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Traditional healing and alternative healthcare practices within the rehabilitation professions in South Africa

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Traditional healing and alternative healthcare practices within the rehabilitation professions in South Africa

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By

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Declaration

I hereby declare that this thesis is my own unaided work and that the assistance obtained has been only in the form of professional guidance and supervision. It is submitted for the degree of Masters in Audiology to the Faculty of Humanities, Department of Audiology at the University of Witwatersrand, Johannesburg. It has not been previously submitted for any other degree or examination to any other university

_____N.MOOLA_____

Najeebah Moola

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Terminology

Literature has varying definitions for the terminology below therefore the researcher has outlined the definitions that will be implied in the current study.

***Traditional healing**:* Knowledge, skills and practices which originate from theories, experiences and beliefs of various cultures that is indigenous to a particular country. Traditional healing practices are aimed to prevent, diagnose, treat, improve or maintain physical and mental illness (WHO, 2006).

***Alternative healthcare**:* Intervention or prevention practices that aim to improve, maintain and enhance health and wellbeing. These practices are not integrated into the dominant healthcare system and they are not indigenous to the country.

Rehabilitation: A goal directed process which is aimed to reduce the effects of a disability. Rehabilitation is aimed to enable the individual to attain mental, physical, sensory and social functional levels which would benefit the client's quality of life (Commission, 2012).

Rehabilitation professionals: In this study a rehabilitation professional will refer to: Audiologists, Occupational Therapists (OT), Physiotherapists (PT), Speech-Language Therapists (SLT), Psychologists and Social Workers. Psychosocial rehabilitation is aimed to improve the quality of life and functional capabilities of the client. Professionals that are trained in psychosocial rehabilitation include: psychologists and social workers as they are crucial in the South African rehabilitation context (Commission, 2012). Therefore, in this study the researcher included psychologists and social workers as part of the rehabilitation professional group.

***Client**:* An individual receiving healthcare or health maintenance services. The individual seeks or receives intervention, therapy, advice or medication from a professional in the specific field (WHO, 2006). The word client was selected over the words: patient or customer.

Abstract

Traditional healing and alternative healthcare (THAH) practices have been utilised for centuries, to treat and alleviate illnesses. THAH play a significant role in the culture of South Africans. The bio-psychosocial-spiritual model of healthcare recommends holistic care. Despite the existing policies from the South African government supporting the integration of THAH into the biomedical health system, there is limited research regarding rehabilitation professional's interconnectedness with THAH practices.

The main aim of this study was to explore the interconnectedness between THAH and medical rehabilitation professions in South Africa. This study followed a qualitative research design using electronic questionnaire surveys which were purposefully sent to rehabilitation professionals. Fifty-five participants responded. The framework analysis revealed the following themes from participants: perceiving and experiencing THAH as positive, negative or ambiguous. The participants who perceived THAH as a positive aspect in healthcare also integrate THAH in their assessments and referral process. Eleven of these participants utilised THAH themselves. Thirty-nine participants believed that THAH should be integrated into the biomedical health system. The participants who perceive THAH negatively do not enquire about client's use of THAH. Forty-nine participants are unsure about the healthcare policies related to THAH. Forty-four participants suggested that university training and continuous professional development courses should incorporate THAH.

Awareness and in-depth information of THAH is necessary within the rehabilitation profession in the South African context. There is interconnectedness between rehabilitation professionals and THAH practitioners however, this is minimal and limited. Dearth of research is needed for future studies regarding THAH.

Keywords: Traditional healing, Alternative healthcare, Rehabilitation

Chapter 1: Introduction and Background

"*Traditional and alternative healthcare is an important and often underestimated health resource with many applications, especially in the prevention and management of lifestyle-related chronic diseases, and in meeting the health needs of ageing populations*" (Ghebreyesus, 2019, p. 5).

Chapter Outline: This chapter focuses on providing a global perspective on THAH and how it is utilised by the population. The THAH policies and regulations are briefly described within the global context and specifically within the South African context. The chapter ends by highlighting the interrelation between rehabilitation professions and THAH practices in South Africa.

For centuries humanity has utilised natural remedies with ingredients sourced from herbs, plants, minerals and animals to treat and alleviate illnesses (Yuan et al., 2016). Globally, the use of natural remedies for the treatment of illnesses, date back to approximately 60 000 years ago (Yuan et al., 2016). In Africa, traditional healing using natural remedies is known as the oldest form of healing (Mothibe & Sibanda, 2019). The initial discoveries of natural remedies included the experimentation with plant and animal products to cure and prevent illness (Alves & Rosa, 2007), which was perplexing as some natural ingredients had fatal consequences (Yuan et al., 2016). Continuous experimentation and exploration of natural substances has led to regulated alternative healthcare practices, which have also transferred into current medical practice (Veeresham, 2012).

Countries such as China and Japan were some of the first countries to use medicines derived from plants to treat illness (Yuan et al., 2016). The western world documented Alexander Fleming's discovery of penicillin in 1982, however the same western records show that traditional healers were using the same ingredients that make up a penicillin type treatment since 1826 (Gaynes, 2017). Traditional healers used penicillin type treatments as an antibacterial which assisted victims of war (Gaynes, 2017). Morphine and aspirin's main ingredients also originate from natural substances (Veeresham, 2012). *Taxus brevifolia*, has been used by traditional healers for centuries to cure illnesses and has recently been used in pharmaceutical products to treat ovarian, lung and breast cancer (Veeresham, 2012). This highlights that THAH had been utilising natural ingredients and treatment methods before biomedicine did. THAH had been the primary choice for many individuals for centuries and biomedicine then utilised and commercialised the same ingredients and methods (Gaynes, 2017).

According to Tuffs (2002), THAH is held in high esteem by populations across the world despite the mass rollout of biomedicine (Yuan et al., 2016). THAH is often used as a primary source of healthcare for many populations such as those in Asia and Latin America where approximately 80% of the population utilises THAH (Alves & Rosa, 2007). THAH are seen to maintain wellbeing as it is accessible, culturally acceptable and affordable (Alves & Rosa, 2007). Policy, regulation and laws that govern THAH vary from country to country (WHO, 2012). According to Payyappallimana (2010), Western countries such as Canada have a technologically advanced healthcare system although; Perroux (2017) states that half the population within these countries show an increased use of THAH. The negative side effects of biomedicine play a significant role in the increase in popularity of THAH (Payyappallimana, 2010).

Due to the increase of THAH there is an inclusion of THAH policies which has been more established in the last century (Perroux, 2017). Countries have different policies regarding THAH. Globally, the development of policies and regulations pertaining to THAH within countries, can be broadly grouped into three categories:

- Countries which are developing policies for the integration of THAH into the public health system.
- Countries which promote and finance THAH.
- Countries in which the recognition and policy process for THAH has not yet started (Bodeker & Burford, 2007).

By viewing the way policy is either developed or developing, the value of THAH in various countries may be understood (WHO, 2012). Integrating THAH within the country's biomedical health system should be a primary focus for all governments globally, for healthcare practitioners to provide clients with a holistic treatment approach (WHO, 2012). A holistic treatment approach requires professionals to consider the client's physical, psychological, social and spiritual factors when providing treatment, thus ensuring greater client satisfaction (Pourbohloul & Kieny, 2011). The World Health Organization (WHO), has encouraged countries to strive for holistic treatment approaches in healthcare facilities, to implement policies relating to holistic treatment and to integrate THAH into the biomedical health system (WHO, 2012).

Countries that have dominant pharmaceutical practices and approaches should adapt their practice by integrating THAH (WHO, 2011). Medical doctors have expressed their concerns regarding inefficient treatment provided to clients from THAH practitioners. The WHO describes that these concerns regarding inefficient treatment should be discussed with THAH governing bodies and the concerns should not create a barrier of integration (WHO, 2008). There are several concerns and

side effects of treatment in the use of biomedicine, however this does not stop the production and use of pharmaceuticals (Gaines & Davis-Floyd, 2004). There should be a complete healthcare system in each country with a framework to govern both biomedicine and THAH (WHO, 2012). In South Africa, there is development to govern both biomedicine and THAH. Post-apartheid, South Africa has been involved in the development of policies and frameworks for THAH and THAH practitioners.

In 1994, The White Paper for the Transformation of the Health System in South Africa (1997) was formulated (Government Gazette, 1997). The White Paper (1997) included the recognition of traditional healers as part of the larger health system (Government Gazette, 1997). Alternative healthcare practices have been regulated according to the Allied Health Professions Act 63 of 1982 in South Africa (AHPCSA, 2018). Alternative healthcare professionals are governed by the Allied Health Professions Council of South Africa (hereafter referred to as AHPCSA), in order to ensure there is a regulatory system. The AHPCSA is comprised of 17 board members; 11 members from elected professions, four representatives from the Minister of Health, one member from the Department of Health and one member with legal knowledge and experience (AHPCSA, 2018). The professions registered with the AHPCSA include: chiropractic, homeopathy, therapeutic massage therapy, phytotherapy, naturotherapy, osteotherapy, *Unani* Tibb, aromatherapy, reflexology, *ayuvredic* and Chinese medicine and acupuncture. The professionals who belong to the AHPCSA are required to comply with the rules of the governing body structured (AHPCSA, 2018).

The policies and governing bodies that are available in South Africa indicate that South Africa is following guidelines from the WHO (Health & Democracy , 2010). The guidelines from WHO encourage the integration of THAH, by using a regulatory system to govern THAH practitioners (Health & Democracy, 2010). The framework for traditional healers in South Africa (known as the Traditional Health Practitioners Act 35) was enacted in 2004 with the purpose of creating recognition of traditional health practices and establishing centres of traditional healthcare which include traditional practice to the health system.

Despite the existing policies, South Africa's dominant healthcare system follows the biomedical model. Biomedicine or evidence-based medicine is based on the application of processers and theories from biology and biochemistry (Gaines & Davis-Floyd, 2004). In South Africa, although THAH has been prevalent for longer than biomedicine, there is greater emphasis placed on biomedicine (Health & Democracy, 2010). During the scientific revolution in the mid-19th century, biomedicine became popular and dominant over other types of healing methods (Gaines & Davis-Floyd, 2004). Popularity and dominance were created around biomedicine and occurred due to scientific and technological advancement (Gaines & Davis-Floyd, 2004). There was great emphasis

placed on biomedicine and healing was attributed to the strength and advancement of biomedicine (Gaines & Davis-Floyd, 2004). Industrialized countries display the popularity and success of biomedicine; thus third world countries seek to have the same success and often follow the same path of healing (Tugendhaft, 2010). The influence of biomedicine overtook the cultural and indigenous healing practices in South Africa due to its power and advancement (Tugendhaft, 2010).

Biomedicine became South Africa's dominant health system due to the influence from industrialized countries as well as the forced rulings and laws which the apartheid government enforced on the South African population (Tugendhaft, 2010). The Witchcraft suppression act of 1957 and the amended suppression act of 1970, prohibited the use of THAH as the apartheid government claimed THAH was unscientific and ancient, yielding no benefit (Tugendhaft, 2010). Despite the attempt to eradicate THAH, large portions of the South African population continue to use THAH and THAH is sustained in both rural and urban areas within South Africa (de Andrade & Ross, 2005; Mmamosheledi & Mncengeli, 2018).

The South African Department of Health estimates that are approximately 200 000 active traditional healers in South Africa and approximately 70-80% of the South African population are accessing traditional and/or alternative healthcare practitioners (Mmamosheledi & Mncengeli, 2018). THAH has the potential to contribute to the South African healthcare system by providing alternative treatment methods and reducing the strain on biomedical resources and staff (Tugendhaft, 2010). Ten years ago, THAH was estimated to contribute to the South African health system by providing an alternative option to the current crisis on HIV/AIDS and malaria (Health & Democracy , 2010). THAH assisted the crisis by aiding the treatment process by reducing the side effects of HIV/AIDS and malaria, compared to biomedicine (Health & Democracy , 2010). Individuals with HIV/AIDS in Bushbuckridge, South Africa, preferred using THAH for treatment of HIV/AIDS, due to THAH practitioners speaking the same language, showing compassion and having experienced successful treatment (Audet et al., 2017). According to a study conducted by Sibande et al. (2016), individuals with HIV, use traditional healing with biomedicine such as antiretroviral treatment, however in recent years despite lower statistics, the use of traditional healing occurs before the use antiretroviral treatment (Sibanda et al., 2016). Whilst THAH and biomedicine remained separate entities, practice of THAH continued to contribute knowledge in its fields of expertise, based on evidence-based practices, and which could be incorporated with the South African biomedical health system to provide enhanced treatment options (Tugendhaft, 2010).

However, despite the statistics indicating that THAH healthcare is important to the South African population, there are several concerns from the Department of Health linked to the lack of

knowledge of the products used by THAH practitioners (Democracy, 2010; (Mmamosheledi & Mncengeli , 2018). The concerns expressed by medical professionals include the secrecy of traditional healers' treatment (Gavriilidis & Östergren, 2012). Medical professionals describe that traditional healers are not transparent regarding the type of treatment they offer, and the substances given to clients (Gavriilidis & Östergren, 2012). This concerns doctors as they report that clients die due to substances taken from traditional healers (Tugendhaft, 2010). In 2002, medical professionals describe traditional healers as unapproachable and unwilling to change the negative impacts of their treatment (Peltzer & Khoza, 2002). In 2016, healthcare practitioners in South Africa were still reluctant to work with THAH (Nemutandani et al., 2016).

