

# The attitude of community health nurses towards integration of traditional healers in primary health care in North-West Province

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## Abstract

South Africa is called "the rainbow nation" because it has so many different cultures. These have an impact on the provision of primary health care. The purpose of this research is to foster good relationships between community health nurses and traditional healers and to explore, identify and describe the attitude of community health nurses towards the integration of traditional healers into primary health care. A non-experimental, explorative and descriptive research strategy was designed to explore the working relationship between community health nurses and traditional healers. Data was collected using a structured questionnaire. Quantitative as well as qualitative data analysis techniques were adopted to interpret the findings.

The results indicated that respondents demonstrated positive attitudes towards working with traditional healers, especially in the provision of primary health care. Positive opinions, ideas and views were provided about the integration of traditional healers into primary health care. Respect, recognition and sensitivity were emphasized by respondents.

## Opsomming

Suid-Afrika word die "reënboog nasie" genoem omdat so baie verskillende kulture deel daarvan uitmaak. Die verskeidenheid van kulture het impak op die voorsiening van primêre gesondheidsorg. Die doel van hierdie navorsing was om goeie verhoudings tussen die gemeenskapgesondheidsverpleegkundiges en die tradisionele genesers te kweek en om die gesindheid van die gemeenskapgesondheidsverpleegkundiges ten opsigte van die integrasie van tradisionele genesers in primêre gesondheidsorg te verken, te identifiseer en te beskryf. 'n Nie-eksperimentele, verkennende en beskrywende navorsingstrategie is ontwerp om die werksverhouding tussen gemeenskapgesondheidsverpleekundiges en tradisionele genesers te eksploreer. Data is ingesamel deur gebruik te maak van 'n gestruktureerde vraelys. Kwantitatiewe sowel as kwalitatiewe data analise tegnieke is gebruik om die bevindings te interpreteer.

Die resultate dui aan dat respondente 'n positiewe gesindheid teenoor samewerking met tradisionele genesers demonstreer, veral in die voorsiening van primêre gesondheidsorg. Positiewe opinies, idees en sienswyses is voorsien aangaande die integrasie van tradisionele genesers in primêre gesondheidsorg. Respek, erkenning en sensitiwiteit was deur die respondente benadruk.

## Introduction

South Africa is called "the rainbow nation" because it has so many different cultures. These diverse cultures make special demands on primary health care services because nursing aims to provide nursing care to all the people of South Africa - whatever their creed, cultural traditions or ethnic origin. One of the most recent initiatives in South African health care is a plan to coordinate the work of community health nurses and traditional healers in order to meet the health needs of everyone in the country by the year 2000. The National Health Plan states that primary health care should be accessible and available to every member of the community in such a way as to promote health and prevent illness. If such a comprehensive curative and preventative primary health care programme is to succeed, traditional healers will have to be integrated into the national

primary health care programme because - as this study will attempt to show - they too have a vital and indispensable role to play in the provision of health care. Suitable mechanisms for integrating traditional healers into the National Health system need to be identified and implemented (ANC, 1994:72).

## Outline of the problem

Health and illness may, from one point of view, be interpreted and explained in terms of a personal experience and expectations. Although the term *illness* refers to the experience of a sick person, all illnesses are determined by how a particular society defines such illnesses. An illness is only an illness in a particular society once it has been defined as such by a health practitioner, a physician and by the community itself (Spector 1991:15, 49). According to Bouwer, Dreyer, Herselman, Lock

and Zeelie (1997:34), African people who view illness from an indigenous point of view believe that illness can be intentionally caused by a malevolent agency which has control over supernatural (mystical) forces. Black South Africans traditionally believe that practitioners of witchcraft and sorcery can cause certain kinds of illness.

