FACTORS LEADING MENTAL HEALTH CARE USERS TO USE MODERN AND TRADITIONAL MEDICINE IN RURAL AREAS OF MAKHADO MUNICIPALITY IN THE VHEMBE DISTRICT OF LIMPOPO PROVINCE IN SOUTH AFRICA

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DECLARATION

I, Thomani Gomba, hereby declare that this dissertation for a Master's degree in Rural Development (MRDV), submitted to the Institute for Rural Development at the University of Venda, has not been submitted previously for any degree at this or any other university. It is original in design and in execution, and all reference material contained therein has been duly acknowledged. The dissertation has been approved by the Higher Degrees Committee of the School of Agriculture at the University of Venda and all suggestions have been done to the satisfaction of the Supervisors.

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ABSTRACT

Traditional medicine still plays a bigger role in people dealing with health and disease. Research shows that in some Asian and African countries, traditional medicine forms the primary mode of health care for 80% of the population. This is actively promoted in South Africa and is used by at least 70% of the country's population. This study investigated the contributory factors leading mental health care users to use a combination of traditional and modern medicine in rural areas.

The study was conducted using qualitative research methods. The population of this study were MHCUs, Mental health practitioners and traditional healers. Purposive sampling was used to select participants. Data was analyzed through a computer programme called Atlas TI. The results revealed the following as contributory factors leading mental health care users to use modern and traditional medicine in rural areas : cultural factor , belief in witch craft , influence by significant others (family members and friends), poor PHC intervention and treatment method. Recommendations to the health care practitioners and policy makers around the use of traditional and modern medicine was made based on the findings.

Key words: Traditional, mental health care user, rural areas, mental health practitioner, health practitioner.

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ABBREVIATIONS AND ACRONYMS

A.A.A.   American Anthropology Association

DOH   Department of Health

MHCU   Mental Health Care User

NIMH   National Institute of Mental Health

NAMI   National Alliance on Mental Illness

TM   Traditional Medicine

UNIVEN   University of Venda

WHO   World Health Organization

CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1   INTRODUCTION

This study was about the contributory factors leading mental health care users to use modern and traditional medicine. The study is qualitative in nature. The research design was field study. The method of data collection was interview and the participants were MHCU.Traditional healers, and mental health practitioners who reside within Makhado local area.

In this chapter the researcher describes the background of the study, aims and objectives of the study, research design, methodology, population and division of the study. Definitions of major concepts are also outlined.

1.2   Background of the study

Mental health is an issue of concern in health care. According to the information reported by WHO (2001) indicate that despite the potential to successfully manage mental disorders, only a small minority of those in need receive even the most basic treatment. A first of its kind WHO study of country mental health resources (Project ATLAS; 2000-2001) has collected information from 185 countries (96.9% of all Member States), covering 99.3% of the world's population. Analyses have revealed that: 41% of countries do not have a mental health policy; 25% of countries have no legislation on mental health; 28% have no separate budget for mental health. (Among countries reporting a specific mental health budget, 36% allocate less than 1% of their health budget to mental health); 37% of countries do not have mental health community care facilities; More than 25% of countries do not have access to basic psychiatric medication at the primary care level; More than 27% of countries do not have a system for collecting and reporting mental health information; Around 65% of the beds for mental health care are in separated mental hospitals; 70% of the world's population has access to less than one psychiatrist per 100,000 people. As a results of this situation, Mental Health Care user end up seeking alternative treatment (Traditional medicine), in order to treat their condition. Traditional medicine has sustained the health of millions of Africans over hundreds of years (Gqaleni, Moodley, Kruger, Ntuli, and Mcleod 2007). Tribes, cultures and indigenous people of nations throughout the world have evolved a system of traditional medicine for generations, and communities have found most of these medical practices valuable and affordable and still depend on them for their health care needs (Saito, 2000).

Many herbal remedies found their way from China into the Japanese systems of Traditional healing. Herbs native to Japan were classified in the first pharmacopoeia of Japanese traditional medicine in the ninth century (Saito, 2000).

Indian traditional medicine: Ayurveda is a medical system primarily practiced in India that has been known for nearly 5000 years. It includes diet and herbal remedies, while emphasizing the body, mind and spirit in disease prevention and treatment (Morgan, 2002).

Traditional and modern medicine play a role towards patient care yet very little is known still regarding its processes and content .Modern medicine tends to be mostly recognized. African traditional herbal medicine commonly called muthi(Zulu) ,emayeza (Xhosa) or mushonga (Shona) in south Africa is an important part of health care delivery in the subcontinent. It is actively promoted by the South African government and it is used by at least 70% of the country population (Katerere, Stockkenstrom, Thembe, Rheedeb ,Shephard and Vismer ,2008).Most of this happen in rural areas, since majority of the people still embrace there culture and tradition. To find quality mental health service can be a challenge, since they can opt to use traditional method together with the modern. Traditional medicine includes the use of herbal. Herbal remedies can produce powerful effects and therefore need skillful prescription, but in an expert hands in many cases produce remarkable results. (Approaches to traditional healers, 2001).In the International institute of social studies,it is indicated that by offering culturally appropriate treatment as well as other services ,traditional health practices may help in addressing the mental health care needs of South Africans ,and in the general promotion of mental health(Nattrass 2005; Mbanga et al.2002; Freeman et al.1994 all in Sorsdahln et al.2009)

1.3 Statement of the Research Problem

Research has shown the importance of integrating modern and traditional medicine towards patient care. As a mental health care practitioner conducting ward rounds, the researcher noticed that mental health care users tend to depend on both modern and traditional medicine. This was noticed when the researcher was asking some of the Mental Health care users about reasons why they were defaulting treatment. They indicated that, they were using the treatment from the traditional healer, as results they end up confused about the effectiveness of the treatment. This was also observed from the data obtained from psychiatric ward. This study was carried out to explore further about the contributory factors leading mental health care users to use modern and traditional medicine

1.4 Aim of the study

The aim of this study was to explore the contributory factors leading, mental health care users to use modern and traditional medicine, by engaging Mental health care users, traditional healers an Mental health practitioners.

1.5 Justification of the Study

Part of rural development include health care services. Health care service is one of the top priorities in the government. The health care needs in rural South African environments are mainly addressed by traditional healers and primary health care clinics run by nurses. In the light of the absence of medical doctors in health care in a rural South African community (Peltzer, 2005).This study will inform the mental health care team and policy-makers about the contributory factors leading mental health care users to depend on both modern and traditional medicine.

The findings of the study will help in giving a broader understanding about the factors leading mental health care users, to use modern and traditional medicine.

1.6 Research Objectives

Objectives are clear statements of intended outcomes, all of which can be measured in some ways (Gray, 2009). Objectives are specifically formulated term goals that one sets to reach within a definite time in order to ultimately achieve an aim (Kritzinger,Lisel ,Swart ,Marietta and ,Listings 2005)

The objectives set for this study were as follows:

a) To explore the factors contribute to mental health care user's use of both modern and traditional medicine.
b) To describe factors leading mental leading mental health
c) To explore and describe why they prefer using both traditional and modern medicine.

1.7 Research Questions

a) What are the factors that contribute to mental health care users to use both modern and traditional medicine?

1.8 Operational Definitions of Key Terms and Concepts

Traditional medicine refers to a practice in which there is no conceptual separation between natural and supernatural entities (Ehler, 2000). It is also defined as the sum total of the knowledge, skills, and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in prevention, diagnosis, improvement or treatment of physical and mental illness (WHO 2012). Traditional medicine in this study refers to the treatment received Mental Health Care Users from traditional healers.

Modern medicine refers to the science and art of healing that include a variety of health care practices. In this study, modern medicine refers to prescribed treatment given to MHCU by medical practitioners. Modern medicine in this study refers to the treatment received by MHCU as prescribed by the medical doctor.

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (Who 2014).

Mental illness is a medical condition at disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning, due to a brain or biochemical dysfunction.

According to the Mental Health Care Act No 17, 2002, the **mental health care user** (MHCU) means a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of the user. In this study, mental health care users are those receiving treatment at Siloam Hospital.

The traditional medical practitioner or traditional healer is defined as someone who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious backgrounds as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community".

1.9 DIVISION OF THE STUDY

This study is consisted of five chapters which are divided as follows:

Chapter 1: Introduction and background of the study

This chapter covers aspects such as aim and objectives, justification, research questions and hypothesis and definition of major concepts.

Chapter 2: literature review:

This chapter focuses on the review and discussion of relevant background data with reference to the contributory factors leading mental health care users to use modern and traditional medicine.

Chapter 3: research design and methodology

This chapter focuses on systematic discussion of nature and type of the research, choice of research instrument, population and sample, location and ethical consideration.

Chapter 4: presentation of the study data

This chapter focuses on the use of systematic methods and the technical presentation of the study. This is done in relation with issues in the research instrument.

Chapter 5: discussion of the study findings

This chapter focuses on presentation of the findings linking them with reviewed literature and also the presentation of the recommendations and implication of the study findings.

CHAPTER 2: REVIEW OF RELATED LITERATURE

2.1   Introduction

The chapter deals with the literature on the factors which lead Mental Health Care Users to use modern and traditional medicine. It focused on role of traditional healers and their treatment, role of modern medicine in rural areas, role of the community towards mental illness, political influence on traditional and modern medicine and integration of modern and traditional medicine.