The Department of Health strives to preserve life and encourages regularity of treatment from traditional healers (Gavriilidis & Östergren, 2012). According to the Department of Health until there is formal and enhanced policy along with initial practice of the policy, there will be stagnation of integration (Health & Democracy , 2010). The lack of research pertaining to THAH and the rehabilitation professions in SA creates a gap in knowledge which the current study attempted to fulfil. An example describing doctor's perspectives is given below, as there is research regarding doctors perspectives of THAH. According to doctors in South Africa, traditional healer organizations require more regularity and evidence-based practices in order for medical professionals to encourage the integration of traditional healing into the dominant health system (Tugendhaft, 2010). Traditional healers argue that there are more positive outcomes than negative impacts of their treatment (Tugendhaft, 2010). However, due to the power of biomedicine, doctors are sceptical about the efficiency of treatment from traditional healers. Due to the concern by doctors, policies of integrating THAH are halted (Cloatre, 2019). As a ripple effect of the dominance of biomedicine, doctors request regulation and efficacy of THAH. However, merely the request for efficacy of THAH from doctors does not define THAH as irregular and unprofessional (Cloatre, 2019). Instead, this request for regularity of THAH indicates the power relations through law, policy and profession. There is increased research into THAH practitioners, and the treatments offered by the practitioners (Goodman et al., 2015).

As a result, there is on-going research into the benefits of products used by THAH practitioners (Health & Democracy , 2010). The government has put various teams together such as Medical Research Council (MRC) and the Council for Scientific and Industrial Research (CSIR) in order to evaluate various healthcare practices (Health & Democracy, 2010). The South African universities have started to transform the curriculum to include African and South African history (Makhanya, 2019) which is fundamental for the culture of Africans. The inclusion of THAH into the curriculum indicates a positive shift in healthcare (Makhanya, 2019), however the extent to which inclusion is

being carried out and integrated is not known as there is minimal research. The impacts of apartheid include social injustice and inequality, thus, there is need for healthcare transformation in South Africa (Moonsamy, Mupawose, Seedat, Mophosho, & Pillay, 2017). According to a study conducted by Moonsamy et al. (2017) the priority of the Speech-Language Pathology and Audiology professions is to now train therapists to work in a diverse environment such as the South African context and to be culturally aware (Moonsamy et al., 2017). The increasingly high numbers of clients who use THAH include clients with acute and chronic conditions (Oyebode et al., 2016). The increased use of THAH indicates that South African health professionals need to be aware of THAH, and rehabilitation professionals who treat clients with acute and chronic illnesses need to be cautious regarding the clients' use of THAH (Oyebode et al., 2016).

Rehabilitation professionals have close interactions with clients and provide intervention for clients with chronic and acute conditions due to treatment extending over a long period of time (National Planning Commission, 2012). Rehabilitation professionals in South Africa thus form a key role in the healthcare systems (National Planning Commission, 2012). The responsibility of rehabilitation professionals is to provide intervention based on the client's impairment and promote inclusion into mainstream society, maximizing the clients' ability to become independent and ensuring the client's functioning is of an optimal level (Stucki et al., 2007). Rehabilitation professionals play a key role in the lives of people with disabilities and impairments. Countries across the globe are urged to strengthen their rehabilitation teams and services as rehabilitation services are fundamental for a client's recovery and growth after becoming disabled (WHO, 2002). Rehabilitation professionals work as part of multidisciplinary teams and encourage prevention of disability and early identification of disorders and disabilities (National Planning Commission, 2012). Rehabilitation professionals work with clients from different ages, ranging from infants to the geriatric population (WHO, 2011).

Rehabilitation professionals in the South African health system will treat clients of different cultures and belief systems, including clients who use THAH (Health & Democracy , 2010). In South Africa it was noted that eight of ten black South Africans consult with traditional healers indicating the significance of traditional healers within the South African community (de Andrade & Ross, 2005). Rehabilitation professionals who are currently working in urban and rural areas need to be aware of THAH that is being used in South Africa (Peltzer, 2009) as they are likely to encounter clients who consult THAH practitioners. Due to the rehabilitation professionals' key role in the health sector, it is important to determine if rehabilitation professionals enquire about clients using THAH and to understand rehabilitation professionals' perceptions regarding THAH.

Globally there is a growth in the acceptance and use of THAH within the biomedical health systems. The need for evidence-based research is necessary to ensure that THAH is implemented into the healthcare system as it is accessed by the clients. According to the WHO, health is defined as a "*state of complete physical, mental and social wellbeing and not merely the absence of disease*" (Dogar, 2017, pp. 2). In order to assist with a client's health, all factors that may affect the client's health need to be considered (Dogar, 2017). Only a system in which all parts flourish is holistic, as described by Kilham (2019). A holistic treatment approach is necessary to ensure all aspects of a client's life are considered by the health professional. The bio-psychosocial-spiritual theoretical framework supports a holistic treatment approach.

Chapter 2: Theoretical Framework

Chapter Outline: The bio-psychosocial-spiritual framework is a modified version of the bio-psychosocial framework. The bio-psychosocial-spiritual model will be discussed in the ensuing chapter as it underpins the current study model and it accounts for the socio-ecological model and ICF (Dogar, 2017).

Healthcare has traditionally focused on the biomedical model of pure scientific aspects of medicine and illness, without accounting for psychological and social aspects that impact a client (Engel, 2003). There was a need to develop a model of care that included the psychological and social factors as human beings were only treated with a focus on illness (Dogar, 2017). There was a further need to include the individual's spirituality into the healthcare service provision which led to the development of the bio-psychosocial-spiritual model which integrates the psychological, social and spiritual factors into healthcare. Spirituality is defined as the search for Trans descending meaning (Saad et al., 2017). The bio-psychosocial-spiritual model accounts for the following aspects which impact the client's health: biology, mental, emotional and behavioural factors, family, community background and spirituality (Hatala, 2013). The biological aspect refers to the illness, while the psychological aspect refers to the client's behaviour, mind and emotional state (Engel, 2003). The psychological aspect includes understanding a client's interaction and behaviour, and the way the client's behaviour and interaction impacts on the illness (Engel, 2003). The client's emotional wellbeing and mental state may worsen the illness or contribute to the illness and should be considered when treating a client (Dogar, 2017). The social aspect refers to the client's family, community, culture and belief structure (Engel, 2003). A client's social state impacts on the illness and choices which the client will make regarding the illness (Driscoll, 2000). According to Dogar (2017) perception of the environment is linked closely to psychological and social factors which impact the client's behaviour, mental and emotional state, and a client's spirituality will impact their choices and affect their behaviour (Meneses, 2016). Therefore, each aspect of the client is linked, and the client's illness may be impacted by each factor (Meneses, 2016).

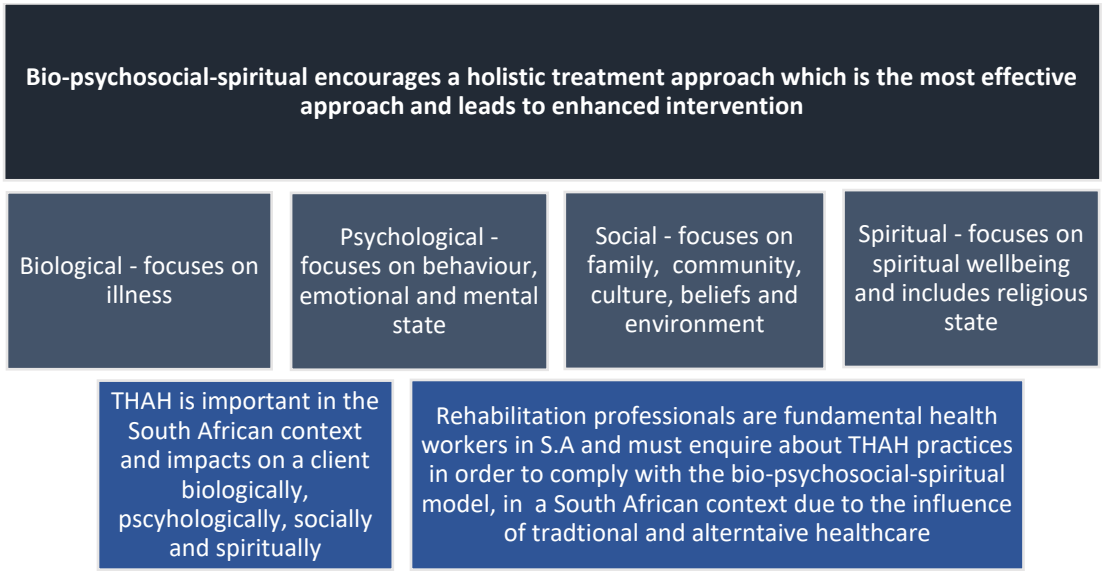
A hierarchy of the human natural systems describes that each particle in the human body – from the sub anatomic particles to the nervous system – is linked to the client, and their experiences and behaviour (Frankel et al., 2003). The experiences and behaviour of a client is linked to the client's family, community, culture, society and spirituality (Frankel et al., 2003; Meneses, 2016). Ashforth (2005,) comments that THAH is used by the South African population and is important to various communities. THAH form part of the culture, beliefs and community structure for clients throughout the country. The clients' perceptions, behaviour and experiences regarding THAH may

be impacted by their social environment. The clients' spirituality and social environment also impacts their psychological state and biological illness (Meneses, 2016). Therefore, when treating clients, rehabilitation professionals need to enquire about the client's use of THAH, in order to treat a client holistically. Rehabilitation professionals should be willing to engage with THAH practitioners should the need arise and make appropriate referrals, as a client's illnesses should be treated by considering their psychological, social and spiritual factors (Frankel et al., 2003). When the client experiences psychological difficulty, this could affect the client physically and result in illness. The client's environment and social precursors may also affect the client physically and result in illness. A decrease or affected spiritual state may further impact on the client's health and wellbeing (Engel, 2003).

While the client's biological, psychological and social factors impact on the client's healthcare, the spiritual factors are vital if holistic care is being implemented. By providing a full comprehensive approach when treating a client, the WHO considers every aspect of the individual - psychologically, socially and spiritually as this will be more effective (Cohen & Koenig, 2003). Saad et al. (2017) have commented that the importance of integrating spirituality into healthcare has started to create a positive change in the biomedical health systems. The bio-psychosocial-spiritual model integrates complete care of the client by accounting for the client's surroundings and inner belief system and is an appropriate way forward to provide beneficial healthcare (Saad et al., 2017). The bio-psychosocial-spiritual model indicates that THAH should be spoken about when working with clients as this is the client's preference (Cohen & Koenig, 2003). Therefore, when rehabilitation professionals treat a client, they should use a bio-psychosocial-spiritual model that encourages holistic care. Clients prefer that health professionals enquire about their beliefs, spirituality, psychological and social factors as this enables the clients to feel more comfortable with the professional (Mikuls et al., 2003). When the client is more comfortable, they will be more compliant, resulting in successful intervention. This demonstrates the need for rehabilitation professionals in South Africa to integrate THAH, thus creating a holistic treatment approach. This study was necessary to determine if rehabilitation professionals are integrating THAH when treating clients, thus adopting the principals underpinning the bio-psychosocial-spiritual model in in their service delivery. By understanding the model, rehabilitation professionals will have an enhanced ability to treat a client holistically (Hatala, 2013). Figure 1 summarizes the bio-psychosocial-spiritual model in relation to THAH and rehabilitation professionals in South Africa.

Figure 1

Summary of the Bio-Psychosocial-Spiritual Model in Relation to THAH and Rehabilitation Professionals in South Africa



In summary, THAH impacts on a client biologically, physically, psychologically, socially and spiritually. The bio-psychosocial-spiritual model promotes a holistic treatment approach and encourages all professions to adopt holistic treatment. Rehabilitation professionals should adopt the bio-psychosocial-spiritual approach and conform to holistic care within their profession, by accounting for THAH when seeing clients.

Chapter 3: Literature Review

Chapter Outline: This literature review provides an overview relating THAH to biomedicine. Thereafter, a detailed literature discussion ensues that provides evidence of THAH and its policies. This chapter then discusses the literature pertaining to the fundamental effect and role of rehabilitation professionals in South Africa, and their possible association and interconnectedness with THAH. This literature review contains classification and descriptions of types of THAH. Literature was obtained from journal articles and books related to the subject matters. Key words used during the literature review search included biomedicine, poverty, integration, benefit, policy, challenges, interconnectedness and rehabilitation.

Bio chemicals originate from living cells, such as plants and natural sources which are then synthesized and fermented (Gaines & Davis-Floyd, 2004). Bio chemicals became common in the 19th century in Europe and spread throughout the globe thereafter. Colonisation in Africa brought about western ideologies in the biomedical health system (Gaines & Davis-Floyd, 2004). The western ideologies such as the use of bio chemicals shifted the focus of treatment from THAH to advanced technological treatment and changed the mind-set of the people by encouraging scientific revolution and advancement (Yuan et al., 2016). In Europe, the introduction of biochemical treatment allowed for faster recovery from illnesses and received more popularity over the THAH which was being used in Africa (Yuan et al., 2016). The industrial revolution contributed greatly to the decline of THAH and caused an inclination towards biomedicine in South Africa (Health & Democracy , 2010).

Various countries provided funding and financial support to the South African Department of Health for biomedicine as there was a desire to advance in terms of biomedicine (Gaines & Davis-Floyd, 2004). Developing countries saw the prosperity of biomedicine in the industrialized countries and they too desired the use of biomedicine (Gaines & Davis-Floyd, 2004). The leaders of developing countries were inclined towards a healthcare system which made biomedicine dominant over THAH. However, biomedicine is costly and a budget for healthcare is needed in order to ensure there is sufficient production of biomedicine (Tugendhaft, 2010).

