Do the majority of South Africans regularly consult traditional healers?

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RESEARCH

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ABSTRACT

Background
The statutory recognition of traditional healers as healthcare practitioners in South Africa in terms of the Traditional Health Practitioners Act 22 of 2007 is based on various assumptions, opinions and generalizations. One of the prominent views is that the majority of South Africans regularly consult traditional healers. It even has been alleged that this number can be as high as 80 per cent of the South African population. For medical doctors and other health practitioners registered with the Health Professions Council of South Africa (HPCSA), this new statutory status of traditional health practitioners, means the required presence of not only a healthcare competitor that can overstock the healthcare market with service lending, medical claims and healthcare costs, but also a competitor prone to malpractice.

Aims
The study aimed to determine if the majority of South Africans regularly consult traditional healers.

Methods
This is an exploratory and descriptive study following the modern historical approach of investigation and literature review. The emphasis is on using current documentation like articles, books and newspapers, as primary sources to determine if the majority of South Africans regularly consult traditional healers. The findings are offered in narrative form.

Results
It is clear that there is no trustworthy statistics on the percentage of South Africans using traditional healers. A scientific survey is needed to determine the extent to which traditional healers are consulted. This will only be possible after the Traditional Health Practitioners Act No 22 has been fully enacted and traditional health practitioners have become fully active in the healthcare sector.

Conclusion
In poorer, rural areas no more than 11.2 per cent of the South African population regularly consult traditional healers, while the figure for the total population seems to be no more than 1.4 per cent. The argument that the majority of South Africans regularly consult traditional healers is unsubstantiated.

Key Words
Malpractice, primary healthcare, statutory recognition, traditional healer, traditional health practitioner

What this study adds:
1. What is known about this subject?
In-depth research to support traditional healing in South Africa is scant and where existent, very superficial.

2. What new information is offered in this study?
Research data shows that the extent to which the public utilizes the service of traditional healers is insignificant.
3. What are the implications for research, policy, or practice?
The motives of the activists and politicians who promote Act No 22 (2007) are suspicious. Moreover, the viability and sustainability of traditional healing as a profession in the South African healthcare system is doubtful.

**Background**

In 2007 the Traditional Health Practitioners Act No 22 was promulgated in South Africa. The goal with this Act is to regulate traditional healers in South Africa as a specific group of healthcare practitioners. The Act offers traditional healers full professional status as healthcare professionals. In an effort to motivate the healthcare authorities of South Africa to regulate traditional healers, lobbyists offered various assumptions, arguments, opinions and statements as to why it is necessary to regulate traditional healers as a healthcare group. One of the many claims put forward by the activists and politicians in the promulgation application was that traditional healers play a valuable role in healthcare and that the majority of South Africans consult traditional healers regularly. The allegation was that as many as 80 per cent of the total South African population regularly make use of this service.1–10

Current literature still reflects this view that the majority of South Africans regularly consult traditional healers, especially the view that the figure can be as high as 80 per cent of the population. An overview of the literature that makes reference to the 80 per cent consultation rate in South Africa uncovered more than 50 authors who use this statistic. This percentage was already old news in the 1980s in South Africa.1–10

The various arguments, motivations and views on frequent usage of traditional healers in the application in 2007 to promulgate the Traditional Health Practitioners Act No 22 (2007) are supported by information collected by an internal committee on traditional healing in 1992, a national steering committee in 1993, a provincial standing committee on health in 1997 and a national council of provinces committee in 1998.20–26

The Department of Health (DoH) also held a series of road shows during 2001 to 2002 to gather information on the need for traditional healers in the future healthcare of South Africa. Political and cultural agents and drivers, focussing exclusively on traditional healers as a Black tradition and custom, and not so much as a needed and prominent healthcare practitioner, seem to be strong role players in the early hearings to regulate traditional healers.20–26

Is the assumption that the majority of South Africans regularly consult traditional healers true or false? Also, is the view that 80 per cent South Africans regularly consult traditional healers, true or false?

The aim of this study is to determine if the majority of South Africans regularly consult traditional healers. This is crucial in light of the pending full enactment of the Traditional Health Practitioners Act No 22 (2007) with its penetration of all facets of the formal healthcare sector and the seemingly massive 80 per cent intake of patients by traditional healing in the future.

**Method**

The research was done by means of a literature review. This method has the aim of formulating a view based on the available research evidence. This approach is used in modern historical research where there is a lack of information on a topic. The databases used were EBSCOHost, Sabinet online and various contemporary sources like newspapers for the period 1988 to 1989, articles from 1988 to 2016, books for the period 1990 to 2013 and governmental documents covering the period 1995 to 2016. These sources were probed to find out if the majority of South Africans regularly consult traditional healers.27,28 The findings are offered in narrative form.