2.2. Background of traditional and modern medicine.

In 1978, at the historic international conference on primary health care at Alma Alta, the World Health Assembly recommended that the governments give high priority to the incorporation of traditional medical practitioners in their official national health systems (Department of Health 2013).The International People's Charter for Health was formulated in December 2000 at Dhaka ,Bangladesh and it's a statement of shared vision, goals, principles and action is the most widely endorsed consensus document of health since the Alma Alta declaration (People's Health Movement, 2014). The People's Charter calls for people of the world to support, recognize and promote traditional and holistic healing systems (Gqaleni, et.al, 2007). South Africa has officially recognized traditional healers as health care providers since 2002. The Traditional Health Practitioners Act recognizes the estimation of 200 000 traditional healers in South Africa as health providers. Additionally, in 2008, the South African government published a draft national policy on African traditional medicine. The policy advocates for western and traditional medicine to function side by side within the primary health system, rather than for the integration of the two systems. It was further indicated that if western and traditional medicine are working side by side, collaboration in the form of referrals is essential. Although numerous studies have qualitatively examined referral practices of health care professionals for mentally ill patients, they focused more on referral practices of primary health care workers (Sorsdahl,Stein,and Fleisher 2013). It is estimated that at least 70% of all South Africans consult traditional healers. WHO estimates that 60%-80% of the population in Africa go to traditional healers for their health care needs. Almost 40%-60% of these consultations are being done by those who have some kind of mental illness. It has been indicated that many of these consultations are carried out at the same time as the patient is receiving care from the modern health care system (Sorsdahl,et al 2013). Although research have been conducted on the importance of traditional medicine in health care delivery, few focus on mental health care and tradition, particularly on how traditional medicine impacts the

lives of Mental Health care users. This study will be carried out with the aim of exploring the contributory factors leading mental health care users to use traditional and modern medicine, particularly in rural areas. Rural people bear the greatest burden of health problems, mainly because rural people bear the greatest burden of poverty (Harrison 1997). According to Harrison 1997, it is crucial that health care be part of an integrated rural development strategy within each province, region and district. Much mental illness stems from the condition of poverty as a result of poverty, many mental health care users find it difficult to access health services, and instead they consult with traditional healers. The quality of mental health services in rural areas continues to be a challenge for health care providers and the patients they serve (Gale and Lambabert 2006 , Gamm, Stone and Pitman 2010 national institute of mental health ,NIMH ,2006 Pion keller , Comb 1997)The issues most frequent cited as contributing to the significant challenge of mental health care delivery in rural areas are geographic isolation causing difficulties in access to delivery of mental health care(Gale et.al 2006),Lack of number of appropriately trained and educated providers capable of delivering quality mental health care and ongoing stigma surrounding mental health issues. These challenges can end up making MHCUs being frustrated about the access of proper treatment, since its been indicated that most of health care providers do not receive appropriate training(Gale et.al 2006).

The treatment success of any Traditional Healer depends greatly on proper diagnostic methods. The main and the pretty well universally used diagnostic method of Traditional Healing is pulse diagnosis. Mental health and mental disorders were identified as the fourth highest ranking rural health concern (Harrison, 1997). In countries like South Africa, there are far too few mental health specialists and an inadequately developed infrastructure to deliver mental health services. As a result, mental health care users tend to use a combination of traditional and modern medicine. Exploring the contributory factors associated with the use of a combination of traditional and modern medicine by mental health care users will help to assess the effectiveness of integrating modern and traditional medicine.

Prior to the introduction of the modern medicine, traditional medicine used to be the dominant medical system available to millions of African in both rural and urban community. It was the only source of medical care for greater proportion of the population (Daza, 2002).About 14% of the global burden of disease is attributable to mental disorders. Even in sub-Saharan Africa, where

communicable diseases are common, mental disorders account for nearly 10% of the total burden of disease. Mental disorders are linked to many other health conditions and are among the most costly medical disorders to treat (Daza ,2002).

Modern medicine has been developed through science or laboratory testing for its effectiveness, whereas traditional medicine is about pure herbals. The treatment methods of traditional medicine mainly focus on treating a person holistically meaning they attend to psychological and physical. In terms of administration of treatment, modern medicine is mostly administered on the basis of an assessment done by a physician, whereas traditional medicine is a practice in which there is no conceptual separation between natural and supernatural entities (Ehler, 2000). Phenomenology is important to classification. Illnesses are divided into normal and abnormal, with the potential implication that the normal, or natural ones will utilize either Western medical services or traditional ones, whereas the abnormal' would be channeled virtually exclusively to traditional healers (Oluggbile, 2009).

This chapter reviews literature regarding the understanding of mental illness in rural areas in South Africa and how patients respond to treatment. It also provides an overview of the perceptions of other researchers on the subject of mental illness and the use of both traditional and modern medicine as methods of treatment.

2.3 Understanding the use of traditional and modern medicine in rural areas

The knowledge and understanding of mental illness is very crucial to health care providers, as well to society. In 2001, WHO held a conference in Geneva on mental health. The conference reflected on the historical background of mental health. It was indicated that historical marginalization of mental health and welfare services in many countries has contributed to endemic stigmatization and discrimination of mentally ill people. It has also meant that mental health has received low priority in most public health agencies with consequences on budget, policing planning and services development. At present the mental health budget in many countries constitutes less than 1%. Moreover, mental health problems are frequently not covered by health plans at the same level as other illness. In rural areas of developing countries, psychotropic drugs are rarely available in adequate or regular supplies. It was also indicated that poverty influences mental health in powerful and complex ways. They are highly correlated with an increase of prevalence of serious disorders such as schizophrenia, major depression, social personality disorders and substance abuse. Most mental disorders are twice common among the

poorest sections of society as in the rich ones (WHO 2001). One of the major aspect which play a role in this is cultural beliefs.

2.4 Understanding mental health

One in every four people, or 25% of individuals, develop one or more mental disorders at some stage in life. Today, 450 million people suffer from mental disorders in both developed and developing countries. Already, mental health problems represent five of the 10 leading causes of disability worldwide; amounting to nearly one-third of the disability in the world. Leading contributors include depression, substance abuse, schizophrenia, and dementia. This burden creates an enormous toll in terms of suffering, disability, and economic loss. While mental disorders affect people in all groups of society in all countries, the poor are disproportionately affected (WHO 2001). This is an indication that Mental health needs a serious attention.

2.5 Cultural Beliefs about Mental illness

Culture has been variously described from the sociological perspective as "that complex whole that includes knowledge, beliefs, art, morals, laws, customs and any other habits and capabilities acquired by human beings as members of society. Thus, culture refers to all ways of thinking, feeling, and behaviour that are socially rather than biologically transmitted from one generation to the next" (Aina, 2011). In 1976, members of the World Health Organization (WHO) team published results of a two-year follow-up study of persons diagnosed as suffering from schizophrenia in nine cultures. To the surprise of the research community, outcomes varied enormously, with sufferers in developing countries doing far better than those in North America and Europe (Bryron, 1997)

Health care professionals in the medical and psychological fields are becoming increasingly aware that cultural beliefs can significantly impact the patient's attitude towards and compliance with treatment procedures (Beuster, 2005). This would imply that effective treatment in a culturally diverse society like South Africa not only calls for a sensitivity to cultural differences but also requires sufficient knowledge about the patient's cultural belief systems. Green-Hernadez et al., (2004:3) in Beuster stated, "Misunderstanding and errors occur when a patient does not understand the treatment prescribed, uses it improperly or because the treatment does not fit culturally, disregards the plan without the clinician's knowledge. Extremely negative outcomes ranging from physical harm and even death can be the results of cultural incompetence". This also signifies that when clinicians prescribe medication to patients, they should consider understanding the cultural backgrounds of the patients. This can be helpful to the patient so that they can be able to adhere to treatment with understanding. Culture powerfully influences

cognition, feeling and self-concepts as well as the diagnostic process and treatment decisions (Ania, 2011).

Currently, western models understand cultural and/or spiritual conceptualization from non-western cultures as merely a means of coping with illness rather than an independent principle deserving further merit and attention (Greenwood et al. 2000). Within a single culture, opinions vary as to what constitutes mental illness and how the term itself shall be defined. In the west, the term 'mental illness' has been the subject of considerable controversy. In South Africa, the IsiZulu term "ukufa kwabantu"literally means "diseases of the people" and refers to illnesses that are culturally specific and culturally treated (Goni (a sexual transmitted disease in Venda or Gokhonya). More especially, *ukufa kwabantu* suggests that interpretation of symptoms is bound by cultural beliefs. *Ukufa kwabantu* can be equated to *ukufa kwama Xhosa (the dying of Xhosa)* in isiXhosa and *malwetsi a batho* (diseases which are imposed by a person) in Northern Sotho. These terms suggest that culture has a great influence on people's behaviour when they seek help implying that the need for a treatment based on these culturally specific beliefs (De Andrade, 2011).

2.6 The role of traditional healers and their treatment in South Africa

It was found that traditional healers are still firmly established health care providers in their respective communities. This is a clear indication that traditional healers plays a very crucial role in our community mostly I   rural areas. They are familiar to their clients, both share the same language and world view. Health and illness are perceived in the same light. Healers are consulted for a wide range of physical, psychological, spiritual, moral and social problems. Mental illness can affect the sufferer's:

Perception: people may experience the world with their senses (vision, smell, taste, touch hearing) in unusual and strange ways, for example, in hearing voices or seeing things that others do not see.

Thinking: thoughts may occur very quickly or may be poorly organized, confusing, illogical and irrational.

Mood: symptoms such as oscillation between different states or prolonged disturbed moods can cause significant distress over time and impair one's ability to function in daily life.

Behavior: people's behavior may be bizarre and confusing for those who do not understand mental illness.

Another important reason for seeking the healer's ministrations is prevention of illness and misfortune (Meissner, 2004).Traditional medicine has deep roots and remains widely practiced in many countries around the world, including South Africa. Specifically in South Africa, traditional healers can obtain licenses to practice but very little formal assessment has been done on the extent of their contribution to health care (Koen, 2010). Traditional health care and traditional healers have been part of African societies throughout history but underwent numerous changes during colonization, as described by Ulin and Segall (in Ehlers, 2000). During the apartheid era tradition medicine was declared unconstitutional in 1953. The ban of traditional medicine was based on the belief that the conception of diseases in Africa was historically embedded in "witch craft" where in western knowledge, witch craft reinforces "backwardness, superstition and dark continent. The role of sangomas (traditional healers) whose methods are grounded in a holistic approach to physical and mental health treatment, is to identify the origin of illness and advise the family about the rituals that need to be performed to alleviate suffering (Venn 2010).

Although a few studies have been conducted in South Africa investigating traditional healers' perceptions of and approaches to the treatment of mental illness, none of them have specifically examined non-psychotic disorders. An understanding and appreciation of the concepts of mental illness held by traditional healers as well as their treatment practices would help plan mental health services in the developing world context and might shed light on the debate concerning the most appropriate way to collaborate with traditional healers. These indicate that collaborating with traditional healers can help strengthen mental health care services. All healers recognize mental illness as a distinct category of illness. In many traditional belief systems in Africa, including South Africa, mental health problems may be attributed to the influence of ancestors or to bewitchment. Traditional healers are viewed as having the expertise to address the causes (Sorsdahl, 2010).

Mental illness is understood to be present when an individual shows behavioral signs and symptoms that are perceived to deviate from the traditional social norms. For example, the Dogon people of Malawi recognize someone to be mentally ill when he/she talks loudly even when speaking to elders, is always alone or refuses to be with others of his or her own age group (Beneduce, in Mufamadi, 2010).