A country's financial status and budget for healthcare has greatly impacted the type of healthcare that is provided therein. In the United States of America, there was a large financial budget for healthcare which allowed for health centres to have sufficient resources, professional staff, maintenance of equipment, medical care for health professionals, and a health savings budget for unforeseen circumstances (Congressional Budget Office, 2020). South Africa's limited financial

budget and health centres are not adequately equipped with either resources or health professionals (Blecher et al., 2017). The public health centres in South Africa are required to support the treatment of majority of the population at a minimal charge or for free which creates more pressure on the healthcare system (Blecher et al., 2017).

Additional methods such as integrating THAH practitioners into the biomedical health system should be considered, as this would lessen the demand on medical professionals and resources related to biomedicine (Abdullahi, 2011). In China, medical professionals collaborated with THAH practitioners and created a system of referrals in order to lessen the demand and pressure on the health system (Chung et al., 2007). Medical professionals in China integrated THAH when seeing clients and the medical aids in China have insurance coverage for THAH which indicates that China's approval of THAH and its combining with biomedicine (Chung et al., 2007). Due to China's healthcare system being under pressure, the government had taken measures to lessen the demand and enhance the healthcare system, similar healthcare system pressures are being experienced in South African (Tugendhaft, 2010). The South African government has started to allocate special funding for THAH which indicates that THAH is regaining popularity and importance in South Africa (Health & Democracy , 2010). According to Beer et al. (2016), research in South Africa also indicates that THAH is regaining popularity, globally, due to client dissatisfaction with biomedicine. Table 1 provides information from a study conducted in 2010 and 2018, which illustrates the percentage of individuals in western countries who regularly use THAH.

Table 1

Study Illustrating Percentage Individuals Using THAH in 2010 and 2018

Name of Country	Percentage of the Population that Regularly Use THAH in 2010	Percentage of the Population that Regularly Use THAH in 2018
Australia	48% (Payyappallimana, 2010)	63.1% (Steel, et al., 2018)
Canada	70% (Payyappallimana, 2010)	79% (Kemppainen et al., 2018)
France	49% (Payyappallimana, 2010)	58% (Charbit, 2018)
Hungary	N/A	10% (Kemppainen et al., 2018)
Germany	N/A	40% (Kemppainen et al., 2018)
Switzerland	N/A	40% (Kemppainen et al., 2018)

Note. Percentage of population using THAH in 2010 was retrieved from Payyappallimana (2010), and the percentage population using THAH in 2018 was retrieved from Steel et al., (2018), Kemppainen et al., (2018) and Charbit (2018).

As depicted in Table 1, there has been an increased use of THAH over the last decade as it became popular. The popularity of THAH in industrialized countries may also be attributed to increased income and higher education which afford individuals the choice of different healthcare options (Payyappallimana, 2010). In developing countries such as Ghana, THAH was the primary mode of healthcare and was sometimes the client's only source of healthcare (Abdullahi, 2011). In India alternative healthcare was utilised by 65% of the population as other healthcare practices are inaccessible (Payyappallimana, 2010). In 2015, a study indicated that India's health system remains inaccessible and asymmetrical to majority of the population (Barik & Thorat, 2015). In India, factors such as area of residence (urban or rural residence), economic status and religion all play a role in the accessibility of healthcare and the use of THAH (Barik & Thorat, 2015). According to Barik and Thorat (2015), the population who live in rural areas have more difficulty accessing healthcare and use THAH more commonly. The decision to utilise THAH may vary, however it is evident that these forms of care will continue to play a leading role in global healthcare sectors (Kemppainen et al., 2018). South Africa faces challenges such as poverty which impact healthcare service provision in the country.

Poverty in South Africa has impacted the populations' basic needs such as shelter, clothing, education and healthcare. Due to the ripple effects of apartheid as well as economic recessions, majority of the population in South Africa earn wages/salaries which place them beneath the breadline (Seekings & Nattrass, 2015). Poverty in South Africa also impacts socially by allowing for social injustices and inequality. As a result, poverty in South Africa is of foremost concern. Majority of the population in South Africa depend on public healthcare services as private healthcare is costly. THAH is affordable and accessible to many South African communities. THAH practitioners are more accessible than medical professionals and are therefore used by the population more easily and regularly. THAH and biomedicine are healthcare systems which usually function independently. The importance of integrating biomedicine with THAH is fundamental for the clients who seek treatment, even if the treatment is sought from rehabilitation professionals (Shigayeva et al., 2010).

The definitions of integration and rehabilitation share similar concepts as outlined below:

- Integration requires cross referrals between professionals and practitioners, as does rehabilitation.
- Integration requires continuous care and rehabilitation, too, is a long-term treatment process.
- Integration aims for a holistic treatment approach and intervention in rehabilitation is most successful when using a holistic treatment approach.
- Both integration and rehabilitation are aimed at improving quality of life for the client, and striving in the client's best interests.

Integration refers to combining two or more aspects which are separated for the aspects to work together (Shigayeva et al., 2010). Integration is further described as the process or action of combining aspects which were previously separated due to inequality (Shigayeva et al., 2010). Shaw et al. (2011) suggest that integration of THAH into the biomedical health system is needed in order to balance the healthcare systems and that this integration of healthcare includes aspects of family, community and housing. The location of residences plays a role in accessing healthcare centres and seeking treatment for the client, as there has been difficulty when providing long term treatment plans for a client who cannot attend the treatment session due to either the location of their home being distant from the healthcare centre or the price of travelling being too costly (Shaw et al., 2011). Following this, the location of clients could create a disadvantage amongst clients (Shaw et al., 2011). The need to view a client holistically is important in South Africa considering the above-mentioned factors as the experiences and behaviour of the client is linked to the client's culture, family and community (Shaw et al., 2011).

The integration of THAH within the biomedical health system will create a sense of efficiency and safety with the cultural community from which a client comes (Bodeker & Burford, 2007). For integration to occur between medical aspects and the community, it is imperative that the rehabilitation professionals discuss THAH with their clients. Research indicates that medical professionals such as medical doctors and nurses experience barriers between the medical factors and THAH, when seeing a client (Shelley et al., 2009). There is a dearth of research to determine the perceptions and experienced of rehabilitation professionals in South Africa, in relation to THAH.

Integration in healthcare often required that professionals adopt a mind-set of equality and trustworthiness. Professionals of biomedicine felt dominant and superior over THAH practitioners (Shaw et al., 2011). However, all healthcare professionals need to work towards a common goal which is in the best interest of the client. The integration of THAH will only occur once professionals in biomedicine can build a relationship with THAH practitioners (Health & Democracy , 2010). It is essential that interaction occurs between professionals and THAH practitioners for connectivity, referrals, integration and gap-bridging to transpire between biomedicine and THAH (Shaw et al., 2011). There was minimal evidence in South Africa indicating that healthcare professionals connect and interact with traditional healers (Pillay, 2018). The willingness of the professional to enquire about THAH from clients impacted on the Department of Health policy for integrating THAH into the biomedical health system. The mind-set of rehabilitation professionals needs to be unbiased towards a client's culture and beliefs when treating patients (Shelley et al., 2009).

The WHO stated that integration of THAH with biomedicine should ensure that clients receive all the appropriate interventions in one location, thereby receiving coordinated healthcare services (WHO, 2008). In order to create a coordinated healthcare system, the policy makers and Department of Health are required to play a key role. Integration of healthcare, according to WHO, also focuses on policymaking and management (WHO, 2008). The policy makers and managers of Department of Health need to make strategic decisions of integration of health systems for implementation to occur. Furthermore, integration is defined as working across spectrums of referrals, from all types of practitioners, for the client's best interest (WHO, 2007). This may be summarized as: organization and management of services for clients to receive, when they require it, in a manner that is user friendly and would allow for desirable and achievable results by providing value for money (WHO, 2008).

The WHO has formulated regulations and guidelines that describe the manner of integration. The foundation of the regulations and guidelines describe that each country should form a regulatory system and governing bodies for THAH practitioners. Furthermore, there should be

recognition of THAH (WHO, 2012), in South Africa, there are regulatory bodies and THAH is recognised. Birhan et al. (2011) comments that in Ethiopia, 90% of the population used traditional healing as the primary source of healthcare. There are established traditional and alternative healthcare clinics in Ethiopia that treat and manage illnesses. The Ethiopian population were content with the results of the treatment at the established clinics and they utilised THAH more often than biomedicine (Birhan et al., 2011).

Policy, Practices and Challenges of THAH Globally

Despite the WHO having called for comprehensive care, a minimal number of countries associated with WHO have implemented national policies on THAH (WHO, 2007). Therefore, it was important to understand the policy and regulation relating to THAH in order to comprehend the value of THAH globally. By viewing countries globally, in terms of policies and regulations relating to THAH, it may be deduced that there are three categories of countries:

1. There are many countries, in which the governments are developing policies for the integration of THAH into the public health system (Kemppainen et al., 2018). In Europe, there has been an increased development of policies due to the strong link between alternative healthcare and a green lifestyle (Payyappallimana, 2010). A green lifestyle can be described as a sustainable way of living by reducing negative impacts on the environment. Due to the effects of communism and social restrictions, policymaking was restricted, however in Europe policies regarding THAH are developing (Payyappallimana, 2010). A green lifestyle being linked to alternative healthcare in Europe was described by the relationship between a practitioner and client (Bodeker & Burford, 2007). THAH practitioners in Europe have been cognisant of a client's belief which has created a good relationship between the clients and practitioners (Bodeker & Burford, 2007). This type of respectful relationship was not accounted for with professionals in biomedicine. Therefore, clients in Europe, described their relationship with alternative healthcare practitioners as a green lifestyle due to the client's beliefs being respected and accounted for (Bodeker & Ong, 2005).
   By having the client's beliefs accounted for, the client is treated holistically and therefore, the environment which the client interacts with is benefitted in a positive manner. Due to the social restrictions from communism, the client's beliefs were not accounted for and there was minimal room for respect, other than respect for the law. Thus, with the fall of communism and social restrictions, client's beliefs were considered and policies were developed to account for all citizens (Bodeker & Ong, 2005). Due to equality and freedom of

culture and speech, there has been increased respect for a client's beliefs (Health & Democracy , 2010). Peltzer (2009) suggests that in most African countries such as Ghana, Ethiopia and South Africa, policies are continuously being developed to promote THAH (which will be discussed further).

In Europe, THAH is being used and encouraged more commonly. In Germany, three quarter of the population over the age of 16 has had exposure to alternative healthcare and 90% of these individuals would recommend this to others (Tuffs, 2002). This indicates that there is more use of THAH and therefore, policy development, implementation and regulation is required. A study in Canada, Australia, United States of America and France revealed that THAH is used regularly in these countries (Payyappallimana, 2010).

2. There are countries that promote and finance THAH. Countries such as India and China have encouraged the use of THAH as they believe in the benefits of using THAH. The benefits include: easy accessibility, lower costs and reduced impact after treatment (Payyappallimana, 2010). In India, Myanmar and Thailand, the policy for alternative healthcare integrated alternative healthcare practices into the biomedical health system (Payyappallimana, 2010). In countries such as India, China and Thailand, financing and promoting alternative healthcare was a way to preserve and value the rich history of alternative healthcare which originated from these countries (Bodeker & Burford, 2007).
3. There are other countries in which the recognition and policy process for THAH has not yet started (Bodeker & Burford, 2007). These countries have minimal recognition and policy for THAH and constitute 40% of countries associated with the WHO. This was due to contradiction between the choices of the people in the country and the choices of the government of the country. The large gap occurs due to the countries' slow decision-making process to integrate policy of THAH into the biomedical health system (WHO, 2012). In Indonesia and Maldives, there has been minimal recognition for THAH (Payyappallimana, 2010).

By viewing the way policy was developed or developing, the value of THAH in various countries may be understood (WHO, 2012). There are policies in Japan which ensured integration of THAH for medical students (Bodeker & Kronenberg, 2002). In Japan the curriculum for medical students included *kampo* medicine (Japanese traditional medicine), leading to qualified doctors often treating client's by using alternative healthcare (Payyappallimana, 2010). In the South East Asia region, there are established educational settings for alternative healthcare, which further encouraged and promoted THAH (Payyappallimana, 2010). In Ghana and Ethiopia, up to 80% of the Ghanaians and Ethiopians relied on THAH as their primary health care. This indicates the value of

traditional African healthcare practices to these populations. Thus, THAH has been incorporated into the national healthcare system in Ghana and Ethiopia and is an organized system of healthcare (Birhan et al., 2011). Similarly in South Africa, THAH has value to the population.

In Russia, THAH such as herbal remedies and homeopathy, amongst others, were recognised and accepted by the Russian population and government (Brown, 2008). The recognition and acceptance of THAH in Russia has allowed for it to become a formal type of medicine. Alternative healthcare in Russia provides an outline for other countries that are complying with the WHO's encouragement, to integrate THAH into the biomedical health system, despite any challenges which may occur (WHO, 2008). Table 2 depicts four concerns related to the integration of THAH into the biomedical health system, as described by professionals and policy makers in global research studies.

Table 2

Concerning Factors in Integration of THAH and Biomedical Health System

Concerning Factors Regarding THAH	**Challenges**
National policy and regulation	THAH practices and practitioners lack official recognition and regulatory systems. THAH is not integrated into the national healthcare system and the practitioners are not given adequate funding and resources which limit building their capacity and development. (WHO, 2008).
Safety, efficacy and quality	Lack of regulation and registration with a governing healthcare body. Lack of evidence-based practices. Limited formal research and international and national standards for ensuring standards of safety, efficacy and quality. (Tugentdhaft, 2010).
Access	Lack of official recognition Limited of cooperation between traditional and alternative practitioners and healthcare professionals in the dominant

	system. (Tugentdhaft, 2010).
Rational use	Lack of training of THAH practitioners. Limited communication between all healthcare providers. Lack of knowledge to the public about traditional and alternative healthcare practices. (Bodeker & Kronenberg, 2002).

