45) and Mulaudzi (2001:14) support the findings that education is to enable them to detect early conditions beyond their knowledge. Peltzer (2001:9) concedes that this learning is always necessary for traditional healers.

- **Select traditional healers who are knowledgeable about herbs to work with biomedical personnel**

These are the results.

"As of now all are encouraged to participate in getting new medicines tested, and surely they who bring them up must forge a web in that area, with the testers in the laboratories to know the results"

The findings are supported by Mototo (1999:40); Peltzer (2001:10) and Mulaudzi (2001:15) that it is necessary to identify those who know and open doors for them to work with the biomedical personnel.

- **Traditional healers are to be more open about own actions and remove the veil of secrecy**

The results portray these views as:

"The time has come for them to show what they have, it does not help in any way for them to keep on saying the ancestors will remove their protection. If they don't come out who will trust what they do, no one, except of course their patients"

About removing the secrecy Melato (2000:23) and Pinkoane *et al.*, (2005:67b) support the results that the traditional healers are now prepared to show what they have. Brom (2003:9) also supports

the findings.

Recommendations

Recommendations are made from this research for education, research and practice.

Recommendations for education

Recommendations for education are for both the biomedical personnel and traditional healers and need to be reciprocal. Education courses for the basic nursing course (general, psychiatry, community health) and midwifery (SANC, 1985:45), post basic nursing courses, as well as those of the doctors, psychiatrists, pharmacists, psychologists, should include some aspects of traditional healing techniques. Traditional healers are to be taught basic biomedical practices as part of their initiation process, as well as for those traditional healers who may have completed their training which did not included biomedical practices.

Recommendations for research

Further research can be conducted on the legal aspects of issuing medical certificates by traditional healers, ownership rights to traditional healers who avail useful medicinal herbs which are scientifically proved to be effective in preventive and curative health care.

Recommendations for practice

The recommendations for practice are reflected in the form of guidelines that are formulated to facilitate the incorporation of traditional healers into the National Health Care Delivery System of South Africa.

Conclusion

The policy makers have verbally indicated that traditional healers could be incorporated into the National Health Care Delivery System on condition that they communicate with the biomedical personnel regarding the process of incorporation. That certain conditions need to be met by traditional healers as a prerequisite for incorporation. The government should formulate policy which describes the way in which both groups should function together in health care settings.

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