A study s conducted by Mufamadi (2010) about the notion of mental illness by Vhavenda traditional healers in Limpopo Province, South Africa, indicated that heredity, witchcraft, sorcery, disregard of cultural norms and spirit possession were regarded by traditional healers as cases of mental illness. Mental illness was interpreted as an invitation made by the ancestors to people who are destined to become traditional healers.

At a psychological level, traditional healers were found to use rituals and other symbols to treat their patients. In some cases patients would be given some charms and medicines that were believed to have protective powers against some evil forces (Mufamadi,2010). Traditional healers, as part of the primary health care team, have an enormous potential in treating many prevailing illnesses, educating people in various aspects of preventable conditions and at the same time bridging the cultural gap in the concept of health and disease, this making healing more culturally appropriate (Meissner, 2004). The diagnosis and treatment of illness using traditional medicine in most cases are culture specific. This means based on the beliefs in the community, healers interpret the type of illness and prescribe how it must be treated. The same illness can be interpreted differently in another culture and hence treatment modality will also be different, this is mostly embraced in rural areas, simply because most of the traditional healers are found there. (Meissner, 2004).

In Bali, traditional healing and indigenous theories of disease are complex and widely used. In Indonesia, traditional or ethno-medical practitioners are frequently consulted in complement to allopathic medical care (Ferzacca, in Bush, 2004). A study conducted by Robertson in South Africa (2006) indicated that although almost all traditional healers' clients screened positive for mental health problems, most clients did not consult traditional healers explicitly for mental health problems. Healers frequently prescribed similar treatment for what appeared to be different problems. For instance, a diviner gave snuff to a client who had lost his job, a woman with fits, and a woman with a headache (Robertson 2006). The study further indicated that many families of patients with severe mental illnesses referred themselves to medical facilities after using expensive and unsuccessful treatment by traditional healers.

2.5 Modern medicine in rural areas for treating mental illness

Mental health practioners plays a major role in treating MHCUs. The treatment of Mental illness is done through an integrated approach which include primary health care service. Primary health care is mainly based on rural communities. A study which was conducted by Claire (2008) indicated that effective community-based mental health care as part of primary care is essential for the integration of mental health patients into society. In South Africa, the Mental Health Care Act of 2002 makes provision for the integration of mental health care into state services at primary care level. Previously, in many provinces dedicated mental health care co-coordinators were doing the bulk of the management of this category of patients. The integration of mental health care services has led to mental health care users becoming part of the general patient load in clinics. Mental health care users as well as professionals have been dissatisfied about the difficulties inherent in changing a system.

2.6 Attitude of the community towards mental illness

The community has been finding it difficult to comprehend mental illness. Around the world, many people with Mental Health Care Users are victimized for their illness and become the targets of unfair discrimination. Access to housing, employment, and other normal societal roles are often compromised, which can further exacerbate their symptoms. As a result, those in need frequently hesitate to seek professional help for their problems, choosing instead to suffer silently and alone (WHO 2001).

Public and community health psychiatry in Africa has contributed significantly in the areas of service, teaching and research. These contributions have not been limited to the provision of easily accessible and affordable service to people with mental illness in the community; but have also included several publications investigating the usefulness of these services and providing evidence of their benefits. This has lent even greater credence to previously known facts, for example, the understanding that the socio-cultural environment of the individual is not only important in the etiology and manifestation of psychiatric disorders but also influences treatment outcome. The successes of these early experiments sensitized the entire continent of the need to situate mental health care services within the community, in such a manner as to achieve a balance between western science and the socio-economic and cultural realities of the people. (Makanjuola, 2011)

The development of community psychiatry as a subspecialty is further hampered by the non-availability of mental health professionals, essential for the multidisciplinary approach to service delivery in the community. Not only are psychiatrists few in many African countries; psychiatric nurses, social workers, clinical psychologists and occupational therapists are also very scarce in most African countries.(Makanjuola ,2011)

2.7 Political influence on traditional and modern medicine

Colonization has played a significant role towards the development of Africa. Similarly some critics in Africa have focused on the economic and political impacts, others have shifted attention to the impact of colonisism on Indigenous knowledge system (IKS) (Mapara, 2009). Such arguments underscore the negative impact of colonialism on indigenous medicine. It is explained that the introduction of western medicine gave rise to cultural ideological clash which created an unequal power relation that practically undermined and stigmatized the traditional health care system in Africa. This became manifested in South Africa dealing with apartheid regime (Hassim, 2007). Therefore, western medicine was regarded as the medicine which is highly recognized. Missionary doctors could not understand why patients got taken from the hospital when they become critical ill. They failed to understand that in South Africa ancestral worship is still a cultural belief (Kangwa, 2010).

In some extreme cases TM was out rightly banned for instance the South African medical Association outlawed traditional medical system in South Africa in 1953(Hassim ,2007) . In addiction the witchcraft suppression act of 1957 and the witchcraft suppression amendment act of 1970 also declared TM unconstitutional thereby disallowing the practioners from doing their business in South Africa (Hassim, 2007)

2.8 Integration of modern and traditional medicine

Given that many people seek help for mental illness from providers other than medical doctors, it is essential to include all providers in mental healthcare initiatives. Apart from providing accessibility to mental health services, peoples' family values, cultural beliefs and education must be considered, and common ground established between cultural psychotherapeutic procedures and evidence based medical treatments (Pretorius 2004).

The role of traditional healers in people's primary health care should not be underestimated. They attend to the basic needs that are met at rural community level. It is felt that recognition of traditional healers is long overdue but that it must be accompanied by institutionalization of

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standardized training (Pretorius 2004).   Programs aimed at integrating mental health into the primary health care sector have been introduced in many countries including, India, Iran, Pakistan, Uganda, Tanzania, China, Nigeria, Colombia and Sri Lanka, and have been particularly successful in providing mental health care to rural pockets in countries with no previous psychiatric institutional facilities . There is an expressed willingness of western practitioners to work together with traditional healers although their partnership is still very much in its infancy. It has been concluded that there has been excellent progress towards the incorporation of traditional healers into health system but there is still a long road ahead(Koen, 2003).

A study of 300 physiotherapy patients in Kwazulu Natal showed that 70% would choose to consult a traditional healer as their first choice (Koen, 2003).Another study indicate that almost 134 patients presenting for the first time at psychiatric clinic in Malaysia 69% said that they had visited a traditional healer before consulting a medical doctor. In Nigeria a sample of 80 members of the general population showed a favorable attitude to traditional healers being involved in the treatment of psychiatric illness. (Meissner, 2004)

The healer understands the significance of ancestral spirits, he shares the belief in supernatural forces, and he identifies with the reality of witches. However, clients also value the efficacy of modern scientific medicine and have generally managed to become dual health care consumers in the sense that they use both medical sectors interchangeably, consecutively or even concurrently for the various aspects of one and the same condition. Broadly speaking, the traditional healer is consulted to explain the cause of an illness, and the medical doctor is visited to relieve the physical symptoms.In this way the two sectors complement each other. (Meissner, 2004)

2.9 Conceptual Framework of the Proposed Study

The theoretical framework of the study is based on the African perspective by Henning Viljoen 2002, which emphasizes the importance of understanding African and western perspectives for personology. The African view of psychopathology cannot be separated from the holistic ontology and the role that the ancestors, malignant spirits and sorcerers play in determining their behaviour. The holistic ontology implies that health, be it physical, mental or societal, refers to a state of wholeness and integration and ill health refers to a state of fragmentation and disintegration (Meyer, et al 2002). This view has the implication that, from an African perspective, mental illness is not devoid of physical symptoms and that all mental disorders should be seen as psychosomatic disorders.

The holistic premise also implies that in the African conception of health and illness is that the whole human body, and not merely some part of it, is considered to be either well or ill. Sogolo (1993) points out that in the west, a patient consulting a physician often gives a clue as to what part of the body he or she thinks is afflicted. The traditional healer is generally non-specific as to which part of the body is afflicted by disease.

According to Rudnick (2002), it appears that there are almost two healing worlds in South Africa, the one western and predominantly medically-oriented and the other African and predominantly spiritually-oriented. Rudnick draws a comparison between the dynamics of western psychotherapy and traditional healing and comes to the conclusion that psychological factors which play a role in psychotherapy also play a vital role in shamanic healing. He also tabulates the most important differences, shown in the table below:

Table 2.1 the difference between African and Western perspectives about human behaviour.

AFRICAN	WESTERN
Practical relationship	Idealized relationship
Open (community) relationship	Confiding (private) relationship
Directive approach: in this approach a person is specific about what he or she needs	Mostly indirective approach: this approach relies on diagnosis from the physician.
Deals with the supernatural and natural worlds	Deals mostly with the natural world
Focus is "who caused this"	Focus is "what is happening"
Aimed at social cohesion	Aimed at individual empowerment
Healers tell client why they have come	Client tells healer why they have come
Mostly incorporates pharmacology	Sometimes resorts to pharmacology
Generally prescribes a ritual	Rarely prescribes a ritual
Boundaries often wide e.g. client lives with healers	Boundaries mostly restricted e.g. non-contact, weekly visit
Client motivation generally seen as conscious	Client motivation generally seen as unconscious
Dreams are direct communication from the ancestors	Dreams are entra psychic and symbolic
Healers personal values intrinsic to the process	Healers personal values are subjugated
Main tools are materials such as bones or equivalent	Main tools are verbal

This table illustrates how modern (Western) and traditional (African) differ in terms of their view on human behavior. It also reflects on their interpretation of how they deal with human health.

2.10 Summary of Reviewed Literature

The review of literature has revealed that both traditional and modern medicine have a significant role to play towards health care service. Research has shown that the use of traditional medicine in many countries is assuming greater importance than modern medicine in primary health care. Most research also put their emphasis on the importance of integrating the two systems as a way of strengthening health care services. It has also been revealed that many countries are still reluctant to include traditional medicine as part of their official health care service. South Africa has developed a policy acknowledging traditional practitioners as part of the health care system, since the traditional medicine was declared unconstitutional by the apartheid regime. These was done as part of strengthening health care system in South Africa.

At present the mental health budget in many countries constitutes less than 1% of the budget allocation and mental health problems are frequently not covered by health plans at the same level as other illness. This indicates the need to educate the society about mental health and its importance.

It has been revealed that cultural beliefs also play a significant role impacting on patient's attitudes towards and compliance with modern treatment. For traditional healers mental illness is treated based on exploring a relationship with the ancestors.

Although much research has been conducted in the area of modern and traditional medicine, few focus on mental illness particularly in terms of understanding the contributory factors leading MHCU to modern and traditional medicine.