Note. Concerning factors and challenges acquired from WHO (2008), Tugentdhaft (2010), and Bodeker and Kronenberg (2002).

Policies, Practices and Challenges Regarding THAH in South Africa

In South Africa, THAH has governing bodies such as AHPCSA and the Traditional Healers Organisation (THO) which ensure regulation of practitioners that are registered with the governing bodies (Health & Democracy , 2010). The abovementioned organisations form a regulatory body in which all THAH practitioners are required to register. South Africa's government formed a Traditional healer's bill, which recognised alternative healthcare practices (Health & Democracy , 2010). In 1994, a draft policy of accepting and recognizing traditional healing was created, and in the year 2008, the policy of acceptance and recognition of traditional healing and medicine was published (Tugendhaft, 2010). However, since then there has only been acceptance of traditional healing, whilst incorporating traditional healing into biomedicine has not occurred. In 2006, the government developed a draft National policy of African Traditional Medicine. The policy was meant to accept, recognise and institutionalize THAH into the biomedical health system. This was prescribed to occur by 2010 and has not yet been implemented (Tugendhaft, 2010). There are formal governing bodies, such as AHPCSA and THO in South Africa which ensure regulation of THAH and THAH practitioners. This policy was supported by communities and served as empowerment (Tugentdhaft, 2010). The policy of institutionalizing THAH within the biomedical health system has also constituted of promoting education, employment and entrepreneurship, and increased the empowerment of using natural resources while conserving endangered plant sources (Pillay & Serooe, 2019).

Despite a good initiative of developing policies for integration of THAH into the biomedical health system, the South African Department of Health indicated that integration requires a greater

community effort as well as strong implementation of the policy by health professionals for implementation to truly occur (Gavriilidis & Östergren, 2012). Furthermore, South Africa already has research units and other organizations which support the use of THAH (Tugentdhaft, 2010). The research units include the Traditional Medicines Research (TMR) unit in the Western Cape, at the University of Cape Town which researches medicinal plants, compiles books of traditional and alternative medicines which are based on research and allows for postgraduate studies in THAH (University of the Western Cape, 2019). The TMR has studied more than 50 plants which THAH practitioners use. Some of the benefits from these plants include anti-malarial antibiotic and benefits for clients fighting HIV (Health & Democracy , 2010). An institute for African traditional medicine was started in the year 2003 which serves as a reference for over 500 plants which are used by African traditional healers (Tugendhaft, 2010). These research units served as a regulatory framework and the studies conducted by them are ongoing (Health & Democracy, 2010; University of Western Cape, 2019).

New Partnership for Africa's Development (NEPAD) provides official recognition and support for indigenous knowledge in South Africa and serves to protect indigenous knowledge. Thus, in South Africa there are policies, regulations and safe efficacy measures. THAH practitioners are easily accessible to the South African population (Health & Democracy , 2010). In considering the accessibility of THAH in South Africa, along with the measures taken for regulation, efficacy and the emphasis on integration of THAH into the biomedical health system, it should be easier for the South African government to integrate THAH into the public health system (Mothibe & Sibanda, 2019). Due to minimal challenges, there should be a progressive way of moving towards integration (Mothibe & Sibanda, 2019). However, the way forward is at a slow pace and THAH governing bodies are urging the Department of Health to ensure all health systems are held in the same standard, for clients to receive their constitutional rights (Mothibe & Sibanda, 2019).

The South African constitution indicates that each person has their own right to practice their culture and belief system, and that each person should be protected and fairly treated based on their beliefs, religion, culture and customs (Mothibe & Sibanda, 2019) & (SAConstitution, 2016). The constitution also mentions that individuals have a right to access healthcare. Thus, it is important for professionals to integrate THAH as the constitution supports the acceptance of diversity in South Africa. The integration of THAH in the biomedical health system is important as the possibility of lack of implementation could lead to inequality of various constitutional rights, which is due to an individual's beliefs or culture not being adhered to (Health & Democracy , 2010).

Benefit of THAH: Holistic Treatment and Rehabilitation Professionals' Link to THAH

As Cohen and Koenig (2003) have suggested, the close link between the client's experiences, behaviour and illness indicates that clients should be seen holistically, as each aspect of the illness co-occurs with psychological and social aspects of the client, as discussed in the theoretical framework. Therefore, when clients are being treated, the professionals that are providing treatment should be conscious about THAH and the importance of these practices to the clients. By professionals being aware that the client uses THAH, the professionals will be able to provide a holistic treatment approach (Frankel et al., 2003). The National Planning Commission (2012) comments that rehabilitation professionals work with clients for longer time frames, due to chronic conditions and disability, and should focus on a holistic treatment approach for the client. A study conducted by Sekome (2017) described the limited knowledge of stroke patients in rural Mpumalanga, South Africa (Sekome, 2017). Further description of the study conducted, indicated rehabilitation professionals working in rural areas require more clinical practice guidelines suited for that specific environment (Sekome, 2017). Clinical practice guidelines described in the study by Sekome (2017), regarding the treatment of stroke clients in rural areas should be given to professionals and guidelines regarding THAH should be given for professionals in rural areas as well.

In South Africa, due to the percentage of individuals who use THAH as well as the significance of THAH, there was a need for integration of healthcare systems for clients to receive a holistic treatment approach (Gavriilidis & Östergren, 2012). Research has shown that between 41% and 94% of clients in Australia have indicated that they would prefer if the healthcare professional addressed spirituality during the treatment session. Furthermore, 45% of non-religious clients in Australia indicated that they would prefer if spirituality were politely discussed by healthcare professionals (Shelley et al., 2009). A study conducted by Pillay and Moonsamy (2018) described a client's supernatural healing of sensorineural hearing loss (Pillay & Moonsamy, 2018). Therefore professionals should be diverse in their approach with clients and account for spirituality (Pillay & Moonsamy, 2018). From these statistics, it may be deduced that clients are also seeking a holistic treatment approach from professionals.

Therefore, rehabilitation professionals should integrate THAH when seeing a client as this would allow the client to receive cross referrals, continuity of care and intervention in one location (WHO, 2008). There are research studies indicating the opinion of physicians and nurses on the matter of THAH; research studies in the hospitals of the Northern Province by Peltzer and Khoza (2002) indicated that nurses felt positively towards the integration of THAH into the biomedical

health system. Trends and challenges of traditional medicine in Africa by Abdullahi (2011) also indicated physicians' view of THAH in which physicians were hesitant to integrate THAH due to concerns regarding unethical and poor efficiency of treatment. However, there is minimal research of rehabilitation professionals' practicing of THAH. The role of rehabilitation professionals in South Africa is vital if integration of THAH is on the healthcare agenda.

Rehabilitation is used to improve activity and participation after impairment occurs (Wade, 2009). When a client has an impairment, rehabilitation forms an important role in the healthcare process. Therefore, rehabilitation requires the setting of goals, multiple treatment sessions and close interaction with clients (WHO, 2002). Rehabilitation is a continuum of healthcare which ranges from a hospital level to a community level with the aim to reduce disability, and improve healthcare (Velema et al., 2010). Rehabilitation may occur in the educational, hospital and community environments (Velema et al., 2010). Rehabilitation may occur individually or in groups such as community groups. Early identification of impairment is encouraged for better rehabilitation intervention and is emphasized for reduced impact and effective functional outcomes. Rehabilitation is a process that serves to identify the impairment, limit factors contributing to the impairment, focus on the client's strengths and provide appropriate intervention (Velema et al., 2010).

The rehabilitation process is goal directed and aimed at reducing the effects of disability by enabling the individual to attain mental, physical, sensory and social functional levels in their lifespan (Wade, 2009). Rehabilitation aims to improve the quality of life for the client (National Planning Comission, 2012). Rehabilitation professionals aim to reduce the impact of the disability of the client in relation to their area of expertise and are responsible for referring the clients they treat to other professionals, when treatment beyond the rehabilitation professionals' scope of practice is needed (National Planning Comission, 2012).

It can thus be deduced that rehabilitation professionals have a key role in integration (National Planning Comission, 2012). In South Africa, due to the diversity of the population, rehabilitation professionals and all other healthcare professionals need to be aware of the various types of THAH. Through this awareness, rehabilitation professionals would be able to provide holistic treatment and they would be able to include questions relating to THAH in their assessment and treatment process. In Mexico, nurses were advised to observe a client's mental and spiritual state (Giger, 2016). This was done using the following approaches: speaking with the client upon admission and thereafter observing if the client performs rituals or any other cultural behaviour. The client's body was also observed in order to check if there were treatment marks on the body from THAH and the client's family members or visitors were also observed in order to check if the family

members gave the clients other medication (Giger, 2016). There was also enquiry about whether the client makes use of THAH directly by asking if the client has seen other practitioners or healers, and if the client is on any medication or remedies from other sources (Giger, 2016). In a South African context, these approaches may also be conducive to determine if a client uses THAH. A study conducted by Malatji and Dube (2017) described that there is a challenge of preserving culture of individuals in child and youth care centres in Johannesburg, due to limited diversity of professionals and constraints of resources (Malatji & Dube, 2017). Nursing professionals are not open to a client's cultural diversity and beliefs and they do not account for the clients culture when treating children (Malatji & Dube, 2017). Therefore, rehabilitation professionals, which provide therapy at care centres should be aware of the culture of individuals they treat.

In South Africa, the rehabilitation professionals are closely connected to the community and build constructive relationships with clients during treatment (National Planning Commission, 2012). Due to the close and continuous interaction between the rehabilitation professional and the client, the client's belief and culture should be discussed (National Planning Commission, 2012). Due to increased acceptance and use of THAH, research was necessary. While previous research focused on biomedicine and ways to improve biomedicine, its safety and side effects, recent studies have focused on public awareness of THAH. Due to the challenges of integration, increase of research and public awareness regarding the interconnectedness of THAH was created amongst various universities, medical environments and around social and cultural contexts (Bodeker & Kronenberg, 2002).

Interconnectedness between THAH and Rehabilitation Professionals: Importance of THAH Research Studies Globally, In Africa and South Africa

In California, surveys were conducted for graduate and undergraduate medical students to determine the importance of THAH for the student (Nguyen et al., 2016). Furthermore, in the United States of America, surveys were conducted with occupational therapy educators and students in order to determine the awareness and importance of THAH specifically in the occupational therapy field (Bradshaw, 2016). This was conducted due to the importance of occupational therapists in the American health sector and the role of occupational therapists in the lives of the American population.

Similarly, in Ghana, a research study indicated the use of various hospitals and professionals which were interviewed in order to determine their perceptions regarding THAH and their views on

integrating THAH into the biomedical health system (Kretchy et al., 2016). In Zanzibar, Tanzania, nurses described that they are willing to collaborate with THAH when seeing mental health clients. Nurses confirmed that they would recognize the need for traditional healers and refer clients. The above-described studies indicate that there is research being conducted globally about THAH relating to various professions such as medicine, nursing, occupational therapy and so forth. Accordingly, there needs to be similar research conducted in South Africa about THAH.

In South Africa, THAH is commonly used by the population. There are several studies focused on psychiatric nurses' perceptions of THAH and their attitudes towards referring patients to traditional healers, such as a study was conducted by Kahn and Kelly (2001). A study conducted by Pillay and Serooe (2019) described the perceptions of audiologists which may impact the way audiologists perceive traditional healers. However, the study conducted by Pillay and Serooe (2019) only included audiologists and no other rehabilitation professionals. Pharmacists too were interviewed by Penn et al. (2011) regarding possible reasons why clients did not take pharmaceuticals and the link between culture and traditional healing. However, rehabilitation professions which form a key role in the South African biomedical health system, and their view of THAH, have not yet been researched. These rehabilitation professionals are proactive in the biomedical health system and therefore, there was a dearth and paucity for research regarding THAH relating to these rehabilitation professions.

Interconnectedness between THAH and Rehabilitation Professionals: The Link between Awareness, Perceptions and Improvement of Healthcare

For healthcare services to improve, there must be awareness of the current healthcare system (National Planning Commission, 2012). Awareness forms a fundamental aspect in the amelioration of the healthcare system by providing information, empowerment and understanding of the system itself in order to provide healthcare resources and holistic treatment to clients. By researching THAH in the rehabilitation professions in South Africa, this study provided information of the current status of THAH linked to the rehabilitation professions. Awareness allows for leaders and those in leadership positions to make high quality decisions, based on the information and research available (National Planning Commission, 2012). Therefore, this study aimed to provide information to the Department of Health and other persons at hospitals, clinics, universities and so forth to make high quality decisions regarding THAH, due to their accessibility to the information obtained and an increased awareness of the current status of THAH within the rehabilitation professions in South Africa.

In order to have informed decisions made and for policy implementation to occur, the perceptions of a population must be understood (Mann et al., 2009). Mann et al. (2009) further comments that perceptions are important in order to determine what the population deem as a priority. By understanding the perception of a population, the needs of the population may be determined along with the influencing factors which impact those needs of the population. Therefore, by accounting for the view of Mann et al. (2009), it was important to understand the perceptions of rehabilitation professionals as their perceptions would directly impact on the ability to incorporate THAH into their sessions with clients.