**Results**

The fact that the Traditional Health Practitioners Act No 22 has not been fully enacted and that there are no statistics on consultation and practice rates from registered traditional health practitioners for analysis, nor any data collected by the Traditional Health Practitioners Council (THPC) or by medical funds and schemes, means that a statistical conclusion requires another approach.

Given this statistical shortcoming, a literature review seems the most appropriate approach to analyse the claim of some researchers that the majority South Africans regularly consult traditional healers. The same approach can be followed to determine if 80 per cent of South Africans regularly consult traditional healers.

The discussion analyses and evaluates the findings, conclusions, opinions and views of different researchers on the need for the usage rates and the popularity of traditional healers in South Africa.
Discussion

South African reports on the use of traditional healers

Contemporary data on the use and popularity of traditional healers in South Africa reflect a different picture than the arguments, statements and views offered in the 1990s to motivate regulation through the Traditional Health Practitioners Act No 22 (2007).

First, statistics on South African traditional healers show that the visits to traditional healers are mostly “culturally” driven instead of medically needed as lobbyists tried to claim in their projection of traditional healers as a kind of medical doctor. The findings of a South African household study shows that of the 19 most popular “medical preparations” used by traditional healers, as many as 17 (89.4 per cent) are used exclusively for shamanism (like enhancing luck in love and careers, appeasing ancestors and avoiding disastrous situations).9–32

Scholars are furthermore of the opinion that if South African Household Surveys were more specific in questioning and use a question that asks about ancestor worship or even about issues of a more psychological nature, it would long since have revealed that traditional healers are not as often consulted for physical conditions. This would be a truer reflection of role of such practitioners. They are in fact spiritual healers. This type of consultation is more appropriately one of divining (spiritual and psychological), rather than herbal (traditional medical).32

Second, various other South African household studies in the period 2003 to 2013 reflect an insignificant role for traditional healers, not only in the healthcare sector specifically, but also in community life. It is reported that since 1990 there has been a constant decline in traditional consultations in South Africa.33

One of these South African studies showed in 2003 that the monthly consultation rate of traditional healers was 5.2 per cent. A further consultation rate of 6.0 per cent was reported for faith healers. This means that 11.2 per cent of the public made use of the traditional healer in 2003 in some way in South Africa. What is clear is that in 2003, 88.8 per cent of the population did not make use of the traditional healer at any way.19,29,32

For the period 2008 to 2011, the use of traditional healers by Black South Africans decreased dramatically to only 1.2 per cent in 2008 and 1.4 per cent in 2011 measured as consultations per month. In terms of monthly visits, visits to traditional healers are rare (0.02 visits), especially compared to the utilization rates of public sector clinics (0.18 visits) and hospitals (0.09 visits). When comparing traditional healers’ popularity and use with that of medical doctors, the ratio for traditional healers was very low (1:110). It seems that Black households prefer the use of public health facilities that offer a variety of regulated healthcare practitioners (mostly medical doctors and nurses). For this period, public non-use of traditional healers was 81.3 per cent, nearly the same as the 2003 finding of 88.8 per cent.19,33

The 2013 South African Survey37 reflects a consultation rate of only 0.1 per cent of traditional healers as the first choice healthcare practitioners in the consultation line. The 2013 consultation rate for medical practitioners is 21 per cent. This reflects again a low ratio for traditional healers against medical practitioners (1:220). For the period 2004 to 2013, the average consultation rate for traditional healers was only 0.2 per cent, compared with an average rate of medical doctors of 22 per cent (ratio 1:110). When the percentages of consultation of traditional healers and medical doctors are compared, the use of traditional healers is less than 1.0 per cent, reflecting an insignificant presence in the general South African healthcare setup.34

This 1.0 per cent average for 2004 to 2013 contradicts the 5.2 per cent of the 2003 Survey25 but confirms the 2008 and 2011 Surveys that showed only between 1.2 per cent and 1.4 per cent use of traditional healers in South Africa.33

Medical schemes expenditure on health practitioners for 2005

Another way to calculate the percentage input of traditional healers in the present South African healthcare system is to compare them with allied professions in terms of practice income and the sales of products. Both traditional healers and allied professions practise mostly outside formal healthcare, with overlapping interests in a dual healthcare system. Allied professions have been officially regulated for more than 30 years. Positive numbers for this sector would surely predict positive outcomes (but possibly an overestimation) for traditional healers.4

The total income generated in 2005 in South Africa by allied professions was R97 033 651, while that of medical doctors was R4 402 206 860. This represents an income of only 2.2 per cent for allied professions compared with the income of medical doctors. When only the consultation income between the two groups is calculated for 2005 (allied professions R62 073 868; medical doctors R3 633 078 604), the ratio is less than 1 per cent. In terms of dispensing

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income (allied professions R34 959 868; medical doctors R769 128 256) the ratio is less than 5 per cent. These outcomes indeed reflected that allied healthcare practitioners have a very limited role in South African healthcare.  