From the review of the related literature, traditional and modern medicine seem to be playing a bigger role in health care services and need to be given more attention.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter indicate the plan and choice of how the researcher is going to conduct the study. The following aspects were covered in this section: Nature of the study, research design, population and location of the study, sampling procedure, ethical considerations, data collection and data analysis.

3.2 Description of the Study Area

The study was conducted at the Dzanani village and Siloam Hospital in the Makhado local area a public institution in the Limpopo Province that provides comprehensive health care services. It is located in Ward 33 of the Vhembe District under the Makhado Municipality. The Municipality is composed of four regions, namely Dzanani, Makhado, Waterval and Vuwani. The hospital is situated along Besekuwe Road. Out of its 12 wards, one is reserved for psychiatric patients. The psychiatric unit has 15 employees and can accommodate up to 35 patients of which 25 are male and 10 female.

3.3 Research Design

Maree (2007) defines research design as a plan or strategy which moves from the underlying philosophical assumptions to specifying the selection of respondents and the data gathering techniques to be used. It is divided into four aspects (field study, survey, laboratory and experiments). Mouton (2002) also defines research design as the plan and structure of a research project in such a way that the eventual validity of the research finding is maximized through either minimizing or, where possible, eliminating potential errors.

In this study, the research design was qualitative in nature. Bless and Higson (2000) define qualitative research as a type of research conducted using a range of methods which use qualifying words and descriptions to record and investigate aspects of social reality. Berg (1998) also defines qualitative research as the research which properly seeks answers to questions by examining various social settings and individuals who inhabit these settings.

The researcher chose a qualitative design because there is a need to obtain in-depth information concerning the contributory factors leading MHCUs to use both modern and traditional medicines. Field study was employed to achieve the in depth information about the subject. According

Frankfotnachmias and Nachmias (1992:272) field study is a study of people acting in the natural cause of their daily lives.

3.4 Population and Sampling Procedures

De Vos (2003:193) defines population as set from which the individuals or unit of the study are chosen. According to Grinnel (1993). A population is an entire set of people, objects or events of concern to a research study from which a sample is selected .Three types of populations was engaged in this study:

MHCUs who are receiving treatment at Siloam Hospital.

Traditional healers from the Makhado local areas

Health care practitioners (nurses, psychiatrists, social workers and psychologist).

The above category was selected because they are the key role players on mental health. It was done because the researcher want to obtain in-depth information about the factors leading mhcus to use modern and traditional medicine.

1.4.1. Sampling

Sampling is the technique by which a sample is drawn from the population (Bless and Higson, 2006). According to Brynard and Hanekom (2006), sampling is a technique employed to select a small group with a view to determine the characteristics or properties of the large group. A non-probability purposive sampling was employed to the three categories namely, mental health care users, traditional healers, and health practitioners.

Purposive sampling was used because the selection of elements was done based on the basis of special characteristics of the respondents.

Inclusion criteria for the selection of the sample are as follows:

Adults (18 years and above) who are outpatients who receive treatment at the psychiatric ward of Siloam Hospital,

Traditional healers who reside in the Makhado local municipality area.Traditional healers where identified during a workshop on how traditional healers can collaborate with department of health in providing service delivery. The workshop was held at Siloam Hospital.

Health practitioners working directly with mental health care users. Health practitioners were identified at Siloam Hospital during ward round.

Exclusion criteria

The study will exclude:

Outpatients under the age of 18 years

Those who do not receive treatment at the psychiatric ward of the Siloam hospital,

Those who are psychotic

Traditional healers who do not reside in the Makhado municipal area, and

Health practitioners who are not working with mental health care users.

3.5 Data collection

Data collection method is a procedure specifying techniques to be employed, measuring instruments systematically collected in strict compliance with a research design (Richard and Grinell, 1993). According to Frank (1992) data collection is a social sciences data which are obtained when investigators or others record observations about phenomena being studied.

Self-report (interview) was used as a way of collecting data. Self-report is a data collection encounter in which one person as interviewer asks questions of another (respondent). The interviews may be conducted face to face or by telephone (Babbie and Rubin, 2007).Maree (2007) also defines self-report as a two-way conversation in which the interviewer asks the participants questions to collect data and to learn about the ideas, beliefs, views, opinions and behaviours of the participants.

The researcher used a self-report (interview) because it enabled her to probe for more information. Information was provided in face-to-face interview. The researcher used interview because he would be able to get in-depth understanding about the contributory factors leading mental health care users to use modern and traditional medicine.

An interview schedule was used as a guide for research questions. According to Neuman (2000), an interview schedule is the ethnographical tool for structuring a formal interview

Traditional healers where identified during a workshop on how traditional healers can collaborate with department of health in providing service delivery. The workshop was held at Siloam Hospital.

Sampling size

The sample size in this study was determined by saturation of information. This criteria applied to all the participants in the study.

Data analysis

According to Boeitjie (2010:76), data analysis is the process of systematically searching and arranging the interview transcripts, field notes and other materials that you accumulates to increase your own understanding of them and to enable you to present what you have discovered to others, while according to Henn, Weinstein and Foard (2006:268), data analysis refers to how the data to be collected will be organized interpreted analyzed. Babbie and Mouton (2001) also define "qualitative data analysis as a non-numerical examination and interpretation of observation for the purpose of discovering underlying meaning and patterns of relationships."

A qualitative data analysis was done through the use of a computer programme called Atlas TI. The purpose of ATLAS TI is to help researchers uncover and systematically analyze complex phenomena hidden in unstructured data (text, multimedia, geospatial). The program provides tools that let the user locate, code, and annotate findings in primary data material, to weigh and evaluate their importance, and to visualize the often complex relations between them. An independent coder was used to do the analysis.

Measures to ensure the trustworthiness of the study validity and reliability

To ensure trustworthiness of data the four criteria for developing trustworthiness suggested by Lincoln and Guba's framework in (Polit and Beck, 2008:) will be followed. The framework focuses on credibility, conformability, transferability and authenticity.

Credibility

Credibility is viewed as the overriding goal of qualitative research. It refers to confidence in the truth of the data and their interpretations. Qualitative researchers should therefore strive to establish confidence in the truth of the findings for the particular participants and context in research (Polit and Beck, 2008). In this study, the researcher has ensure credibility through prolonged engagement during interviews to allow MHCUs to express their views using their own language, (since I can also speak language) to obtain an in-depth understanding about the contributory factors leading them to use both modern and traditional medicines.

Dependability

Polit and Beck (2008) describe dependability as the stability or reliability of data over time and over conditions. A detailed description of the research design was done to ensure dependability.

Conformability

Conformability captures the traditional concert of objectivity as to whether the findings of the study can be confirmed by another. It refers to objectivity and the potential for congruence between two or more independent people about the data's accuracy, relevance or meaning. This criterion confirms that the data represent the information provided by the participants and not the researcher's imagination (de Vos 2005; Polit and Beck, 2008).

The use of subject matter expert in the analysis of data, the transcripts and audiotapes will ensure conformability of the study. An independent coder may verify with the participants about the interviews.

Transferability

Transferability refers to the generalisability of the data or the extent to which the findings can be transferred or applied in another setting. In this study the data obtained from the sample can be transferred to another setting.

3.6 Ethical Considerations

The following ethics will be considered in this study:

Permission to conduct the study

The proposal was submitted to the Higher Degrees Committee for approval. An ethical clearance certificate and permission to conduct the study will be requested from the Higher Degrees Committee.

Permission from the Department of Health was requested and granted to conduct the study.

Informed consent

Informed consent relates to the participants' right to adequate and relevant information before the commencement of the study (Creswell, 2005; Ferguson 2008). Participants were required to sign an informed consent form which was read to them prior to each interview and they were also informed about the reason of participating in research. (Please see Addendum ii)

Avoidance of harm

This ethic implies that the researcher must protect subjects within reasonable limits, from any form of discomfort that may emerge from the research project. In this study, no potential harm is envisaged.

Voluntary participation

Participants were informed about their right to withdraw from the study at any given point if they so wish. The researcher should not deceive the respondents in order to make them participate in the study.

Anonymity

The process of ensuring anonymity refers to the researcher's act of keeping the subjects' identities confidential with regard to their participation in the study (Brink 2006). The use of names is prohibited in the study; each participant was given a pseudonym.

According to Bless et al (2006:184) a pilot study is a small study conducted prior to a large piece of research to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate, while according to Heiman (1995:526), a pilot study is conducted during the initial stage of research. It is common for some data to be collected and problems spotted in this trial stage this enables the researcher to refine the procedures and prevent the full-scale study from being flawed methodologically.

3.8 Pilot study

The researcher conducted a pilot study because it allow him to test the actual programme on a small sample taken from the community for whom the pogramme was planned. This would allow the researcher to identify any difficulty with the method or materials and to investigate the accuracy and appropriateness of any instrument (such as screening test, biographical questionnaires and so on) that have been developed. In cases where a pilot study uncovers many difficulties in the design of a programme, it is necessary for the planning to be revised and further pilot testing of the new design may be necessary.

Pilot study was conducted at Siloam Hospital psychiatric ward, it was done to evaluate or test the interviewing tool. It was conducted by interviewing a psychiatric nurse about the contributory factors leading mental health care users to use modern traditional medicine.

It was indicated that the main contributory factor is that African people believe more on their culture and as a results they ;blame witch craft as the cause of Mental illness. They believe that better treatment can be found at the traditional healers.

CHAPTER 4 RESULTS OF THE STUDY

4.1 INTRODUCTION

This chapter is about presenting the study findings which will be done in a narrative form. Participants in this study were comprised of six MHCUs, five traditional healers and nine mental health practitioners.

4.2. BIOGRAPHICAL INFORMATION

The participants of the study included mental health care users (MHCU), mental health practitioners and traditional healers. The first category of participant (MHCU) included 3 male and 3 female. The second category of participants included 1 male and 4 female. The third category included 6 male and 1 female.

The details of participants are presented in the table below:

2.2 Biographical information

PARTICIPANTS	CATEGORY	Gender
A	Mental health care user	Male
B	Mental health care user	Male
C	Mental health care user	Female
D	Mental health care user	Male
E	Mental health care user	Female
F	Mental health care user	Female
G	Healer	Male
H	Healer	Female
I	Healer	Female
J	Healer	Female
K	Healer	Female
L	Medical doctor	Male
M	Psychiatric nurse	Male
N	Psychiatric nurse	Male
O	Medical social worker	Male
P	Community social worker	Male
Q	Occupational therapist	Male
R	Psychometric	Female

This table give an overview of the biographical information.