The perceptions of healthcare professionals' impacted on their referral network and openness with clients during a session (Maizes et al., 2009). It is thus crucial to determine the perceptions of rehabilitation professionals as their perceptions impact on their profession, the manner they perceive THAH and subsequently, the treatment they offer to clients. Rehabilitation professionals' perceptions of THAH and their knowledge of policies regarding THAH must be documented in order to understand the way forward for THAH within the rehabilitation professions in South Africa. To document research is of paramount importance as documentation allows for logical and rational arguments to be made, organization, and understanding of information. Thus, it is important to document the interconnectedness between THAH and the rehabilitation professions, in South Africa. Rehabilitation professionals' awareness and perceptions of THAH impacted the ability to enquire if a client made use of THAH. However, in order to enquire and observe if a client uses THAH, the professionals needed to be aware of the different types of THAH which are prominent in South Africa.

Types of THAH in South Africa

The different types of THAH have been tabulated and defined in Table 3. Table 3 provides insight regarding the THAH in South Africa and categorizes the types of THAH in South Africa, in order to provide clarity in this study. Most of the definitions were taken from South African sources which are governing bodies of the type of healing whilst other definitions were taken from South African articles. In both of the aforementioned cases the relevant references are included alongside the definition. If a credible definition was not found, alternate sources were used for the definition.

Table 3

Types of THAH and their Definitions

Type of Healing/Healer/ Practice/Practitioner	Traditional Healing	Alternative Healthcare	Definition
Sangoma	x		African traditional healing in which the healer provides a diagnosis and treatment through spiritual means or divine path (Zuma et al., 2016). An individual which was chosen by the ancestors to practice African traditional healing is a *sangoma*.
Herbal remedies		X	Treating illness with plant derived and/or naturally occurring substances with minimal use of industrial processing (Aejazuddin, 2016).
Witch doctor	X		A form of African traditional healing, by using supernatural forces to treat an illness or alleviate it thereof. The witch doctor is trained to use supernatural sources by the senior witch doctors to treat patients. (Ashforth, 2005).
Spiritual practices		X	Using trans descending methods or a higher Being to treat illnesses (Saad et al., 2017).
Priest/Pastor		X	A priest serves the Catholic tradition while a Pastor guides the Catholic congregation (Hugh-Jones, 1994).
iNyanga	X		African traditional healing which focuses on traditional medical remedies such as herbs, roots, bones, rock and animals (Zuma et al., 2016).
Chinese traditional		X	Treating a client using different forms of

Type of Healing/Healer/ Practice/Practitioner	Traditional Healing	Alternative Healthcare	Definition
healing			medication, the origin is Chinese and the method is plants which have went through small processes and mixtures (Aejazuddin, 2016).
Reiki		X	A Japanese traditional therapy which is used as a means of stress relief and relaxation through spiritually guided life energies known as a healing process (Whelan & Wishnia, 2003)
African traditional medicine	X		An indigenous, African system of treating illnesses using either; iSnagoma, iNyanga or Umthandazi (Zuma et al., 2016).
Umthandazi (faith healer)	X		An individual that uses faith healing to diagnose and treat illnesses. This includes rituals and spiritual practices (Zuma et al., 2016).
Unani Tibb		X	A set of Persian and Arabian practices of treatment which are diagnosed and treated based on the individual's temperament and treated using herbal remedies and lifestyle changes (Jabin, 2011).
Shaman		X	Ritualistic healing involving knowledge with inspiration and includes features of trans and possession. This is commonly found in North America (Hugh-Jones, 1994).
Kineseologists		X	Using human motion and its scientific properties of anatomy and biomechanics to treat symptoms. This comprises of a combination and a variety of motor skills (Hamilton, 2011).
Acupuncture		X	An empirically effective form of treatment used by placing fine needles into specific parts of the body (Chirali, 2007).
Body talk		X	A psychological form of treatment in which the individual talks of and/or to the body in order to

Type of Healing/Healer/ Practice/Practitioner	Traditional Healing	Alternative Healthcare	Definition
			better mental health (Ussher, 2002)
Moulanas (Islamic faith)		X	An Islamic theologise, and a learned scholar of the Islamic faith following the lifestyle of the Prophet Muhammed May Peace Be Upon Him (Jamiatul Ulama, 2020)
Boererate		X	A form of Cape Dutch medicine and farm remedies which is seen as cheap and effective home remedies (Van Wyk, 2008).
Hakeems		X	Muslim traditional healers which use herbal remedies and a combination of change in diet to treat illnesses (Sheehan & Hussain, 2002).
Chiropractor		X	The diagnosis and treatment of muscular skeletal disorders and the effects of such disorders on the nervous system and general health, using hands on techniques (Chiropractic Association of South Africa (CASA), 2020).
Aafiyah healing		X	Natural healing using breathing and body awareness techniques as well as energy, in order have good wellbeing (Fara Manjoo, 2018).
Body alignment		X	A form of energy healing in which the practitioner utilizes muscle testing, using a pendulum in a dowsing way. This is done to guide the practitioner as to which route of wellbeing is best for the client. Thereafter, the practitioner makes use of his/her hands to bring healing energy into the aura and chakra. The healing balances and detoxifies the body (Life Alignment SA, 2020).
Homeopathy		X	An alternative treatment to the conventional medical approach. Homeopathy is a holistic treatment approach in which every aspect of the client's life and being is taken into account and

Type of Healing/Healer/ Practice/Practitioner	Traditional Healing	Alternative Healthcare	Definition
			focuses on the body's own healing process. The substances used are from plant animal and mineral sources (Homeopathic Association of South Africa, 2019).
Aromatherapy		x	The use of essential oils to treat the mind and body. The oils used, originate from minerals and allow for optimised body functioning at various levels (Aroma SA, 2019).
Reflexology		X	The use of pressure, hand, finger and thumb techniques to reduce stress and pain by stimulating the central nervous system. Reflexology focuses on treatment via the feet and includes a gentle massage session at the end of a session to enhance the body's capabilities of wellbeing (The South African Reflexology Society, 2017).
Natural remedies		X	Natural remedies are defined as that product whose main active ingredient is derived from a natural source (Yuan et al., 2016)
Cupping		X	Cupping regulates the flow of blood and Qi. This is conducted by creating a vacuum in a glass cup and placing this over various parts of the body. It draws blood to the surface of the areas targeted, which relieves stagnation and destroys pathogens. Cupping is a form of treatment for illnesses and was used by the Prophet Muhammed Peace Be Upon Him (Chirali, 2007).
Bio kinetics		X	The use of movement and physical exercise to treat and maintain wellbeing. This may include dietary changes and environmental modifications (University of the Western Cape, 2020).

Type of Healing/Healer/ Practice/Practitioner	Traditional Healing	Alternative Healthcare	Definition
Ayuvredi		X	Five thousand years old, Indian form of treatment which uses herbs, food and Greek philosophy (Aejazuddin, 2016).
Meditation		X	A form of regulatory training exercises which include focusing on a mantra and relaxation techniques to increase wellbeing, by creating an attentive and emotional balance system (Lutz et al., (2007).
Yoga		X	A form of meditation in which specific focus is placed on exercise, posture control, joints and breathing. It is beneficial for individuals with mental health disorders (Cabral et al., 2011).
Ukuthwasa and Amagqhirha (responding to your ancestral calling)	X		An African practice amongst the iXhosa population in which there is transformation of the individual and, awakening and nurturing of intuition to become accustomed with divinity and practice divinity thereof (Mlisa, 2009).
Folklore	X		Traditional African medicine which has been passed down from generation to generation and the sources of the medicine is minerals and herbal substances (Abdullahi, 2011).
Craniosacral therapy		X	The therapist focuses and listens to the movement of cerebrospinal fluid and allows the body to restore its own health by using light contact on the head, arms and feet. The therapist points out tension and focuses on healing, breathing and relaxation (Craniosacral Therapy Association of South Africa, 2020).

Table 3 may also be insightful for professionals that wished to learn about the types of THAH as learning about it would allow for a better relationship with clients that make use of THAH. If

rehabilitation professionals have a good relationship with their clients and the community, there is a greater possibility of successful intervention (Cornielje et al., 2008). Essentials oils are a common example used due to describe the effectiveness of THAH. Other methods are used such as reflexology, folklore etc. for treatment by THAH however there is popularity and common use of essential oils for treatment amongst THAH.

There have been research studies (which will be discussed below) regarding the use of essential oils and its effective treatment benefits. THAH is an upcoming mode of healthcare which is deemed more beneficial than biomedicine due to the severe side effects from biomedicine when compared to the minimal side effects from THAH (Aejazuddin, 2016). The increased awareness and usage of THAH has created a strong need for regulation and efficacy of THAH which has created a requirement of research relating to THAH. Traditional healing using essential oils from plants has been researched globally (Sharifi-Rad et al., 2017). Essential oils are a complex mixture of hydrocarbons and oxygenated derivatives which are secreted by specialized secretory tissues found in plants and emerge from the flowers and leaves of the plants (Sharifi-Rad et al., 2017). In Turkey, traditional healing uses essential oils such as *Hypericum perforatum L. (Hypericaceae*) and olive oil (Süntar et al., 2011). Therefore, these oils were researched in order to determine if there are benefits in using it to treat inflammatory disorders. The results reveal that these oils are indeed beneficial to treat inflammatory disorders and wounds. However, further research into other oils and formulations, and other forms of traditional healing was needed, in order to ensure the beneficial impacts of essential oils (Süntar et al., 2011).

Other research studies describe the essential oils from plants which are mixed in Korean traditional medicine, *Ayuvredi*, and Iranian traditional medicine (Sharifi-Rad et al., 2017). The specialized tissue secretions in plants allowed for essential oils to have antimicrobial, anti-inflammatory and antioxidant bodies which have been used in traditional healing to treat illnesses since ancient times and was an affordable and reliable process of healing (Sharifi-Rad et al., 2017). An example of essential oils used in Korean traditional medicine, *Ayuvredi*, and Iranian traditional medicine, is pyrophosphate which has been researched and is known to be beneficial for anti-inflammatory and antifungal infections (Sharifi-Rad et al., 2017).

Due to the increased use of essential oils, research has occurred globally in order to comprehend the use of essential oils and allow for clients to receive appropriate and adequate treatment. While the study by Süntar et al. (2011) indicated the importance of essential oils in Turkish traditional healing, the study by Sharifi-Rad et al., (2017) indicated the importance of essential oils in Korean traditional medicine, *Ayuvredi*, and Iranian traditional medicine. Whilst both

studies focused on the use of essential oils in different types of traditional healing, they differed in terms of the types of essential oils which were researched. Both these studies were needed as they provided information on the importance of essential oils in different contexts and provided an understanding of the benefits of essential oils. Indeed, conducting research on different types of essential oils in different contexts, created a concise overview of its importance.

The importance of essential oils is not only used in traditional healing abroad, but within South Africa as well. There was a need for research in South Africa regarding essential oils used in traditional healing. One such study was conducted by Van Vuuren (2007), to determine the importance of essential oils used in traditional healing with regards to treat antimicrobial and anti-fungal infections. The use of essential oils from indigenous plants in South Africa is validated due to the anti-infective properties contained within these indigenous plants (Van Vuuren, 2007). There are different types of THAH which are used in different countries and in different contexts, however as all types of essential oils were researched, so too should all types of professionals relating to THAH be researched.

Interconnectedness between THAH and Rehabilitation Professionals: Role of Universities and Transformation

Due to the importance of THAH in South Africa, there needs to be interconnectedness between THAH and the rehabilitation professions. However, for THAH to become an important aspect in the rehabilitation professions, the South African universities need to place greater emphasis on educating their rehabilitation professionals and incorporating THAH into the curriculum (Ramrathan, 2016). In South Africa, there is a need to transform the curriculum from a complete western mode of education to incorporate culturally appropriate information (Heleta, 2016). Furthermore, professionals need to transform their manner of treatment from a biomedical system to incorporate culturally specific treatment such as connecting with THAH practitioners (Heleta, 2016). The South African education system has been altered since 1994 – the first year of South Africa's freedom from the apartheid era. The education system in South Africa is undergoing transformation in order to create equal education for all citizens, which included more schools in rural communities, qualified teachers to teach in schools, resources to assist teachers and adaptation of the curriculum to suit the South African context (Legodi, 2001). The South African government's aim for transformation included the following measures:

- Changing the policy development to include equity in education and transformation of the curriculum.
- To determine the connection between policy, education and implementation.

- To monitor the shift of transformation due to new policies and
- Evaluate the implementation of policies (Legodi, 2001)

From the year 2001, there has been more awareness and knowledge regarding the need of transformation, thus, the South African government called upon all stakeholders, teachers, educators and relevant personnel in the education field to assist with policy implementation of transformation. In 2016, the higher education universities were called upon by the South African government to transform the curriculum to include South African context and culture (Ramrathan, 2016). The request from the government in the year 2016 has assisted in the increase of awareness (Ramrathan, 2016). However, the curriculum remains entrenched in western education and transformation is only in the beginning stages (Heleta, 2016). South Africa must restructure, reframe and rethink the curriculum in all education systems in order to break free from Eurocentrism (Heleta, 2016).

A study conducted by Heleta (2016) described how the South African government must find ways to hold institutions responsible for their inability to transform and decolonize higher education from Eurocentrism. Despite the efforts made to transform the education system, there has been minimal implementation of transformation (Legodi, 2001). A study by Motala (2005) described that until the teachers and educators were aware of the need for transformation and were themselves willing to implement the change of curriculum into the education system, the policies will hold limited ground and transformation will not successfully occur (Motala, 2005). In a similar manner, there were several policies regarding the integration of THAH into the biomedical health system in South Africa, and there was a connection between policy, medical professionals and implementation (Motala, 2005). Therefore, if there is inadequate knowledge regarding the interconnection of rehabilitation professionals with THAH, the policies of integration hold limited ground. In summary, to date, there is research which describes the following:

- Physicians' and nurses' views and experiences relating to THAH.
- There are several research studies available regarding THAH however, the studies focused on either a specific type of traditional healing or on alternative healthcare but THAH was not researched together.
- There are also research studies available on professionals such as occupational therapists and their view of traditional healing, however, it was a single group of professionals and not a combination of professionals.
- Therefore, in order to receive a comprehensive view of rehabilitation professions and THAH, there was a requirement for this research study.