The reasons why people in a community consult health care providers depend on their choices, their personal experience and their cultural background. Africans from communities in the North West Province consult traditional healers because they know from experience that their interpretation of health and illness is often different from the interpretation that would be placed upon their experience by a Western practitioner. Such people also expect and rely on different remedies to heal their illnesses. People in communities like this one consult traditional healers because of:

- shortage of equipment in health care centres
- the attitude of community health nurses
- a lack of transport
- inadequate information about what health care services are available.

## Background of the problem

According to Searle (1987:7), primitive people believed that all diseases were caused by supernatural agencies. It was among such people that the art of traditional healing developed over millennia until it became the highly sophisticated and complex system that we know today. In cultures all over the world, shamans, medicine people and traditional healers have traditionally been rendering indispensable service to people. Traditional healing was regarded by the missionaries of the nineteenth century as a manifestation of heathen culture that a convert to Christianity should renounce. The devaluation of traditional African culture by missionaries and colonisers created a kind of cultural schizophrenia in the hearts and minds of African converts to Christianity. While many Africans found much of value in the new religion, most found it impossible to forget the ways of their ancestors. While many therefore were outwardly, and quite genuinely, Christians in their beliefs and practices, most continued to observe the traditional ways by, for example, consulting traditional healers when they felt that Western-style medicine was not able to help them. A tremendous amount of research has been done to establish the value of traditional healing practices, and in many cases traditional African remedies and healing techniques have been vindicated by this kind of research. It is now also accepted in Western medicine that faith in the healer is an essential part of the curative process (Mahape 1995: 12; Abdool-Karim 1994: 12; Swift and Strang 1993: 690-691).

## Significance of the problem

This research is important because it sets out to investigate the attitude of community health nurses towards the integration of traditional healers in primary health care. This research could lead to an improvement in the quality of life of individuals and a renewed respect for human and cultural rights. South Africa has a long and unfortunate history of disregard for human rights and cultural diversity. The identification and reso-

lution of the problems experienced by community health nurses and traditional healers (such as, for example, poor communication) will have the effect of improving the provision of health care for the whole population. This can only happen if health care methods are recognised and accommodated on an official level and if traditional healers and community health nurses are officially regarded as being of equal importance in status - in spite of diversity and differences in methods, techniques, treatments and world view. This research aims to create and nurture a trusting relationship among healers and community health nurses. Such trust, once created, will lead to an improvement in the quality of health care services for all the people of South Africa - and not just the privileged few. Conflict will be eliminated and new forms of trust and respect will arise as people who were previously hostile to each other find that they have every reason to respect and support each other.

## Aims of the study

The purpose of this study is to foster a good working relationship between community health nurses and traditional healers. The specific objectives of this study are to:

- identify the attitudes of community health nurses towards integrating traditional healers into primary health care
- identify and describe the role which traditional healers play in the community

The researcher devised the following research questions as the basis for her research plan:

- What is the attitude of community health nurses towards the integration of traditional healers into primary health care?
- What roles do traditional healers play in the community?

## Operational definitions

For the purpose of this study, the following definitions will apply:

### Attitude

A way of thinking and acting; it is the behaviour of a person towards a situation (The World Book Dictionary 1994: 132).

### Primary health care

According to National Health Care Plan of South Africa, primary health care is based on practical, scientifically sound and social, acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at the cost that the community and the country can afford to maintain at every stage or their development in the spirit of self-reliance and self-determination (ANC 1994:20).

### Traditional healer

According to the Oxford Dictionary (Hawkins 1986: 237), a traditional healer is a practitioner who bases his/her healing practice on an ancient system of culture, custom and beliefs that had been passed down from generation to generation from time immemorial.

## Research method

A non-experimental, descriptive survey was conducted to collect the data from selected community health nurses who are providing primary health care. The purpose of this study was to seek information, identify problems with current practices, justify current practices and make judgements after determining what others in similar situations are doing (Burns and Grove 1993: 293).

## Population

Subjects in this study were nurses who were registered in terms of the Nursing Act no 50 of 1978, as amended (South Africa, 1978), who are providing primary health care in Odi region of the Northwest Province. Odi region is comprised of three (3) districts, namely Odi, Brits and Moretele.