Given the results for the allied professions, traditional healers will most probably be limited to an insignificant role in formal healthcare in terms of income analysis. This outcome seems to be in line with the findings of the South African Household Surveys of 2008 to 2013 on traditional healers that found a very low level use, varying between 1.0 per cent and 1.4 per cent.

Poor areas and its use of traditional healers

Researchers claim that in certain areas in South Africa (that they described as the so-called poorest areas), a larger number of the population use traditional healers. In practice, it seems that this data only apply to small segments in the rural areas of South Africa. These areas are isolated and there is an absence of proper medical facilities and staff.

Of the so-called 80 per cent of poor people in the formal sector of South Africa, at most 11.2 per cent used traditional healers in 2003. In reality, only 5.2 per cent of the public really contact traditional healers for medical preparations and medical treatments. This means that as much as 88.8 per cent of the total poor population of South Africa do not use traditional healers. These “poor” users had declined dramatically since 2003 to 1.4 per cent in 2011.

To argue that 80 per cent of the total South African population is reliant on traditional healers, is deceptive.

The World Health Organization (WHO) and the alleged 80 per cent South African consultation rate

Gumede’s view seems to be based on a 30-year-old statement that 80 per cent of the world population makes use of traditional healers, used originally in a book *Traditional Medicine and Health Care Coverage* that was published in 1983 by the World Health Organization (WHO). Robert Bannerman, a WHO regional advisor and manager of the traditional medicine programme of the WHO at that time, wrote in this publication:

> “In many of these developing countries primary healthcare devolves on the healer, herbalist, traditional midwife, and other traditional practitioners. These are the health workers that offer services to the disadvantaged groups that total about 80 per cent of the world’s population and have no easy access to any permanent form of healthcare” (p. 320).

Notwithstanding the fact that Bannerman failed to offer any evidence, reference or other data to support his statement, it became, as with many other statements and claims on traditional healthcare, distorted with time and a driving force of its own, including in South Africa. He surely did not intend the statement as such at that time. He was focussing on access to healthcare. The fact that WHO reports re-use information without retesting one report before use in another has become the main driver for this issue. Bannerman’s non-specific remark about healers, herbalists, traditional midwives and other traditional practitioners that can offer services to the disadvantaged groups, which total about 80 per cent of world’s population, has changed meaning in later publications. Finally, it resulted in the claim that 80 per cent of the population depends on traditional medicine or that 80 per cent of the African population uses traditional medicine to help meet their healthcare needs and that traditional medicine is the first source of healthcare for about 80 per cent of the population in developing countries (par. 2).

Other WHO publications (like *Promoting the Role of Traditional Medicine in Health Systems: A Strategy for the African Region 2001-2010 and Traditional Medicine Strategy 2002-2005*), also adopted this distorted reading of the original version by Bannerman. This claim has remained the primary source for researchers due to the credibility of the WHO, without anyone asking about the trustworthiness of research facts or data. This circled out also to other important opinion makers, such as BBC News, which carried an article in 2013 about traditional healers in South Africa,
claiming that these healers remain the first point of contact for physical and psychological ailments for about 80 per cent of the Black South Africans. The same can be said for the South African Medical Journal (SAMJ) in 2012 when it suggest that in some cases 80 per cent of South Africans use traditional medicine to meet their primary healthcare needs. Multiple researchers have quoted this percentage in their articles, presentations and books (par. 3–40).

This claim of an 80 per cent utilization rate has been made applicable to the populations of Southern Africa. It became a convincing argument in favour of regulating traditional healers in terms of the Traditional Health Practitioners Act No 22 as valuable and sustainable healthcare practice for South Africa.

Strength and limitations

This study contradicts the argument that the majority of South Africans or as much as 80 per cent of the population regularly consult traditional healers.

South African healthcare authorities have neglected to do an in-depth and objective study on South African traditional healers to profile the activities of traditional healers with sound information. This oversight makes this study a limited country-wide statistical conclusion.

Conclusion

The argument that the majority of South Africans regularly consult traditional healers is unsubstantiated. The commonly quoted South African consultation rate of 80 per cent is also unsubstantiated. This 80 per cent is an outdated 30-year-old statement that is irrelevant in terms of the utilization of South African traditional healers.

The arguments, opinions and evidence offered in 2007 to support the regulation of traditional healers and the promulgation of the Traditional Health Practitioners Act No 22, were therefore flawed and distorted.

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