- Awareness, perceptions and documentation are key aspects in healthcare.
- Transformation is necessary in South Africa.

By understanding the importance of integration, policy, rehabilitation and THAH, it is thus fundamental to investigate whether THAH exists within rehabilitation professions in South Africa.

Research Rationale

A Gap in Literature

Based on the limited literature available describing doctors and nurses stance of THAH, there was a clear lack of information pertaining to THAH within rehabilitation professions in South Africa. Furthermore, there is limited research regarding rehabilitation professional's integration of THAH into the dominant health system. THAH is important to the majority of South Africans therefore it was necessary to determine if and how it was included in the practice within the rehabilitation professions in South Africa.

Dearth and Paucity of Policy

South African gazetted policies highlighted the importance of THAH in the country. There has been support from organizations to facilitate the integration of THAH into the biomedical health system in South Africa (Health & Democracy , 2010). However, there is minimal research indicating the methods and protocols that were used to facilitate practice of THAH within the existing medical rehabilitation profession in South Africa. According to National Planning Commission (2012), rehabilitation professionals formed part of a crucial role in the health sector, yet there was minimal literature which indicated how rehabilitation professionals viewed THAH. There is global evidence of integration of THAH into the biomedical health systems, however in South Africa there was limited research. There is a massive requirement for research regarding THAH relating to rehabilitation professions. The awareness, perceptions and policy regarding THAH needed to be understood in order to enhance the implementation of it practically.

Awareness, Perceptions and Experiences

In order for healthcare services to improve, there must be awareness of the current healthcare services (National Planning Comission, 2012). Therefore, this study will provide information to the Department of Health and other persons at hospitals, clinics, universities and so forth to make high quality decisions regarding THAH, as they may obtain information and awareness of the current status of THAH within the rehabilitation professions in South Africa. This study will be accessible at the University of Witwatersrand in order for the department of health and other professionals to read. Perceptions are important in order to determine what the population deems as a priority (Mann et al., 2009). Maizes et al. 2009 commented that the perceptions of healthcare professionals' impacted on their referral network and openness with clients during a session. Therefore, it is crucial to determine the perceptions of rehabilitation professionals as their perceptions impacted on their profession, the manner they perceived THAH and the treatment they offered to clients. Thus, it was important to document the interconnectedness between THAH and the rehabilitation professions within South Africa.

Guideline, Interconnectedness and Current Integration

Due to the importance of THAH in South Africa, there needs to be interconnectedness between THAH and the rehabilitation professions. However, for THAH to become an important aspect in the rehabilitation professions, the South Africa universities need to place greater emphasis on educating their rehabilitation professionals and incorporating THAH into the curriculum (Ramrathan, 2016). There are several policies regarding the integration of THAH into the biomedical health system and there is a correlation between policy, medical professionals and implementation. Therefore, until rehabilitation professionals are not aware and willing to assist with transformation of healthcare and interconnectedness with THAH practitioners, the policies of integration hold limited ground.

In summary, this study was conducted due to the following aspects:

- Gap in the research
- Necessity for research
- Awareness, perception and policy
- Transformation of curriculum

The Study Aimed to Answer the Following Research Question

What is the interconnectedness between traditional and alternative practices and rehabilitation professions in South Africa?

Chapter 4: Methodology

Chapter outline: this chapter provides the methodology used for this study. It includes the aims, sample and sampling, research design and analysis, pilot study, and ethical considerations which this study made use of and adhered to.

Aims

Main Aim

To explore the interconnectedness between traditional healing and alternative healthcare and medical rehabilitation professions in South Africa.

Objectives

1. To explore how rehabilitation professionals perceive THAH, in South Africa.
2. To document the experiences and training of rehabilitation professionals, in relation to THAH, in South Africa.
3. To determine if rehabilitation professionals are aware and knowledgeable of the current South African policies that relate to THAH.

Sampling and Sample

Sampling

Purposive sampling and snowball sampling was used for this research. Purposive sampling allowed the researcher to group participants in a preselected criterion according to the research question (Delice, 2010). The sample size may or may not be fixed in purposive sampling, depending on the willingness and availability of participants, time frame, affordability and availability of resources (Delice, 2010). In this study, there was an inclusion and exclusion criteria for participation. A study by Delice (2010) indicated that the minimum number of participants for purposive sampling could be 18 participants, but for this study a minimum of 30 participants was required due to the various professions that were researched and to ensure various perceptions and experiences were accounted for. This study was advertised on various social media platforms (this will be described later on).

Purposive sampling allowed for the researcher to have an in depth understanding of the selected topic (Palinkas et al., 2015). The purposive sampling method allowed the researcher to be free from biasness (Brewton & Millward, 2001). Since the researcher did not have direct interaction with the participants and the researcher could not mislead participants to obtain desired results, the study remained free from biasness. Purposive sampling was ensured by only accepting responses from participants which complied with the inclusion criteria of this study.

Snowball sampling was also used for this study, wherein existing participants provided referrals to other rehabilitation professionals. This type of sampling involved having a primary source of data which then nominated other potential data sources (Naderifar et al., 2017). It was based on a system of referrals until the study has reached its concluding time and the researcher was able to analyse the data. This study used *Exponential non discriminative snowball* sampling (hereafter referred to as ENDSS). ENDSS occurred when a first participant was identified and thereafter, the first participant provided multiple referrals. The new referral data sources also made other referrals and so on, until the total time was reached (Emerson, 2015). The professional bodies were contacted as a primary source and requested to make referrals to other professionals and professionals were requested to also make referrals to other professionals and so forth. In order to ensure confidentiality was not breeched during ENDSS, professional bodies and rehabilitation professionals were sent an advert and a link to the study, which could be forwarded. Therefore, the participants remained anonymous to the researcher and the other participants.

Sample

Statistics obtained from the Health Professional Council of South Africa (hereafter referred to as HPCSA) and South African Council for Social Service Professions (hereafter referred to as SACSSP) indicated the number of registered rehabilitation professionals in 2018. This data is outlined in Table 4, wherein rehabilitation professionals were divided as per their profession.

All rehabilitation professionals that were registered with HPCSA and SACSSP, and had access to social media, would have had the opportunity to participate in this study. A minimum of 30 participants was required for this study. Equal distribution was aimed for; subsequently, all social media adverts were posted on various professional groups such as: Facebook group of Social Workers, WhatsApp group for Speech therapists and so forth. However, this was not obtained and will be explained in detail in the discussion.

Table 4

Registered Rehabilitation Professionals in 2018

Rehabilitation Professional	Number of Registered Professionals
Audiologists	642
Speech therapists	1 107
Speech therapists and Audiologists	1 589
Occupational therapists	5 222
Physiotherapists	7 734
Psychologists	8 800
Social workers	71 118

Note. Data retrieved from HPCSA and SACSSP as per recent statistics provided (Africa, 2018; SACSSP, 2018).

Inclusion criteria:

- All participants needed to be registered under the HPCSA or SACSSP in order to participate.
- Professionals practicing in the public sector and private sector of South Africa were included.
- Rehabilitation professionals that are doing community service were included.
- All genders, ages and nationalities (if the professionals are registered with HPCSA) were included.

Exclusion criteria:

- Rehabilitation professionals that were registered with the HPCSA but were practicing abroad were excluded.
- Participants who did not fill out their profession were excluded as this resulted in incorrect analysis of data.

Research Design

A qualitative research design was utilized in this study to gain a comprehensive view of rehabilitation professionals' experiences, perceptions and understanding. The qualitative design obtained in-depth information. A qualitative research design explores, understands and describes a social phenomenon (Creswell, 2012). It investigated finer details and complexities of the topic which was researched. Each person has experiences that create meaning in their world and by learning about these experiences and perceptions of the world, qualitative research design allowed for interaction with participants which elicited a process of learning (Creswell, 2013). In this study, there was no direct interaction with participants, however the process of learning and interacting with participants was conducted by viewing the participants' responses of the questionnaire survey. This allowed the researcher to reflect on the participants' responses based on their experiences and perceptions which were analysed and then interpreted. A qualitative design is flexible as several data collection methods may be used and combined (Ohman, 2005). In this study, an electronic survey was used with in-depth open-ended questions and with closed ended questions for more specific information. This design is also flexible and adaptive as it allowed for the researcher to change and adapt the process of the research based on the emerging results (Ohman, 2005).

The qualitative design allowed for new information to emerge from participant's experiences and perceptions and was inductive as opposed to quantitative research which is deductive and includes proving a hypothesis (Creswell, 2012). A study conducted by Ohman (2005) described the use of a qualitative research design in healthcare as increasingly common due to the acquisition on in-depth information and flexibility. It has been commented by Lambert and Lambert (2012) that qualitative research design would be a useful tool in rehabilitation research, which requires in-depth descriptions of social interaction. A qualitative descriptive research design is aimed at describing the population of rehabilitation professions and their interconnectedness with THAH. The descriptive design focused on the situation in which rehabilitation professionals find themselves in regarding the awareness and referrals to THAH. Therefore, the circumstances of rehabilitation professionals relating to THAH were described as the descriptions allowed for a thorough explanation of the current situation and answered the research question. Furthermore, descriptive qualitative design allowed for a comprehensive view to be explained and described regarding the relationship between the rehabilitation professions and THAH practitioners.

Data Collection Procedure and Instrumentation

Procedure

Ethical clearance was obtained from the non-medical ethical committee at the University of Witwatersrand (Image A). Ethical clearance number: H19/10/19. Thereafter an advert (Appendix A) was posted on various social media channels for professionals to see and possibly participate in and share with other professionals. Furthermore, the HPCSA, SACSSP and other professional bodies such as South African Speech Language Therapists Association (hereafter referred to as SASHLA), South African Audiologists Association (hereafter referred to as SAAA), The Occupational Therapists Association of South Africa (hereafter referred to as OTASA) and The South African Society of Physiotherapy (hereafter referred to as SASP) were requested to forward the advert to their members (Appendix B).

Individuals had access to a link of an online portal with a participant information sheet (Appendix C). Individuals who provided an informed consent were linked to an online survey (Appendix D) as part of a Google document. Participants were only allowed to access the portal once; thereafter they were denied access through the server. Furthermore, the portal was only open for one month after sending out the information. It was thereafter closed to all professionals on a set date, as the minimum number of participants were obtained and exceeded.

Instrumentation

Electronic questionnaire surveys were used for this study in order to account for time constraints and a large geographical area. South Africa is a large country with different provinces, cities, urban and rural areas. The use of a questionnaire survey allowed for the large geographical area to be accounted for as rehabilitation professionals throughout South Africa were able to access it due to the common use of social media. The questionnaire survey consisted of both closed and open-ended questions which were developed by the researcher, under supervision from the supervisor. The draft proposal of this research was presented to the Audiology postgraduate forum prior to obtaining ethical clearance and feedback, was taken into consideration. Furthermore, the questionnaire was used for the pilot study and adapted thereafter (more information found under “pilot study”).

Questionnaire surveys allowed for an established method of collecting data. Questionnaire surveys were easily accessible for a large population group and allowed for online access of a large geographical area. Subsequently, collecting data was made easier. Since rehabilitation professionals practice their professions throughout South Africa, conduction of the questionnaire surveys online seemed appropriate and affordable for any rehabilitation professional to participate. By using questionnaire surveys the researcher accounted for time constraints as it was a faster method of obtaining data. According to YIN (2003), questionnaire surveys are a user-friendly and cost-effective method of accessing participants and due to the large population group presented with various sub groups, questionnaire surveys were most feasible (Breweton & Millward, 2001).

The following social media channels were used to advertise this study: *WhatsApp* and *Facebook*. An advertisement of participation was posted on WhatsApp and Facebook groups in which all the above-mentioned professionals are part of, multiple times during the month with reminders about when the study will close. WhatsApp and Facebook groups included profession-based groups and multi-professional groups with speech therapists and audiologists, speech therapists, audiologists, occupational therapists, physiotherapists, social workers and psychologists therein. An email with a letter requesting professional bodies to forward an advert of the study to registered professionals was sent to the following professional bodies: HPCSA, SACSSP, SASHLA, SAAA, OTASA and SASP.

Pilot Study

A pilot study of this study was conducted in order to determine the efficacy of the study. The pilot study assessed the process of the larger research project by determining the accessibility of participants, feasibility of the process of the research and the management of data from the research. A pilot study assisted in identifying errors and challenges within the research process and thus allowed the researcher to rectify the challenges prior to conducting the larger scale research project. A pilot study provided the researcher with beneficial insight relating to the success of the methodology, questionnaire sample and analysis procedure (Thabane et al., 2010). There are two types of pilot studies: feasibility study and pretesting research instrument study (Malmqvist, Hellberg, Möllås, Rose, & Shevlin, 2019). In this study, a feasibility pilot study was conducted in which the data obtained in not used for the main study. A feasibility pilot study is used to determine if the study is feasible and to provide ways to increase the value of the study (Malmqvist, Hellberg, Möllås, Rose, & Shevlin, 2019) . A study conducted by Malmqvist, Hellberg, Möllås, Rose, & Shevlin, (2019), states that there is not sufficient information describing, when and how to conduct a pilot

study however, the benefits of a pilot study equip the researcher to face challenges when conducting the main study.