## Sampling

A systematic probability sampling was chosen to select one hundred (100) respondents from the target population in Odi region.

Lists of Odi region clinics were compiled. The lists were requested from Odi district clinics (23 clinics), Brits district (6 clinics) and Moretele district (24 clinics). Selection was done systematically. Each list was used individually from an individual clinic. Every second clinic was selected as a sample. Three (3) clinics were selected from Brits district; twelve (12) clinics were selected from Moretele district, and ten (10) clinics were selected from Odi district. In total, twenty-five (25) clinics were selected from fifty-three (53) clinics in Odi region. Participation was voluntary and subjects were approached directly - except in some cases where community health nurses had the day off or were on leave. The table below reports on the number of subjects from the various areas of study.

**Table 1: Number of subjects participating**

Region	Districts	Questionnaires distributed	Number returned completed	Number returned incomplete
ODI	Odi	42	40	2
	Brits	8	8	-
	Moretele	50	48	2

Only registered nurses who are providing primary health care in clinics were included in the study because they have the experience specific to the study in question.

## Research instrument

Structured questionnaires were used to collect relevant data from community health nurses in Odi region. Open-ended and closed ended questions were used to collect data. Open-ended questions allowed the subjects to respond in their own words whereas closed ended (or fixed alternatives) questions offered respondents a number of possible replies from which the subjects had to choose the one that most closely matches (in his or her opinion) the appropriate answer.

## Data collection

A questionnaire was used to collect data from community health nurses. Privacy and anonymity were ensured by assigning a number to each respondent. The researcher personally distributed one hundred (100) questionnaires to the selected clinics and the respondents were given a week to complete the questionnaire as some clinics were very far away and difficult to reach. The questionnaire required thirty (30) minutes to complete. Data collection was performed over a six week period, namely May-June 2000.

## Ethical consideration

A written permission was requested from the University ethics committee, Odi district services and from participants. Full explanation on the purpose of research was explained to the participants in order to obtain verbal and written consent. Individual rights to confidentiality were guaranteed.

## Measures to ensure validity and reliability

The content of the questionnaire was developed by the researcher from literature consulted, radio news and newspaper, television programmes and with the help of colleagues who had experience in research design. A pilot study was conducted to ensure validity and reliability of the instruments. Few problems were identified by participants and corrected before the main study. The research instrument was tested for face and content validity. The instrument was given to the supervisor and two independent people for validation, acceptance and to check ambiguities in working and repetition of items. A professional statistician was consulted and she detected a few mistakes which were also corrected.

## Data analysis

The data was quantitatively analyzed. Tables and percentages were used to explain the results. The attitudes were determined by means of responses to options: agree, disagree and uncertain.

## Discussion of the findings Respondent's demographical data

The demographical data provided crucial information about the research. References regarding the influences of demo-

graphical data on the attitude of community health nurses were made from censuses, vital statistics, periodic sample surveys, television, radio, and paper news.

### Ethnic group to which respondents belong

This item determined the ethnic groups in Odi region (Odi, Brits and Moretele districts) to which the respondents belong. The ethnic group could have an influence on the attitude of community health nurses towards integration of traditional healers into primary health care.

terms of the specific ethnic groups to which they belong. The ethnic group to which respondents belonged influenced the attitude of respondents to the provision of primary health care. It is obvious that different ethnic groups have their own folk health beliefs and practices. One should appreciate that sensitivity, respect and recognition need to be preserved with regard to ethnic differences. There is a majority of Tswana community health nurses, 65(67.7%) who are providing primary health care in the Odi region (Odi, Brits and Moretele) in North West Province. This indicates that the nurses in Odi