Most of the participants were from Makhado municipality, Vhembe district, Limpopo South Africa. Factors leading mental health care users to use modern and traditional medicine were explored by engaging mental health care users, mental health practitioners, and traditional healers. During the process of interview, all participants were informed about the ethical consideration.

4.3 FINDINGS OF THE STUDY: FACTORS INFLUENCING MHCU TO USE MODERN AND TRADITIONAL MEDICINE

This section is about the findings with regard to factors which lead MHCU to use modern and traditional medicine.

4.3.1 Cultural factor

The respondents in the study indicated that cultural influence plays a major role as a contributory factor leading MHCU to use modern and traditional medicine. All the respondents point out that one of the cause of mental illness is through witch craft. It was indicated that the only way to heal mental illness which is caused by witchcraft is through consulting traditional healers. It was further indicated that the only way to cure a person who is mental ill as a results of which craft is through consulting traditional healers. The study revealed that African culture serve as one of the contributory factor leading mental health care users to use modern and traditional medicine. This can be indicated by some of the response from the participants:

"*Firstly you must understand that, there are two types of Mental illness according to African culture, we have mental illness which is caused by personal problems which is make a person to have lot of pressure in the mind, actually its stress it lead to Mental illness. Normally when a person is having stress he/she will spend most of the time alone and he/she will be saying things like "people always want to interfere with my life", sometimes such people blame people. Immediately when we realize that a person is stressed, we call elders to intervene and they will talk to the person, we do not rely on books like social workers*"

"*As a traditional healer I will start by indicating that any medication start from a tree and it is modified to make a medicine. Modification can be done by both African culture and modern or western culture. After modification both cultures can choose a name of medication. In our African culture we also have a way of sedating a patient, we have a specific tree that we use to sedate a patient who is troublesome.*"

there are many contributory factors which can lead to the use of modern and traditional medicine by mental health care users, one of the main factor can be culture, the reason why I am saying culture is because eee, some people practice their culture in such a way that they do not believe in the modern medicine, they tend to believe in rituals, more especially in relation to mental illness.

The above extract indicate the role that culture play as an influential factor which lead mental health care users to use modern and traditional medicine. This is an indication that most of the patient still embrace there culture. Culture seem to be playing a major role in influence mental health care users to use modern and traditional medicine.

(De Andrade, 2011) illustrate that , Within a single culture, opinions vary as to what constitutes mental illness and how the term itself shall be defined. In the west, the term 'mental illness' has been the subject of considerable controversy. In South Africa, the IsiZulu term "ukufa kwabantu"literally means "diseases of the people" and refers to illnesses that are culturally specific and culturally treated (Goni (a sexual transmitted disease in Venda or Gokhonya). More especially, *ukufa kwabantu* suggests that interpretation of symptoms is bound by cultural beliefs. *Ukufa kwabantu* can be equated to *ukufa kwama Xhosa (the dying of Xhosa)* in isiXhosa and *malwetsi a batho* (diseases which are imposed by a person) in Northern Sotho. These terms suggest that culture has a great influence on people's behaviour when they seek help implying that the need for a treatment based on these culturally specific beliefs

4.3.2 Witch craft as a contributory factor

Many culture still believe that witch craft plays a role as a contributory factor leading mental health care users to use modern and traditional medicine , simply because they believe that witchcraft is one of the main cause of mental illness therefore it must be treated by traditional healers. This can be attested by the following extract from some of the participant:

"You see, blacks do lot of rituals, sometimes they will slaughter a goat as way of cleansing a person from bad spirit, and one of the issue which can contribute is belief even though it is not different from culture, but with belief, you will find that people believe in different things as the cause of illness. Some of the culture or beliefs perceive mental illness as a results of witch craft or evil spirit."

"So mental ill patient belief that if they take medication today, it will go. So by having that kind of situation they end up ee! Trying to consult traditional healers. Once they tend to believe that

someone is bewitching them, they believe that western medication is not good enough to deal with such."

"The other thing is that majority of people are suffering mental illness as a results of witch craft. From an African culture or perspective witch craft is real but these days our government do not believe in witch craft"

"What causes mental illness is that someone will bewitch you because they are jealousy of you. They will be so jealous in such a way that, they will say, that person thinks he is better than me."

"The other kind of mental illness is called "mental illness of Nature" or Witchcraft. People who have this kind of illness go to specific traditional healer who specialise on mental illness. The traditional healer will examine him or her after that they will give a that person "Tsemo" which will assist the person to relax, after that the traditional healer will give him certain medication which will assist"

"Most of them walk to traditional healers because they believe witch craft has played a role in their condition"

The above extract denote that witch craft is still seen as one of the leading contributory factor which lead mental health care users to use modern and traditional medicine , since they believe that treatment is mainly available at the traditional healers. Most of the traditional healers believe that mental illness caused by witch craft is only treated in a traditional way only.

(Sorsdahl, 2010) states that ,in many traditional belief systems in Africa, including South Africa, mental health problems may be attributed to the influence of ancestors or to bewitchment. Traditional healers are viewed as having the expertise to address the causes

4.3.3Social issues as contributory factor.

The study also find out that social issues plays a role as a contributory factor which lead mental health care users to use modern and traditional healers. It was indicated that stigma, lack of support from the family. Most of the participants stated that those social issues has a serious impact in influencing

Sometimes you will find that to be a mental ill person can not to be accepted in the society, even mental health professionals tend to have stigma, they have negative attitude towards mental

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illness, even the allocation of resources its limited because of stigma. They are mostly portrayed as people who do not deserve quality care which makes patient go for traditional healers because they were not given quality service. This issue of negative attitude from professionals is very serious because if the patient are receiving negative attitude from the staff, obviously after they are being discharged they won't come back, because they won't feel comfortable. This mostly happen with professional in the ward, for instance if the patient is admitted in medical wards and start presenting mental illness , its either they force the patient to be admitted in psychiatric ward or discharge the patient . The patient is left with no options than to consult traditional healers.

The study find out that lack of family support contribute as a factor leading MHCU to use modern and traditional medicine. Another participant affirms that:

Some family members do not motivate patient to go for treatment which makes the patient to go to traditional healers. You must also remember that most of our patient still believe in their culture so if the support system is lacking obviously the patient will look for alternatives, which in most cases is consulting traditional healers. The other contributory factor is being anxious, some people are very anxious of going to the hospital because they usually think that if they go to the hospital they will die. Sometimes the ideas which people have, because some people still believe that pills are made out of human intestine, which make them anxious that they will be killed. Some patient feel like going to the hospital will deprive them of freedom .Some of them feel like their daily routine will be distracted like eating and sleeping pattern because in the hospital they will be told what to eat and when to sleep, so this issues can make patient to be reluctant to receive treatment from the hospital as a results they go to traditional healers.

4.3.4 Influence by significant others

This study also find out that significant others (family, friends and care givers) also influence MHCU to use modern and traditional medicine.one of the participant indicted that

One of the practitioner affirms the following:

I remember a certain patient who came to me with breast cancer and it was detected early which it was a good thing, I advised a person to be amputated. The person did not understand amputation and that condition deteriorated, her relatives also influenced her to go to traditional healers, which was a bad decision according to me. She end up dying because cancer managed to spread all over the body. Relatives also bring lot of confusion to patients because they influence the patient to consult doctors and traditional healers. I am trying to indicate that once people

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believe on traditional medicine it's difficult to convince them to use modern medicine. Most of the people who are very difficult are mental health care users

"One of the major influential factor which makes mental ill patient to use modern and traditional medicine are people living with him or her for example when a patient is sick at the hospital and he is not getting healed , the family can confront the nurses and demand for discharge, hoping to assist the patient through African traditional medicine."

Caregivers contribute a lots in such a way that they end up debating on what medicine the patient should take because some believe in traditional medicine and others on modern medicine, but what matter is the health of the person .The caregiver also make sure that the person is eating well, bathing, safe etc. because if they don't do that a person will end up in the street running all over, also if u can check these disease in spreading quick because where I stay there were only few people who were suffering from mental illness but now they are increasing and what I always ask my self is that what is the cause of this disease this days

Traditional medicine has deep roots and remains widely practiced in many countries around the world, including South Africa. Specifically in South Africa, traditional healers can obtain licenses to practice but very little formal assessment has been done on the extent of their contribution to health care (Koen, 2010).

4.3.5 Political influence

Political factor also emerged as an influential which lead MHCU to use modern and traditional medicine. It was indicated that the constitution has given people too much rights i.e. freedom of speech. One of the participant

"You know the government is even playing a major a role in influencing people to use traditional medicine, which is very wrong. This issue is of freedom of speech of allowing traditional healers to go on radio advertising that they can cure some conditions , which is wrong some of them went to an extent of saying they can cure Hiv/Aids."

It was also indicated that the introduction of western culture in our communities has dominated our culture and people ended up believing that modern medicine is good as compared to traditional medicine.

"This was influenced by missionaries (churches) when they came to Venda. When the missionaries arrived in Venda with their churches, they also introduced Hospitals for example Siloam is from Holland, Tshilidzini hospital was introduced by Roman Catholic and Donald frazer from Presbyterian. This transformation changed lot of things in our culture, they even labelled us as witch doctors. They even indicated that our traditional medicine are poisonous and cannot heal a person. That is why most of the people have lost confident in traditional medicine"

This is an indication that the arrival of missionaries in our country brought lot of change has played a role in suppressing African culture, which undermined the use of traditional medicine.

(Mapara, 2009) illustrate that, colonization has played a significant role towards the development of Africa. Similarly some critics in Africa have focused on the economic and political impacts, others have shifted attention to the impact of colonisism on Indigenous knowledge system (IKS)

4.3.6 Poor PHC intervention

Primary health care is one of the recommended health care intervention. Its mandate is mainly focusing on assisting patient at a community level. The study find out that poor PHC intervention contribute as one of the influential factor leading mental health care users to use modern and traditional medicine. One of the participant affirms the following:

Poor Phc (primary health care) intervention in the community can be a contributory factor. We use to have a team which specifically deals with mental health care users, which was a very good approach because if the patient did not come for follow up consultation, we use to arrange a transport and assist the patient in his home. Things changed when the department introduced supermarket approach, which makes it difficult to give a special attention to mental health care services. As a results of poor Phc intervention patient end up going to traditional.

4.3.7 Community influence

This study also find out that society or community play a role as a contributory factor leading mental health care users to use modern and traditional medicine. Society or community motivate people to embrace there culture and tradition, which sometimes bring confusion to the patient. The patient might end up not knowing what to believe, he or she will be compelled to explore both modern and traditional medicine.