The pilot study was conducted prior to submitting this study proposal to the University of Witwatersrand Non-Medical Ethics Committee. The data which will be used for the main study analysis should only be collected after obtaining ethical clearance (University of London, 2021). The pilot study data obtained in this study, was not used for the main study data analysis therefore, there were no ethical concerns. The instrument and procedure used for the pilot study was similarly used with the main study as described under procedure and instrumentation. The pilot study consisted of three participants and the participants all indicated that the time stipulated on the participant information sheet was accurate as they had sufficient time to complete the study. The participants provided useful feedback regarding the questions asked in the questionnaire survey and as a result of this, various questions were rephrased in order to avoid confusion and to provide the researcher with beneficial information.

The pilot study provided a good indication that the aims of this research study may be achieved based on the feedback received from participants and the information obtained in the questionnaire surveys.

Data Analysis

A framework analysis was developed by the researchers Ritchie and Spencer (1980, as cited in Gale et al., 2013) in order to theme and explain large amounts of political data. In recent years, the framework analysis is more commonly used in healthcare research and mixed method research (Gale et al., 2013). Due to the framework analysis allowing the researcher to capture large quantities of data in a systematic manner, this type of analysis has increased benefits (Srivastava, 2009). The framework analysis allowed the researcher to keep each participant's individual response and structure themes of group responses in an organized manner (Gale et al., 2013). The data may be obtained from documents, interviews, textual data and so forth.

A framework analysis was used for this study and allowed for various patterns, themes and explanations to be conducted, as this study included different types of rehabilitation professionals and insight from each profession. Thereafter, associations and concepts were formulated across all spectrums. A framework analysis was meant to enhance the study's depth of analysis and allowed for emergent themes to be explored (Srivastava, 2009). Due to having various professions and

questions in the questionnaire survey, it was appropriate and conducive to develop themes, associations and concepts when analysing the data. This allowed for information to be structured.

A framework analysis was a systematic yet flexible approach to data analysis and was used as there were large amounts of data obtained (Judd, 2009). After obtaining the data, the framework analysis allowed for themes to be conducted which assisted the researcher with time constraints. The framework analysis was described as a structured framework due the various steps followed when analysing data (Srivastava, 2009). Due to the structure and process of the framework analysis, comparisons and contrasting of information has a well-organized flow and was easier for the researcher, compared to thematic analysis which is less structured and flexible (Gale et al., 2013).

Qualitative data analysis consists of processes and procedures in which the data obtained was interpreted into an explanation and understanding of the topic investigated (Judd, 2009). The aim of qualitative data analysis was to examine the meaningful and symbolic data obtained (Judd, 2009). Framework analysis is an established method of data analysis which was used for qualitative research designs. There are five phases of framework analysis:

1. Familiarization, which consisted of transcribing and reading the data.
2. Identifying a thematic framework which consisted of the initial coding framework and included emergent issues.
3. Coding involved using textual or numerical codes to identify a specific piece of data which would correspond to different themes.
4. Charting consisted of using the thematic framework to create charts.
5. Mapping and interpretation dealt with searching for patterns, associations, concepts and explanations in the data.

These phases allowed the researcher to understand the data obtained and thereafter interpret it (Judd, 2009). It shifted the research from purely descriptive to a conceptual explanation of what is happening in the study. It was a transparent and in-depth method which provided details of the data obtained (Srivastava & Thomson, 2009).

Quality of Data, Rigour and Trustworthiness and Ethical Considerations

Quality of data, rigour and trustworthiness, and ethical considerations were adhered to in this study to ensure that the study was free from researcher prejudice and the study was rich in quality and accuracy. This study used questionnaire surveys thus, the researcher was neither interacting with participants directly on a face-to-face basis nor was the researcher able to probe or

cue participants in a manner that suited the researcher. The questions asked in the questionnaire surveys were direct and did not probe participants to answer the questions in a manner that the researcher wanted them to. The research supervisor ensured accuracy of the research proposal, data obtained and analysed. Data obtained was analysed using framework analysis which is an accurate method of analysis. Due to qualitative research approaches being broad and diverse, and consisting of the researcher interacting with participants, then interpreting and constructing meaning of the data obtained, aspects such as quality of data, rigour and trustworthiness were considered, in order to allow for accuracy (Kent, 2001).

In order to ensure that data was authentic and not suited to the researcher's desires, the quality of data obtained and interpreted followed a procedure. This limited the inconsistency of information received and interpreted, which often occurs with qualitative research. By ensuring quality of data, there was meaningful construction of information by the researcher (Robson, 2002).

Rigour

Rigour ensured the accuracy of research. Rigour ensured that the appropriate tools measured the objective of the research as was described by the researcher. Aspects explored included determining whether the data collection tools measured the phenomenon chosen if the tools allowed for precision and how the data would be appropriate in the research. Appropriate questions would impact on the research and on the rigour. In terms of analysis, rigour ensured that there were precision and found themes in the research and used relevant topics. Rigour relied on using a broad range of methodological techniques for the growth of the research and included ensuring there was accuracy and thoroughness (Elo et al., 2014).

Based on the requirements which constituted a good research, rigour was ascertained in this research. The questionnaire survey consisted of both closed and open-ended questions. It contained questions which served as precision for detail as well as questions which elicited in-depth answers. The questions covered the aim of the research.

Trustworthiness

Trustworthiness is related with aspects such as ensuring that the findings presented were genuine, consistent, uninfluenced by the researcher and applicable to various contexts (Graneheim & Lundman, 2004). The above-mentioned aspects were considered by ensuring that there was

scholarly advice and input as scholars are well versed with research and have experience in qualitative research. The research supervisor was spoken with on a regular basis, the work written was inspected by the supervisor and presentations were conducted to the School of Audiology. This was also a technique used to ensure trustworthiness (Graneheim & Lundman, 2004).

Furthermore, all professionals of the rehabilitation team were invited to participate. The research allowed for a large group of participants of all genders, both in the private and public sector, throughout South Africa which indicated trustworthiness was adhered to by including various contexts. Once the data was obtained and analysed, thorough descriptions were given thereafter. Descriptive data allowed for comparison of contexts by transfer of information, which allowed for various comparisons during the analysis of data. The type of sampling used in this research – purposive sampling – also allowed for trustworthiness, as a group of participants would be answering the questionnaire survey which was relevant to them. Thus, the researcher focused on key informants who were knowledgeable regarding the topic being researched (Li, 2004).

Ethical Considerations

This research proposal was submitted to the University of Witwatersrand non-medical ethics committee in order to ensure that it complied with ethical guidelines. Ethical clearance was obtained and only thereafter was the study carried out. Ethics are a fundamental part of the research process and are known as the moral principles governing behaviour (Orb, Eisenhauer, & Wynaden, 2001). They focus on ethical practices when collecting and analysing data during the research process. Ethical considerations determine the standard of conduct of the research and researcher. It determines what either acceptable or unacceptable behaviour is (Resnik, 2011). The researcher and method of research required guidelines in order to ensure that the research study has integrity. In qualitative research, ethical guidelines focus on protecting participants in order to ensure that the participants are not harmed. Indeed, it was crucial to ensure that human rights would not be violated (Orb et al., 2001). The aspects highlighted in Table 5 are important ethical principles and form part of the ethical guidelines that were adhered to.

The researcher followed integrity principles such as: being accountable for all aspects in research by evaluating the research, the researcher showed professional courtesy and fairness when working with other colleagues and displayed good stewardship by protecting data and having maintained confidentiality and anonymity (Resnik, 2011).

Table 5

Ethical Principles and Adherence to Ethical Guidelines Related to this Study

Ethical Principles and Guideline	The Use of the Ethical Principles and Guideline in this Study
Respect for persons: respecting the autonomy and decision making of the participant (Miller et al., 2012).	Research participants had freedom of choice to participate in this study. There were no incentives or punishments thereof. Participants were given an information letter which contained information about the research.
Confidentiality: the relationship of trust between the researcher and participant, that information will not be shared without permission or as stated in the initial agreement. This also includes the individuals which will have access to the information. Confidentiality focuses on trust with data/information (Miller et al., 2012).	Information obtained was shared and accessible to the researcher, supervisor of this research study and research examiners (if requested). On the first page of the online questionnaire, participants were informed that their submission of the questionnaire is their consent to participate, which includes an agreement of confidentiality and anonymity (explained below) as explained in the participation information sheet.
Carefulness, integrity and honesty: to be cautious that participants will not be harmed, nor their dignity and to be honest with participants about these aspects (Miller et al., 2012).	Participants were given an information sheet prior to participating in the research, in which there was honesty, and an explanation that there were no risks or harm by participating nor will the integrity of the participant be affected.
Beneficence: this deals with minimizing harm to participants which include physical, social and psychological harm and maximizing benefit (Resnik, 2011).	There were no risks involved by participating in this study and participants could withdraw from this study at any point if they wished to.
Social responsibility and Justice: protecting the community and their values from harm and choosing participants from groups that will benefit the research (Resnik, 2011).	Participants that directly benefit this research were selected to participate. This followed an inclusion criterion (see sampling and sample size). The community and their values were not harmed.

Ethical Principles and Guideline	The Use of the Ethical Principles and Guideline in this Study
Researcher biasness: the researcher should not influence participants to respond in a manner that is favourable to the researcher nor should the researcher analyse data in a manner that favourably suites the researcher's outcomes (Resnik, 2011).	This research had an inclusion and exclusion criteria in order to protect the researcher from biasness. Questionnaire surveys were used, which was approved by the research supervisor and the non-medical ethical committee at the University of Witwatersrand. Analysis was a structured process, which included coding, and was reviewed by the supervisor.

Note. Ethical principles and guidelines are adapted from Miller et al., (2012) and Resnik (2011).

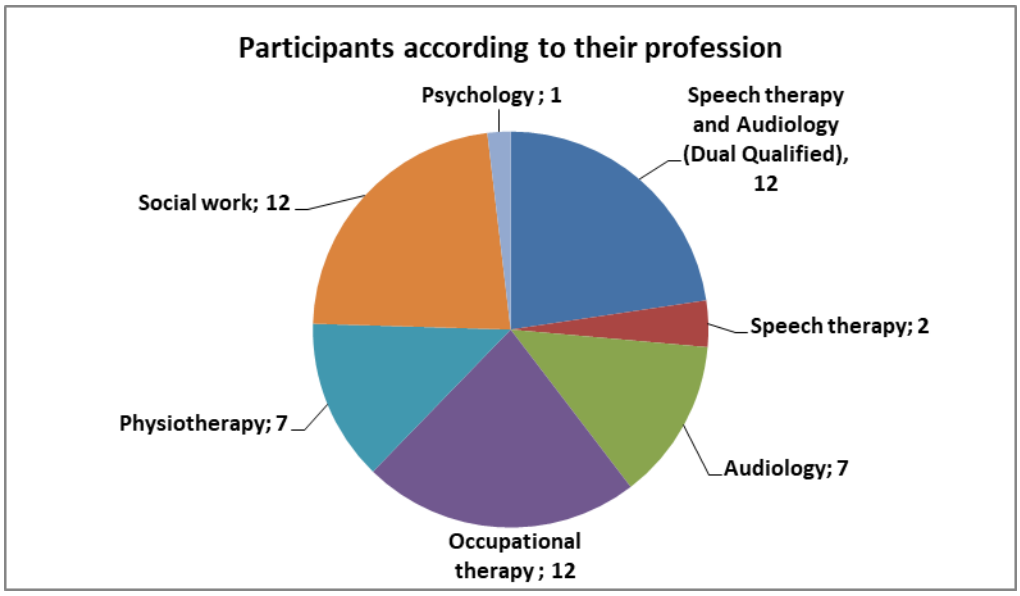
Chapter 5: Results

Chapter Outline: This chapter presents the results obtained from the questionnaire surveys. The chapter begins with an overview of biographical information and is then followed by results per objective. The data were coded according to themes that were identified. Results in this study were not generalized due to the limited number of participants.

A total number of 53 participants were included in the study. Figure 2 illustrates the distribution of the 53 participants into the respective professions.

Figure 2

Participants According to their Profession

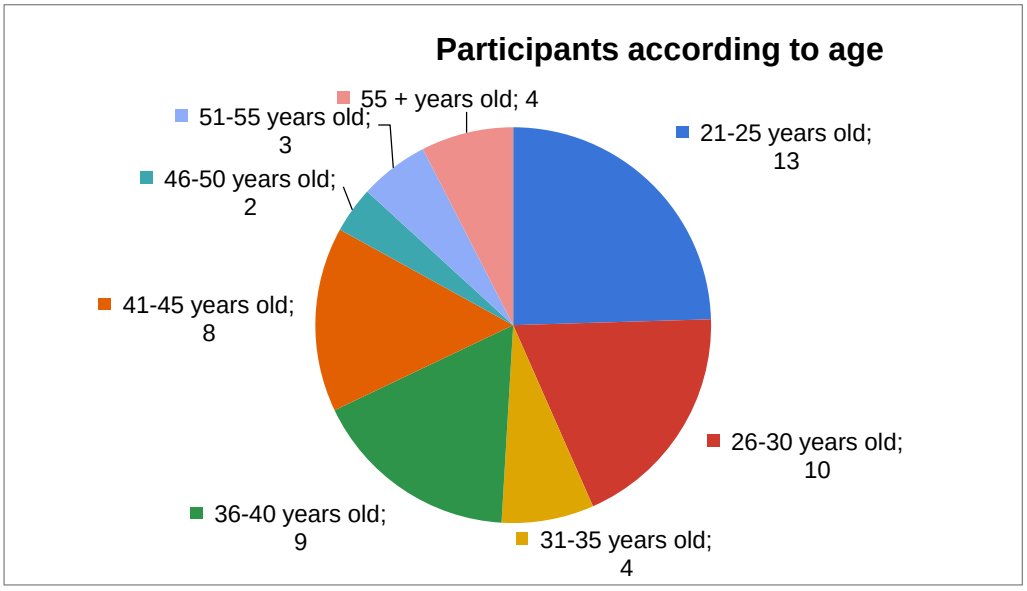


Overview of Biographical Information

There was one male and 52 female participants who completed the questionnaire survey. Figure 3 illustrates the participants' age groups.