Ethnic Group	Frequency	Percent
Tswana	65	67.7
Nsotho	12	12.6
Ndebele	4	4.2
Tsonga	3	3.1
English	3	3.1
Ssotho	3	3.1
Xhosa	2	2.1
Zulu	2	2.1
Swazi	1	1.0
Venda	1	1.0
<b>Total</b>	<b>96</b>	<b>100.0</b>

**Table 2: Ethnic groups in Odi region (Odi, Brits and Moretele districts) (N = 96)**

Table 2 shows that the majority of respondents (65 or 67.7 %) in Odi region (Odi, Britz and Moretele districts) are Tswana-speaking. Because Tswana is the most common ethnic group in the North West, the number of nurses who are Tswana probably reflects the demographic composition of the community in that area, who, one may assume, all adhere to the same value system. It must be noted that as the respondents were composed mostly of black nurses, they belong to sub-groups within sub-cultures which are peculiar to their own tribal life styles (Mahape, 1995:42). One may assume that these nurses understand their patients in the

region understand their patients better as they belong to the same culture as their clients. All respondents were also South African citizens.

According to Searle and Pera (1995:72), the South African Nursing Council keeps registers and rolls to ensure the legality of nursing practice among all nurses in South Africa. All the respondents in Odi region are South Africans and they all practice legally in their communities and their modes of practice are dictated by the statutory requirements of South Africa Nursing Council.

Question	Statement	Agree		Disagree		Uncertain		Total	
		F	%	F	%	F	%	N =	%
1	Patients should consult traditional healers for their ill health.	24	25.5	38	40.4	32	34.1	94	100
2	Patients should visit the clinic before consulting traditional healer.	85	88.4	1	1.1	9	9.5	95	100
3	Community health nurses should refer patients to a traditional healer if a patient requests it.	50	52.6	25	26.3	20	21.1	95	100
4	Community health nurses should accept referral notes from traditional healers.	79	83.2	6	6.3	10	10.5	95	100
5	Traditional healers should be encouraged to refer patients to clinics immediately after consultation.	86	90.5	2	2.1	7	7.4	95	100
6	Traditional healers should form part of the primary health care system.	80	84.2	7	7.4	8	8.4	95	100

**Table 3: Attitude of community health nurses**

## Attitudes of community health nurses

Community health nurses have different attitudes that may influence the integration of traditional healers into primary health care. This section is of vital importance because it determines the attitudes of community health nurses to integration. It deals with attitudes to consultation, the referral system and the formation of partnerships. Statements were made to which respondents had to respond.

Of the 95 respondents, 86 (90.5 %) agreed that traditional healers should be encouraged to refer their patients to the clinics immediately after consultation. This substantial percentage indicates that integration is possible as long as all health providers are willing to cooperate. Eighty five respondents (88.4 %) agreed that patients should visit the clinics *before* consulting traditional healers. This shows that community health nurses are of the opinion that if patients consult the clinic before traditional healers, all conditions/diseases can be properly treated according to particular protocols. The majority, 79 (83.2 %) of the respondents agreed that community health nurses should accept referral notes from traditional healers. An acceptance of a referral note will facilitate continuity of care and prevent further complications.

An outstanding number of the respondents, 80 (84.2 %) agreed with the statement "Traditional healers should form part of primary health care". It is community nurses who need to have a more positive attitude if they are to form part of the primary health care team because traditional healers are already available, accessible and acceptable to the community. While 38 respondents (40.4 %) disagreed with the statement "Patients should consult traditional healers for their ill-health", only 24 (25.5 %) agreed with the statement, and 32 (34.1 %) were unsure. This is an important finding: while some community health nurses emphatically agree that patients should be able to consult a traditional healer for their health problems, some disagree that patients should be given any freedom to choose the health services which they might prefer. The results indicate that respondents demonstrated different opinions, beliefs, views and ideas about the integration of traditional healers into primary health care delivery. Upvall (1992:32) stresses the importance of training traditional healers so that they will know when to refer patients to health

services and when and how to prescribe medicines. Nurses and traditional healers must focus on those health objectives which they have in common to ensure improved health care. With regard to possible integration WHO's regional committee for Africa suggested the following steps if integration is to be successful:

- All traditional healers should be registered.
- Collaborative organizations for traditional healers should be promoted.
- Traditional healers should be legalised once they have passed competency tests.
- Research should be carried out into the medical knowledge of traditional healers.
- Where possible, traditional healers should be incorporated into health teams (WHO 1991: 9-35).