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One the participant affirms the following:

Even environmental influences also play a role, by environmental influence I am referring to the influence that the society has. Sometimes you will find that the society influence patient to use traditional medicine. Sometimes someone might claim that they can treat the condition. Some people still believe that human brains are used to make drugs. Sometimes you will find that even religion can play a role in this issue because some of the religion still believe in African tradition in such a way that they do not support western culture. I think those are the main issues which can serve as a contributory factors.

(WHO 2001) illustrate that community has been finding it difficult to comprehend mental illness. Around the world, many people with Mental Health Care Users are victimized for their illness and become the targets of unfair discrimination. Access to housing, employment, and other normal societal roles are often compromised, which can further exacerbate their symptoms. As a result, those in need frequently hesitate to seek professional help for their problems, choosing instead to suffer silently and alone).

4.3.8 Treatment method

Treatment method has been identified as one of the major contributory factor .patient opt to use. Both modern and traditional healers have different ways of treating Mental illness, as a results MHCU end up consulting both.

Some of the participants affirm the following:

Every morning we prepare soft porridge, which will mix it with a medication called "Vhulivhadza" which will assist him bring his senses back. We also take the person to hunting, when we are busy hunting we will ask a person whether he can recognise different kinds of sounds made by birds. That also plays a role in therapy.

"Vhulivhadza" is a certain kind of tree which is more like cotton, we mix it thoroughly and pour it in the soft porridge, but normally we do that if the person is stubborn. "Vhulivhadza" helps a person to be calm. It also protect heart attack.

"In our African culture we also have a way of sedating a patient; we have a specific tree that we use to sedate a patient who is troublesome."

"Tsemo is the first medication which they give to the patient. The other one is "Mukamba" which is mostly used to patient who are uncontrollable. When a person is uncontrollable because of the illness in as Africans we say the person is possessed with evil spirit (Thuri). We do not even tell children if the person is mental ill, because they will mock him and the person will feel bad."

Remember this " Mukamba" is given through a certain dosage, if a person is given too much of it he may end up having a problem with urinary system on himself.

Treatment method differ because those modern medicine kills the veins of the person because they always end up being weak however we treat them with different medicine in order to balance their body , but its seems as nowadays they are giving them the chance to play soccer and also other different sports activity to put them in balance.

However we first give that person a medicine (tree roots) which sedate or weaken that person, after that the person will sleep peacefully. When that person is asleep I then start checking where the problem is and then start with my medication.

What I can tell you is that mental illness is curable, but it depend on the kind of mental illness. You know… I have come across lot of people who were suffering seriously but as I am speaking they are cured, which means African medicine play a very important role, but as traditional healers we have specialty , there are traditional healers who are specialize on treating "Tshipfula", and we have traditional healers who are very good in treating mental illness

As a traditional healers we only use natural medicine while the modern provide pills so this force a person to use both medicine

The only condition which is difficult to be treated through traditional medicine, is when a person has abuse dagga.These days most the young people are abuse dagga a lot, back then we never had such behaviours. This is the kind of condition which can be treated by the hospital.

4.4 Challenges for using both modern and traditional medicine.

Challenges has a significant role to play in influencing MHCUs to use modern and traditional medicine. One of the major challenge is side effects from both modern and traditional medicine.

You must also know that there is no exact dosage of traditional medicine. Some patient as a result of dosage, they end up dying. Some of them end up relapsing modern treatment. You must also know that most of the people who uses traditional medicine end up suffering kidney failure. I treated lot of patient who suffered kidney failure as a result of using overdose of traditional medicine.

4.5 Ways in which modern and traditional medicine can integrate.

Integrating modern and traditional medicine was identified as a challenge, some of the participant believe integration can work, some are saying it won't work. This kind of challenge also serve as a contributory factor since patient opt to use both modern and traditional medicine as a way of exploring ways of getting healing.

Some of the participant affirms the following:

"It is clear that they can work together as we are living in a modern life, since back then pills came from our traditional medicine, there is this time back then where there was a meeting between black and white healers discussing about the issue of using both medicine, unfortunately there was a lack of consensus, this is where they end up turning back on us, killing all the traditional healer and this was happening in Pretoria. But what I can tell you is that, they can work together however the modern treatment is highly advance because they can provide drips on their patients and we can't provide such."

Most of our client immediately when they are discharged , they go and consult with traditional healers , and you should remember that they have their own belief and most the patient who come to the hospital they do not come voluntarily , some people force them. Most of them walk to traditional healers because they believe witch craft has played a role in their condition. But I believe they can work together.

(Pretorius 2004) illustrate   that many people seek help for mental illness from providers other than medical doctors, it is essential to include all providers in mental healthcare initiatives. Apart from providing accessibility to mental health services, peoples' family values, cultural beliefs and education must be considered, and common ground established between cultural psychotherapeutic procedures and evidence based medical treatments (Pretorius 2004).

4.6 Discussion of the findings

The chapter presented the study data. The data was presented in a narrative form. The information was collected using interview schedule as a guiding tool. The study is qualitative in nature.

This chapter presented the results of the study. During analysis six themes emerged.

The first theme described how culture influenced MHCU to use modern and traditional medicine. This theme revealed that culture play a major role in our society and it has a major influence in decision making. Mostly MHCU strongly believe in their cultural belief. They believe that going to hospital is embracing western culture.

The second theme gives emphasis on witchcraft as one of the factor that lead MHCU to use modern and traditional medicine. Most the MHCU believe that mental illness is caused by witch craft, therefore it can be treated better by traditional healers.

The third theme is describing social issues as a contributory factor that influences MHCU. Under this theme the following factors were identified:

- Stigmatisation by Mental health care practitioners

- Stigmatisation by the society

As a results of these social issues MHCU are compelled to use modern and traditional medicine.

The fourth theme gave emphasis on how significant others (families and friends) influenced MHCU to use modern and traditional medicine. Most of the MHCU are depended to significant others, as a result they end up confused of where to get proper treatment because some will be telling them about traditional medicine as a better option and others tell them about modern medicine.

Firth themes describe the intervention of PHC as one of the influential factor. It was revealed that PHC intervention is very much important in providing health care services in rural areas. PHC is not rendering effective service. Poor PHC services lead MHCU to believe that, the government is not giving them enough attention.

The sixth theme give a description on how treatment method influence MHCU to use modern and traditional medicine. Most of the MHCU alleged that they opt to use modern and traditional medicine as a way of exploring treatment methods. One of the treatment used by traditional

healers is "Gambia moping" as a medicine which helps to sedate a patient, more especially those who seem to be violent. The other treatment used by traditional healers is "Tsemo" which is used to calm "Thuri" (evil spirits). It was highlighted that most of the MHCU prefer traditional healers as the first option for treatment.

CHAPTER 5

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter is about the discussion of the study results and recommendation. It consist of six sections, one of which is biographical information of the respondents. This chapter conclude by recapping what has been achieved through the research project.

5.2 Study objectives.

This study focuses on the contributory factors leading mental health care users to use modern and traditional medicine. This research was about exploring contributory factors leading MHCU to use modern and traditional medicine. The study was conducted at the Dzanani village, Siloam Hospital a public institution in the Limpopo Province that provides comprehensive health care services

5.3 Overview of the study findings

The researcher used interview schedule as an instrument to collect data. This study managed to cover three aspects which are major contributory factor leading MHCU to use modern and traditional medicine, challenges as contributory factors and integration as a contributory factor. Under the aspect about the contributory factor nine subtheme emerged, which are , cultural influence , witch craft ,social issues , influence by significant others , political influence ,poor PHC intervention , societal influence , lack of activities and treatment method.

5.4 Discussion of the findings

5.4.1. Cultural factor

This section was mainly focusing on understanding the main factors which lead MHCU to use modern and traditional medicine. The contributory factors leading MHCUs to use modern and traditional medicine were explored. The researcher found that there are many factors which influence MHCUs. Culture was identified as one of the major contributory factor. All categories of responded attested that culture has a significant role to play as a factor leading MHCU to use modern and traditional medicine. It has an influence because South Africa is a country of diversity. It is through this diversity that cultural beliefs are being embraced. Each culture has its own beliefs system. This also applies to the issue of mental illness. Each culture treat mental illness differently.

Health care professionals in the medical and psychological fields are becoming increasingly aware that cultural beliefs can significantly impact the patient's attitude towards and compliance with treatment procedures (Beuster, 2005). This would imply that effective treatment in a culturally

diverse society like South Africa not only calls for a sensitivity to cultural differences but also requires sufficient knowledge about the patient's cultural belief systems.

The study has found out that culture has a significant role to play as a contributory factor leading MHCUs to use modern and traditional medicine. This study has also revealed that cultural beliefs has an impact with regard to the compliance of treatment. This apply to both modern and traditional medicine. Some of the patient believe that mental health condition can be treated by modern medicine and some believe that traditional medicine is an option, which lead them to use both modern and traditional medicine. One of the issue which serve as a contributory factor is that, South Africa is a country with diverse cultures and many people still embrace their cultural beliefs. This is an indication that indigenous knowledge is still practiced, more especially in rural areas were cultural beliefs are dominate.

5.4.2 Witch craft

Witch craft was identified as one of the major contributory factor .Under this subtheme the researcher aim to explore how witch craft influence Mhcu to use modern and traditional.

A study conducted by Mufamadi (2010) about the notion of mental illness by Vhavenda traditional healers in Limpopo Province, South Africa, indicated that heredity, witchcraft, sorcery, disregard of cultural norms and spirit possession were regarded by traditional healers as cases of mental illness. Mental illness was interpreted as an invitation made by the ancestors to people who are destined to become traditional healers.

The study found that mental illness is mainly associated with witchcraft. This belief is mostly found in African culture as compared to western, as a results of this kind of belief many MHCUs consider consulting traditional healers as an alternative treatment. This is mainly done because they believe that the condition is a sign from the ancestors that they have been chosen to be traditional healers. When they realize that they are not getting the desired results, they end up going to the hospital.

5.4.3 Treatment method

Under this subtheme the aim was to find out how treatment method play a role as an influential factor leading MHCU to use modern and traditional medicine. Many South African has a strong belief in culture, and they believe in traditional healers to treat some of the condition which include

Mental illness. Since the introduction of modern medicine, most of them are being found in the hospital.

At a psychological level, traditional healers were found to use rituals and other symbols to treat their patients. In some cases patients would be given some charms and medicines that were believed to have protective powers against some evil forces (Mufamadi, 2010). Traditional healers, as part of the primary health care team, have an enormous potential in treating many prevailing illnesses, educating people in various aspects of preventable conditions and at the same time bridging the cultural gap in the concept of health and disease, this making healing more culturally appropriate (SAMJ, 2004)

The study found out that MHCU tend to use modern and traditional medicine as a results of exploring method of treatment. Some believe that if they can mix the treatment they can get better, as a results they end up using both modern and traditional medicine.

5.4.4 Social issues

This theme mainly focused on how social issues such as stigma, negative attitude and lack of family support influence MHCUs to use modern and traditional medicine.

In 2001, WHO held a conference in Geneva on mental health. The conference reflected on the historical background of mental health. It was indicated that historical marginalization of mental health and welfare services in many countries has contributed to endemic stigmatization and discrimination of mentally ill people.

The study found out that social issues play a role as a contributory factor leading MHCUs to use modern and traditional medicine. One of the social issue is stigma. Some of the MHCUs indicated that, when they are admitted in the hospital some of the mental health care practioners discriminate them, which makes them to feel uncomfortable when they are at the hospital as a results they end up consulting traditional healers. Some even indicated that the attitude of mental health practitioners towards them is not good. The other social issue which serve as a contributory factor is lack of family support. Most family members do not offer adequate support when

5.4.5 Challenges for using both modern and traditional medicine.

Challenges faced by MHCUs has a role to play in influencing them to use modern and traditional medicine. Side effects from both modern and traditional medicine bring confusion concerning the effectiveness of the treatment.

Green-Hernadez et al., (2004:3) in Beuster stated, "Misunderstanding and errors occur when a patient does not understand the treatment prescribed, uses it improperly or because the treatment does not fit culturally, disregards the plan without the clinician's knowledge. Extremely negative outcomes ranging from physical harm and even death can be the results of cultural incompetence".

5.4.6 Integration of modern and traditional medicine

This theme was aiming at understanding how integrating modern and traditional medicine play a role in influencing MHCU to use modern and traditional medicine.

An understanding and appreciation of the concepts of mental illness held by traditional healers as well as their treatment practices would help plan mental health services in the developing world context and might shed light on the debate concerning the most appropriate way to collaborate with traditional healers. These indicate that collaborating with traditional healers can help strengthen mental health care services. All healers recognize mental illness as a distinct category of illness. In many traditional belief systems in Africa, including South Africa, mental health problems may be attributed to the influence of ancestors or to bewitchment. Traditional healers are viewed as having the expertise to address the causes (Sorsdahl, 2010).

The researcher's findings shows that integration of modern and traditional medicine has a role to play in uplifting health care services, since 70 % of the world population consider consulting traditional healers.

5.5 Recommendations for the study

5.5.1 Recommendation for the society

The researcher recommends that people in the society must be educated about the role of traditional healers and the role of mental health care practitioners, based on the findings society play a significant in motivating people to embrace culture and tradition. The society must also be encouraged to give proper support to the MHCUs.

5.5.2 Recommendation for policy makers

The government must provide more facilities for mental health. The facilities must be able to encourage rehabilitation and after care services. The government must also ensure that MHCUs are engaging in different activities as a way of rehabilitation. Activities that will be able to help them to sustain their treatment routine. The government must come up with legislation that will be able to integrate modern and traditional medicine. The government must thoroughly evaluate their intervention strategy on mental health, since there is poor primary health care service in rural areas. Indigenous knowledge system must be a compulsory subject at schools as it will also influence more research.

5.5.3 Recommendation for health department

The researcher recommends that proper referral system must be developed between the department of health and traditional healers. Based on the finding it is clear that there is no proper connection between traditional healers and health facilities (clinics and hospitals) Traditional healers must be thoroughly capacitated about different medical condition, more especially mental health condition. The department of health must strengthen capacity building concerning the implication of using modern and traditional medicine. The department should develop a proper strategy of identifying Mental health care user, who are using both modern and traditional medicine.

5.5.4 Recommendation for future researchers

The researcher recommend that future researchers who will be interested in conducting a study about modern and traditional medicine must focus on the impact of using both modern and traditional medicine. The researcher also recommends the use of quantitative method.

5.6 Implication of the study findings

University of Venda

The major finding of the study was that cultural beliefs play a significant role as a contributory factor leading MHUCs to use modern and traditional medicine. Witch craft was also identified as one of the factor witch lead MHCUs to use modern and traditional medicine as some of the MHCU believe that traditional healers are more capable of treating Mental illness caused by witch craft. It was also found that significant others also serve as a contributory factor leading MHCU to use modern and traditional medicine. It was also indicated that political issues has a role to play as a contributory factor leading MHCU to use modern and traditional medicine. It was indicated that the issue of freedom of speech allows traditional healers to advertise their products through media. These make MHUC to have an edge of exploring treatment method of both traditional and modern.

5.7 Conclusion

This section conclude the research study on factors leading MHCU to use modern and traditional medicine. The researcher discussed the study findings and recommendations.

The study was about factors leading MHCUs to use modern and traditional medicine. The main findings indicated that factors leading MHCUs to use modern and traditional medicine are many, mostly because South Africa is a country with diverse cultures and many people still hold their cultural beliefs. Cultural factor was identified as one of the major influence which lead MHCU to use modern and traditional medicine. I believe this study has given an understanding on factors leading MHCUs to use modern and traditional medicine. I believe it will contribute a lot in the field of Indigenous knowledge system (IKS)

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LETTER OF PERMISSION

The Head of Department

Provincial Department of Health

Private Bag X9302

Polokwane

Dear Sir /Madam

RE: REQUESTING FOR PERMISION TO CONDUCT RESARCH

This letter serves as an application to conduct research about "**Factors leading mental health care users in rural areas to use modern and traditional medicine**. I am about to undertake a study towards a Master's degree in rural development at the University of Venda. The study will be conducted at Siloam Hospital in the Vhembe District in the Limpopo province. The study will be conducted under the supervision of Professor V.O. Netshandama and Dr. M.J. Mudau.

The purpose of the study is to explore the factors leading mental health care users in rural areas to use a combination of modern and traditional medicine. To achieve this purpose, mental health care users will serve as participants in the study.

Based on the aforesaid information, I am kindly requesting permission to conduct the research.

University of Venda

INFORMATION SHEET

Dear participant

REQUEST FOR CONSENT FROM PARTICIPANTS

I am social worker specializing in mental health at Siloam Hospital, in the Vhembe District of the Limpopo Province. I am also a Master's student at the University of Venda, under the institute of rural development. I am presently engaged in a research study entitled: **Factors leading mental health care users in rural areas to use   modern and traditional medicine at Siloam Hospital in Limpopo province of South Africa**

This study is to be conducted at your hospital under the supervision of Professor V.O. Netshandama and Dr M.J. Mudau from the University of Venda.

The purpose of this study is to explore the contributory factors leading mental health care users to use both modern and traditional medicine. To achieve this, mental health care users are needed to participate in the study. They will engage in one-on-one interviews. The discussions will be audio taped, transcribed verbatim and verified with the participants and by an independent expert. The taped information will be erased on completion of transcribing the tapes to ensure confidentiality. Your anonymity will be safe-guarded by omitting the use of names. Information related to the discussion will only be accessible to me (the researcher), my research assistant and the supervisors. No data will be linked to your name.

You are hereby invited to participate in the study. You are of course under no obligation to participate in the study, but if you do so, you have the right to withdraw at any stage of the research. For any information on your participation, please contact me at the following number: Mobile No: 0799415329

Thank you

……………………………

Mr T. Gomba

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Mr T Gomba

Student No:
11551115

PROJECT TITLE: **Factors leading mental health care users' modern and traditional medicine in rural areas of the Limpopo Province, South Africa.**

PROJECT NO: SARDF/15/IRD/02/2804

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof VO Netshandama	University of Venda	Supervisor
Dr MJ Mudau	University of Venda	Co-Supervisor
Mr T Gomba	University of Venda	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: April 2015
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: ....
Name of the Chairperson of the Committee: Prof. G.E. Ekosse

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Latif Shamila   Ref:4/2/2

Gomba T
University of Venda
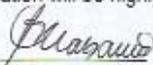Private Bag X5050
Thohoyandou
0950

Greetings,

RE: Factors leading mental health care users' modern and traditional medicine in rural areas of the Limpopo Province, South Africa.

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-

   - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
   - Further arrangement should be made with the targeted institutions.
   - In the course of your study there should be no action that disrupts the services.
   - After completion of the study, a copy should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - The above approval is valid for a 3 year period.
   - If the proposal has been amended, a new approval should be sought from the Department of Health.

Your cooperation will be highly appreciated.

_____   30/09/2015
Head of Department   Date

18 College Street, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

The heartland of Southern Africa – *development is about people*

FACTORS LEADING MENTAL HEALTH CARE USERS TO USE MODERN AND TRADITIONAL MEDICINE

PURPOSE

You have been asked to be in this research because you are a Mental Health Care User receiving treatment at Siloam Hospital. I would like to talk to you today about the contributory factors leading mental health care users to use modern and traditional medicine.

Biographical data

Name

Gender:

INTERVIEW GUIDE QUESTIONS

1. WHAT UNDERSTANDING OF MENTAL ILLNESS IN RURAL AREAS?

2. WHAT IS ROLE OF TRADITIONAL HEALERS?

3. THE ROLE OF MODERN MEDICINE?

4. WHAT ARE THE TREATMENT METHOD OF BOTH AFRICAN TRADITINAL MEDICINE AND MODERN MEDICINE?

5. HOW DOES THE COMMMUNITY INFLIENCE MHCU TO USE MODERN AND TRADITIONAL MEDICINE?

6. HOW CAN MODERN AND TRADITIONAL MEDICINE BE INTERGRATED?

Transcripts: interview with Mental health care practitioner (Nurse)

Introduction and Background

GT: I am a Masters student at the UNIVEN. I also work for the Department of social Development at Siloam Hospital . My coming here is purely on my individual capacity as a student. Thank you for finding time in your busy schedule to accommodate my request. Your contribution in this study is valuable.

The purpose of this study is to explore the contributory factors leading mental health care users to use Modern and traditional medicine. This study will also assist in policy development . A report will be written in the form of a research paper after analysis.

Anonymity will be ensured. No name or positions will be linked with particular statements nor analysis of these discussions. So I will hit straight to the questions and I hope that I will not make it rigid because I think with discussions, I will be able to get a lot of your take around. The questions that I will be asking. I would also like to request your permission to audio-record our conversation. This is for keeping up with our discussion and make sure that I do not lose or forget any data.