Different attitudes were obtained. The integration of traditional healers into primary health care was emphasised. These findings showed that the respondents were positive towards the idea of integration of traditional healers into primary health care. It is concluded that traditional healers should be fully empowered with the skills of need identification, diagnosis and the management of clients particularly referral of their clients. Shai-Mahoko (1997:137) is of the opinion that traditional healers should be included in the immunization schedule. Such participation will contribute towards their empowerment if they cooperate fully and effectively with community health nurses. It is also necessary for community health nurses to improve their attitude towards traditional healers if they wish to provide clients with holistic care.

## The role of traditional healers in the community

The information gathered in this section is important because it will guide the researcher to comprehend the roles of traditional healers in the community. The integration of traditional healers into primary health care will be influenced by the attitude of the health care practitioners. The roles of traditional healers are displayed in the following table. As it will be noticed in table 4 traditional healers have an important role to play.

Statement	Roles of traditional Healers	True		False		Total	
		Frequency	%	Frequency	%	Frequency	%
1	Traditional healer is a person who is respected by the community.	83	87.4	12	12.6	95	100
2	Traditional healers provide care to the community.	62	67.4	30	32.6	92	100
3	Traditional healers act as leaders in the community.	53	55.8	42	44.2	95	100
4	Traditional healers should participate in health education programmes.	88	93.6	6	6.4	94	100
5	Traditional healers treat certain physical and mental diseases effectively.	59	64.8	32	35.2	91	100
6	Traditional healers are acceptable, accessible and available for continuity of care.	68	73.1	25	26.9	93	100
7	Traditional healers are more involved in the community	55	59.8	37	40.2	92	100
8	Traditional healers cause disruption in families	68	72.3	26	27.7	94	100

**Table 4: The roles of traditional healers in the community (N =91-95)**

The majority of the respondents 88(93.6 %) emphasised that traditional healers should participate in health education programmes and 87.4 percent of the respondents emphasised that the traditional healer is a person who is respected by the community. If a person is respected in the community, this is usually an indication that, that person does some kind of special work or plays a particular role which benefits the community. Of the respondents 68(73.1%) agreed that traditional healers are acceptable, accessible and available for continuity of care. This is one of the reasons community members visit traditional healers. Respectively 62(67.4%) and 59(64.8%) indicated that traditional healers provide care and treat certain diseases effectively. An almost equal percentage 55 (59.8%) agreed that traditional healers are more involved in community care. Of the 96 respondents, 72.3 percent indicated that traditional healers cause disruption in families because certain healers attribute disease to witchcraft and blame family members for practising witchcraft.

To understand the role of the traditional healer in the community it must be realised that some people have a dualistic approach to illness. They may adhere to Christian beliefs and customs while at the same time believing in and practising traditional rites and rituals. Many Africans, for example, believe that illness is caused by witchcraft and the dissatisfaction of the ancestors. For those who believe this, it is only logical to consult a traditional healer. Conditions that drive people to consult traditional healers are marital problems, work, children, family, love and poverty (Pera & Van Tonder 1996:237-238). Because many patients consult the traditional healers before consulting the clinic, it is understandable that nurses feel that traditional healers should be integrated to assist in health promotion and disease prevention.

It is important to note that costs, comfort, beliefs and values play a role in influencing the choice which a patient makes when he or she wishes to consult a health care provider. Because the Western-type of health care is often inaccessible, there is often a lack of continuity in care and this means that the health needs of people are not being met (Pera & Van Tonder, 1996:243).