GT: What are the contributory factors associated with the use of a combination of modern and traditional medicine by MHCU?

RAM: mmmm there are many contributory factors which can lead to the use of modern and traditional medicine by mental health care users, one of the main factor can be culture, the reason why I am saying culture is because eee, some people practice their culture in such a way that they do not believe in the modern medicine , they tend to believe in rituals , more especially in relation to mental illness.

GT: What do you mean when you say rituals ?

RAM: You see , blacks do lot of rituals , sometimes they will slaughter a goat as way of cleansing a person from bad spirit , one of the issue which can contribute is belief even though it is not different from culture , but with belief , you will find that people believe in

different things as the cause of illness. Some of the culture or beliefs perceive mental illness as a results of witch craft or evil spirit. You know we have a lot of factors we can talk about , one of the issue is stigma.

GT : How does stigma contribute?

RAM: Sometimes you will find that to be a mental ill person can not to be accepted in the society, even mental health professionals tend to have stigma, they have negative attitude towards mental illness , even the allocation of resources its limited because of stigma. They are mostly portrayed as people who do not deserve quality care which makes patient go for traditional healers because they were not given quality service.This issue of negative attitude from professionals is very serious because if the patient are receiving negative attitude from the staff, obviously after they are being discharged they won't come back, because they won't feel comfortable. This mostly happen with professional in the ward, for instance if the patient is admitted in medical wards and start presenting mental illness , its either they force the patient to be admitted in psychiatric ward or discharge the patient . The patient is left with no options than to consult traditional healers.

You must also know that even side effects of the modern medicine can lead mental ill patient to consult traditional healers, some of the side effects can be severe in such a way that patients loose hope of modern medicine.

Even poor support can make patient to consult traditional healers.

GT: How does poor support contribute ?

 RAM :It contribute because some family members do not motivate patient to go for treatment which makes the patient to go to traditional healers.you must also remember that most of our patient still believe in their culture so if the support system is lacking obviously the patient will look for alternatives , which in most cases is consulting traditional healers. The other contributory factor is being anxious , some people are very anxious of going to the hospital because they usually think that if they go to the hospital they will die. Sometimes the ideas which people have, because some people still believe that pills are made out of human intestine, which make them anxious that they will be killed. Some patient feel like going to the hospital will deprive them of freedom .Some of them feel like their daily routine will be distracted like eating and sleeping pattern because in the hospital they will be told what to eat and when to sleep, so this issues can make patient to be reluctant to receive treatment from the hospital as a results they go to traditional healers.

The other issue is lack of information, some people lack information of the kind of condition they are suffering from or they do not even know the main cause of the condition as a results the person may end up consulting traditional healers. Sometimes we can

even discharge the patient and he end up being reluctant to come back because he does not understand the importance of follow up.

Poor Phc (primary health care) intervention in the community can be a contributory factor. We use to have a team which specifically deals with Mental health care users, which was a very good approach because if the patient did not come for follow up consultation, we use to arrange a transport and assist the patient in his home. Things changed when the department introduced supermarket approach, which makes it difficult to give a special attention to Mental health care services. As a results of poor Phc intervention patient end up going to traditional.Phc also play an important role on psycho education which makes patient to understand more about the important of going to clinics. The other issue is lack of activities within the community

GT: How does lack of activities serve as contributing factor?

 RAM :If there are no activities within the community, some of the patient end up being bored because there is nothing occupying them ,which also aggravate side effects of using the modern medicine, as a results they opt to use traditional medicine.

Even environmental influences also play a role, by environmental influence I am referring to the influence that the society has. Sometimes you will find that the society influence patient to use traditional medicine. Sometimes someone might claim that they can treat the condition. Some people still believe that human brains are used to make drugs. Sometimes you will find that even religion can play a role in this issue because some of the religion still believe in African tradition in such a way that they do not support western culture. I think those are the main issues which can serve as a contributory factors.

GT : Thank you very much for your time.

Transcripts: interview with traditional healer).

Introduction and Background

GT: I am a Masters student at the UNIVEN. I also work for the Department of social Development at Siloam Hospital. My coming here is purely on my individual capacity as a student. Thank you for finding time in your busy schedule to accommodate my request. Your contribution in this study is valuable.

The purpose of this study is to explore the contributory factors leading mental health care users to use Modern and traditional medicine. This study will also assist in policy development. A report will be written in the form of a research paper after analysis.

Anonymity will be ensured. No name or positions will be linked with particular statements nor analysis of these discussions. So I will hit straight to the questions and I hope that I will not make it rigid because I think with this discussions, I will be able to get a lot of your take around. The questions that I will be asking. I would also like to request your permission to audio-record our conversation. This is for keeping up with our discussion and make sure that I do not lose or forget any data.

Biographical information

Name: IR

Gender: Female

Occupation : traditional healer

GT: What influence MHCU to use both traditional and modern medicine?

IR :Firstly you must understand that , there are two types of Mental illness according to African culture , we have mental illness which is caused by personal problems which is make a person to have lot of pressure in the mind, actually its stress it lead to Mental illness . Normally when a person is having stress he/she will spend most of the time alone and he/she will be saying things like "people always want to interfere with my life", sometimes such people blame people. Immediately when we realise that a person is stressed, we call elders to intervene and they will talk to the person, we do not rely on books like social workers. You must always remember that people worry differently , so the way we treat a person also depend on the nature of the problem. What we do as Vendas , we comfort a person by showing him or her love ,sometimes we find a way to occupy a person by engaging him or her in some activities by doing that a person will gradually come back to his senses. Normally we will look for something that a person love doing. We also encouraging every person around him to show love and support. The most important issue is to talk to the person. After treating a person, we make follow up every morning. Every morning we prepare soft porridge, which will mix it with a medication called "Vhulivhadza" which will assist him bring his senses back to normal. We also take the person to hunting, when we are busy hunting we will ask a person whether he can recognise different kinds of sounds made by birds. That also plays a role in therapy.

GT: Would you please elaborate more about "vhulivhadza".

"Vhulivhadza" is a certain kind of tree which is more like cotton, we mix it thoroughly and pour it in the soft porridge, but normally we do that if the person is stubborn. "Vhulivhadza" helps a person to be calm. It also protect heart attack.

The other kind of mental illness is called "mental illness of Nature" or Witchcraft. People who have this kind of illness go to specific traditional healer who specialise on mental illness. The traditional healer will examine him or her after that they will give a the person "Tsemo" which will assist the person to relax, after that the traditional healer will give him certain medication which will assist . Tsemo is the first medication which they

give to the patient. The other one is "Mukamba" which is mostly used to patient who are uncontrollable. When a person is uncontrollable because of the illness in as Africans we say the person is possessed with evil spirit (Thuri). We do not even tell children if the person is mental ill, because they will mock him and the person will feel bad .Most of the patients who suffer from Natural mental illness are likely to be cured through Traditional medication. ` Traditional medicines are different from western medicines.

GT : How are they different ?

They are different because western medicine are manufactured in the laboratory, which include chemicals, but traditional medicines are natural and healthy ,most of the patient who uses traditional medicine can be cured. The only condition which is difficult to be treated through traditional medicine, is when a person has abuse dagga. These days most the young people are abuse dagga a lot, back then we never had such behaviours. This is the kind of condition which can be treated by the hospital.

GT: what influence patient to go to traditional healers and modern medicine?

One of the reason why patient go to Hospitals (Modern medicine) is because some of them do not have confident in traditional medicine. This was influenced by missionaries (churches) when they came to Venda. When the missionaries arrived in Venda with their churches , they also introduced Hospitals for example Siloam is from Holland , Tshilidzini hospital was introduced by Roman catholic and Donald frazer from Presbyterian. This transformation changed lot of things in our culture , they even labelled us as witch doctors. They even indicated that our traditional medicine are poisonous and can not heal a person. That is why most of the people have lost confident in traditional medicine. Honestly traditional medicine can heal a person and they are very much effective. We use to encourage the patient to stay at home , it was difficult to see a mental ill patient lingering around. This days when a person is sick the first place that come to our mind is the hospital after they have realised that a person is not getting better we take him to the traditional healers.

GT: Since patients consult both traditional healers and hospitals (Modern medicine) , are the ways which can be used to integrate the two?

Mmm I think yes, they can work together if the government is willing to support traditional customs or our cultures . What you have to know is that , traditional customs or culture play a very important role in assisting the patient , because modern medicine can not treat any condition and you must bear in mind that African culture embrace love. As African we encourage people to love each other,but we all need each other(Traditional medicine and modern medicine)

Gt: So what are the problems associated with using both?

 Problems can only arise when we undermine each other, if you can check these days most of the people have lost respect and most of them are full jealousy. Most of the Mental health practitioners do not have passion for their job and they are filled with pride, which make it difficult to work with them. That is all I can say.

Gt : Thank you very much for your time , I really appreciate it.

Transcripts: interview with Mental health care users

Introduction and Background

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Name: MV

Age: 34

Gender: male

Diagnosis: bipolar mood disorder

GT: what is your understanding about modern medicine .

MV: Modern medicine are good because , before you use them , the nurse will teach you on how to use them , which make to feel healed before you can take medication.

GT: What do you know about traditional medicine ?

MV :Tradional medicine , to tell you the truth they do work and they work as a mixture of different herbs . You might find the traditional healer mixing different herbs in order to treat a wound.

GT: what is the different between modern and traditional medicine.

MV: The main different is that we mix the herbs ourselves and sometimes when we mix, we encounter some challenges as we cannot find experts who can identify relevant herbs to be mixed.

GT: What causes mental illness?

MV: Some traditional healers say the cause is staying without a wife, some they say not taking good care of your self . Sometimes smoking too much.

GT: Have you ever used traditional medicine?

MV: Yes, mostly I used it when I want to clean my stomach

GT: Have you ever used modern and traditional medicine together

MV:Yes I once used ,it even made me feel weak ,but the nurses told me to stop

GT: What is the difference between modern and traditional medicine?

MV: The different is that in traditional they use razors without stabilising you and modern they stabilise you in order to conduct proper operation.

GT: Do you think traditional medicine and modern medicine can work together?

MV: Yes because sometimes you can come across situations which need modern medicine for instance when a person is having "Tshipfula", doctors can amputate your leg but the traditional healer can give you medication after they have examined you.

GT :Why do you use modern and traditional medicine?

MV: To tell you the truth, very power is equal to modern and traditional, but traditional medicine do work and even my family supported me to use traditional medicine, but they were very strong , I drank because I wanted to be healed quickly .When I went to hospital they quickly noticed that I was using traditional medicine and they told me to stop.