Different roles for traditional healers were identified. The information obtained from community health nurses shows that traditional healers should be involved in the HIV/AIDS prevention programme. This was also confirmed by Swift and Strang (1993:690-691) in their study of health promotion and illness prevention. Proper utilization will reduce infection and mortality rates in South Africa as the country is rapidly being overwhelmed by the HIV/AIDS pandemic-not to mention very high rates of infection in those in contact with tuberculosis and various sexually transmitted diseases.

The statistics which emphasise the seriousness of the HIV/AIDS pandemic have been brought to public attention again and again by the Department of Health (1997:140), and the department's line is now that individuals should play a much more active role in caring for their own health and preventing infection. This research has highlighted the fact that traditional healers are indispensable in the provision of health care to the community because they are:

- people who are respected and highly regarded in the community.
- often far more accessible and available to the commu-

nity than Western biomedical staff especially in rural and disadvantaged areas.

Although many traditional healers currently lack certain skills in health promotion and illness prevention, they are respected and are always accessible to help members of their communities. The successful incorporation and integration of traditional healers into the health care system will contribute to a better quality of life for all South Africans

## **Recommendations**

In the light of the findings and problems identified in this study, the researcher makes the following recommendations:

- The Department of Health should ensure that integration between traditional healers and community health nurses takes place at a national level. Strategies to ensure the integration of both kinds of health providers should be designed and implemented.
- Community health nurses should conduct in-service education and workshops which will give traditional healers the opportunity to participate in health education programmes that will empower them to educate their clients to avoid common infections and illnesses such as HIV/AIDS.

## **Implications for nursing practice**

### **For nursing education**

Nursing syllabuses in South Africa should all be designed in terms of transcultural principles and all nurses should be trained in the techniques of multicultural nursing and care giving. Nurses must be taught to be self-reflective about their own cultural premises. They should also be taught to view their own attitudes and health beliefs objectively and to respect the attitudes and beliefs of those whose health care practices are based on culturally alien paradigms. Above all, nurses should be taught not to impose their own prejudices and attitudes onto their patients.

### **For community health nursing**

Nurses should be allocated to rural communities so that they can empower such communities to make their own choices about health care and so that they can teach members of the community the basics of health practice and self-care.

### **For policy making**

The South African government needs to pass legislation that will grant professional status to the various categories of traditional healers. Such legislation will systematise practice of traditional healing and in so doing, set certain standards which will benefit both traditional healers and their clients.

### **For nurse administrators**

Nurse administrators should provide as much information as they can to their subordinates about how transcultural beliefs affect patient care. This information can be provided in staff development programmes. All employees should be constantly updated with information about traditional practice.

## For research

The findings of this study suggest that further research is needed on a variety of topics, but especially on:

- medicines used by traditional healers
- the future of traditional healers
- studies which compare the attitudes of nurses and traditional healers towards integration

## Limitations of the study

The research was limited to the population of only three districts of one province (North West Province). As populations differ from one province to another, the results were not representative. South Africa is called "the rainbow nation" because of the diversity of its population, and so any scientific study of this kind has to be replicated and qualified with further research in other regions of South Africa. The ideas, opinions and views indicated by respondents could not be linked to the ideas, opinions and views of nurses in other provinces.

## Final conclusions

The study has provided much useful information about attitudes to the issue of integrating traditional healers into the primary health care system. The research shows that the attitudes of respondents to the possibility of integration was, on the whole, extremely positive - subject to certain qualifications on the part of the respondents, which emerged very clearly. This indicates and the integration of traditional healers into the primary health care system of South Africa is a viable project that should be implemented from the highest level of government. Kriel (1989:211) writes:

*It is hoped that the insights obtained will also have a sobering effect on impatient outsiders who have dealings with Africans. Let them consider that the ancient traditions, whatever may be said against them and whatever the futility of constructing a future on them, did indeed afford deep emotional security.*

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