Figure 3

Age Groups of Participants



Among the participants, 44 of them were younger than 45 years of age.

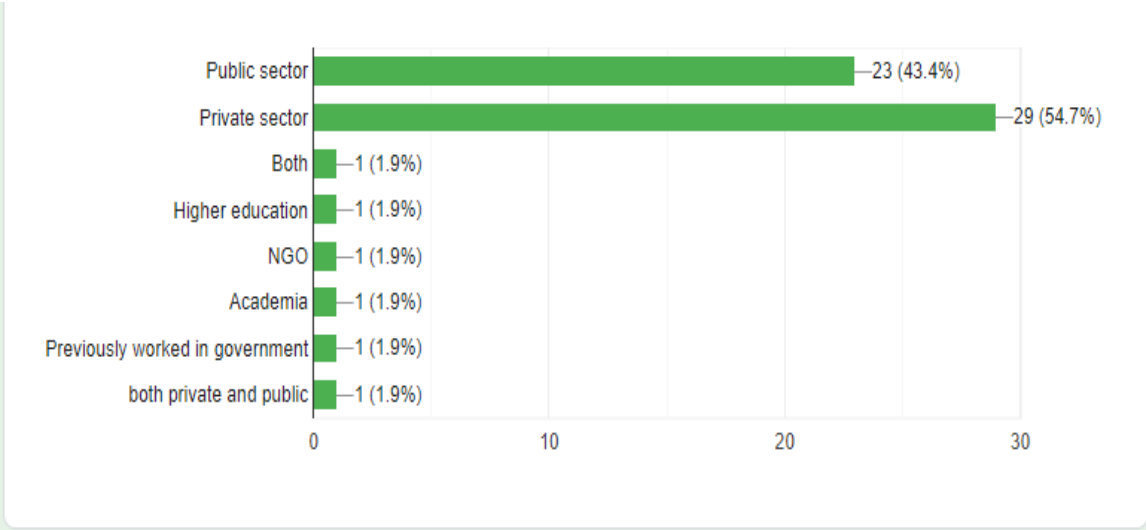
Twenty participants in this study had a working experience of 0-5 years. There were 17 participants who had a work experience of 15 years plus. The participants' work experience is divided as follows:

- 0-5 years of experience: 20 participants
- 6-10 years of experience: 10 participants
- 11-15 years of experience: 6 participants
- 15 years plus: 17 participants

Figure 4 indicates participants work fields/sector.

Figure 4

Working Fields/Sectors of the Participants

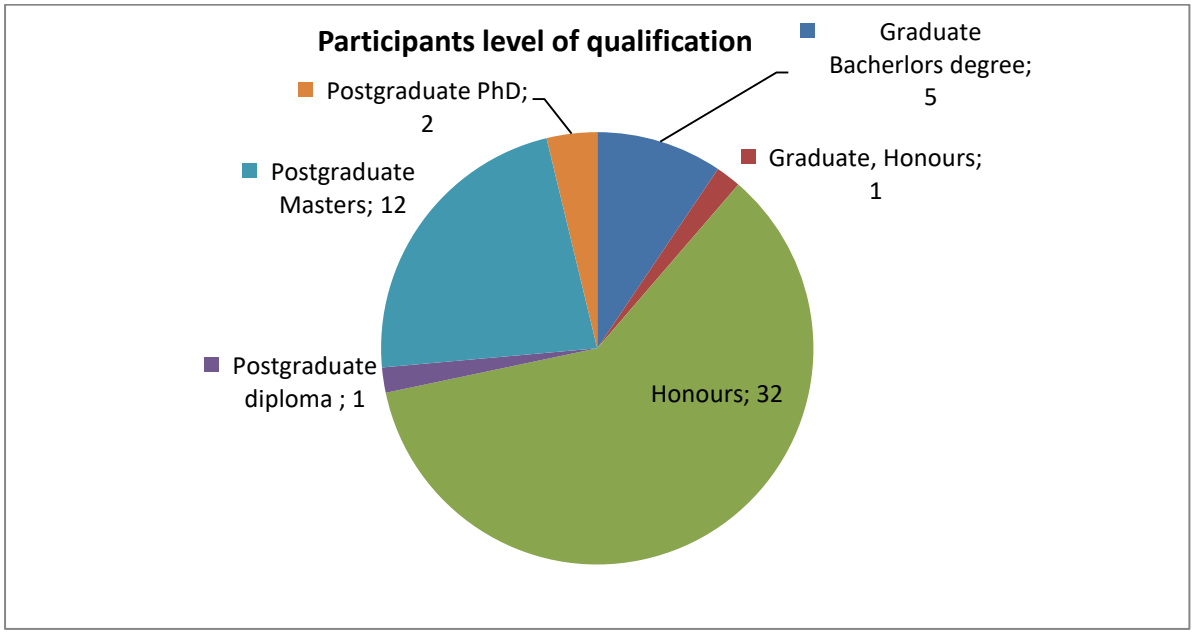


As per Figure 4, 29 participants worked in the private sector, followed by 23 participants who worked in the public sector. There were 37 participants who worked in an urban setting, 10 in a peri-urban setting and five who worked in semi-rural and rural settings. The information of the remaining one participant was not provided by the participant and therefore, not included.

Participants in this study have completed their degrees at various universities in South Africa such as the University of the Witwatersrand, University of Cape Town, University of Free State, Stellenbosch University, University of Kwa-Zulu Natal, University of Pretoria and UNISA. The information of the remaining participants was not provided by the participant and therefore, not included. Figure 5 indicates the participants' level of qualification.

Figure 5

Level of Qualification of the Participants



Results per Objective:

Figure 6 provides an overview of the themes which were explored in this study in correlation with each sub-aim which was defined.

Figure 6

Themes Found within the Study According to their Respective Objectives

Themes found in this study		
Objective One: To document how rehabilitation professionals perceive THAH practices	***Objective Two: To document the experiences and training of rehabilitation professionals in relation to THAH in South Africa***	***Objective Three: To determine if rehabilitation professionals are aware of the current South African policies that relate to THAH***
Themes 1. THAH described as a substitute to biomedicine 2. THAH is perceived negatively 3. THAH is perceived positively 4. THAH is perceived neutrally 5. THAH is perceived ambiguously A table indicating participant responses regarding types of THAH is provided under sub aim one. 6. Theme describing the perceptions of traditional healing: 6.1 Neutral perceptions regarding integration of traditional healing 6.2 Negative perceptions regarding integration of traditional healing 6.3 Positive perceptions regarding integration of traditional healing 7. Participants' perception regarding whether or not there should be integration 8. Importance of THAH according to participants	*Themes* 1. Positive experiences 2. Negative experiences 3. Ambiguous experience 4.1. Enquiring if a client uses THAH 4.2. Not enquiring if a client uses THAH 5. Referring clients to THAH practitioners 6. No referrals to THAH practitioners 7. Inadequate training at university. List describing inadequate training: 7.1 Unknown territory 7.2 The priority is western culture 7.3 The curriculum is full with other teachings 7.4 Basic training was conducted in one aspect and was not comprehensive 7.5 Just did not receive training	*Themes* 1. Awareof policies relating to THAH 2. Unaware of policies relating to THAH 3. Participants describe that policies and training regarding THAH should be implemented to make professionals aware of THAH Methods which may be used are themed are follows: 3.1 Creating awareness 3.2 Policies should be taught at universities 3.3 Training should be conducted using various platform such as HPCSA or governing bodies, online courses and CPD events 3.4. Other eg debating

Objective one: To Document How Rehabilitation Professionals Perceived Traditional Healing and Alternative Healthcare Practices

Theme 1: THAH Described as a Substitute to Biomedicine. Traditional healing was defined as a substitute to biomedicine by 24 participants with four participants indicating that there was a link to culture and/or religion. Alternative healthcare practices was defined as a substitute to biomedicine healthcare by 25 participants

Quotes from Participants: Traditional Healing is a Substitute to Biomedicine.

"Traditional healing is often referred to as using techniques other than western medicine." (P36)

"Non-western medicine practiced by traditional healers such as inyanga or sangoma in Africa, or Chinese medicine, traditional practices passed down through generations." (P13)

"Traditional is anything that is not viewed as medical model." (P5)

"Therapeutic care outside of the 'Western' model." (P8)

"That which is not western" (P20)

"Using non-western means to treat an ailment." (P26)

"Using non-western methods for dealing with ailments." (P33)

"A person who offers services aimed at addressing disease, but not only disease, in a contextually attuned and personally meaningful approach." (P27)

Quotes from Participants: Alternative Healthcare Practices is a Substitute to Biomedicine.

"Using non-medical solutions to treat medical issues, which is against the norm of the biomedical approach i.e. use of plants or herbs and other natural resources instead of manufactured medication."(P3)

"Healing using other modes besides western medicine." (P11)

"Can include any other health care which does not fall under the typical 'western' health care. Any traditional, herbal or natural healthcare." (P30)

"Not using traditional western medicine." (P41)

"Not using modern medicine." (P29)

"Can include any other health care which does not fall under the typical 'western' health care." (P30)

"Any kind of healing that doesn't include western medicine." (P31)

"Something else besides medication." (P34)

"They are not part of standard care." (P46)

"Any approach to treatment that is not considered to be the typical medical approach (as perceived by either an individual or as prescribed by medical societies)." (P49)

"The use of other healing methods outside of the medical field." (P51)

"Healthcare practices that is not the standard, conventional medical practices." (P53)

Theme 2: THAH is perceived negatively. Four participants defined THAH in a negative way. Alternative healthcare practices were defined in a negative way by six participants.

Quotes from Participants for Theme 2: Traditional Healing is seen in a negative Way.
"Medical health treatment from uneducated and unregistered people." (P19)

"Healing by herbalists who are not qualified for the position but claim the ability to do so." (P37)

"Someone providing alternative (often gruesome and medieval) treatment for conditions, be it medical, psychological or social. The treatment does not usually relate directly to the problem and is often more focused on pleasing the ancestors instead of actually providing healing." (P38)

Quotes from Participants for Theme 2: Alternative Healthcare is seen in a negative Way.
"That besides medically accredited." (P4)

"Practices that do not necessarily have a strong researched link to wellbeing. Often no formal testing on effectiveness is available." (P33)

"Health care practices which are outside what society norms." (P42)

"Treatment which has not been proven to work based on "science" but have proven to work in certain populations." (P25)

Theme 3: THAH Is perceived positively. Traditional healing was described positively by three participants and alternative healthcare was described positively by seven participants.

Quote from Participants: Traditional Healing was described positively. *"It's where African medicine are being use for curing long term illnesses" (P44)*

Quote from Participants: Alternative healthcare was described positively. *"A new formed way of treating which is proven beneficial" (P40)*

Theme 4: THAH is perceived by describing a treatment method. Traditional healing was described using a treatment method by 15 participants and alternative healthcare was described using a treatment method by 6 participants.

Quotes from Participants: Traditional Healing was described by a treatment method.
"Healing using plants and herbs." (P10)

"Use of herbal and/or spiritual methods." (P12)

"Spiritual and natural remedies for healing." (P43)

"The use of African medicines, including herbs, roots, water, oils etc." (P51)

"Treatment of illness through natural herbal remedies and spiritual beliefs." (P53)

"Health practices using plant, animal or mineral-based medicines; energetic therapies; or hands-on physical healing" (P50)

"Healing using sangomas, priests, faith healers etc." (P47)

"Using traditional medicine or herbs." (P34)

"Using natural remedies." (P28)

Quotes from Participants: Alternative Healthcare described by a treatment method.
"Practicing healthcare using medicine like herbs and other types of treatment." (P44)

"Using natural products." (P36)

"Your natural way of healing e.g., herbs but that have medical research providing the evidence." (P11)

"Use of natural foods and herbs for healing. Includes yoga, meditation etc. Including some forms of exercise, needles, massages." (P12)

"Alternative healthcare practices will use natural methods to improve the health of consumers that could include acupuncturist, reiki, naturopaths, etc."(P7)

"Ways to attain health through herbal medicine or natural medical methods." (P16)

"Using alternative healthcare like herbs, exercise etc., and not medicines." (P47)

Different Types of THAH, According to Participants. Table 7 indicates the types of traditional healing identified by participants, and indicates how many participants identified each of the specific types of traditional healing.

Table 7

Types of THAH as Identified by Participants

Types of THAH	**Type of Traditional Healing/Healers**	**Number of Participants which Identified it**
1	Sangoma's	36
2	Herbal remedies	10
3	Witch doctors	6
4	Priest/Pastor	5
5	Faith Based	5
6	iNyanga	6
7	Chinese traditional medicine	4
8	Reiki	4
9	Acupuncturist	3
10	Prayer	3
11	African traditional medicine	4
12	Umthandaz	2
13	Unani Tibb practitioners	2

Types of THAH	Type of Traditional Healing/Healers	Number of Participants which Identified it
14	Shaman	3
15	Faith based healer	2
16	Kineseologist's	2
17	Body talk	2
18	Moulana's (Islamic faith)	2
19	Indian healing faith	2
20	Boererate	2
21	Hakeems	2
23	Aafiyah healing	1
24	Medicinal healing with plants	1
25	Hot stones	1
26	Ayuvredi	1
27	Chakra cleansing	1
27	Jesus	1
29	Ixhwele	1
30	Other than western medicine	1
31	Homeopathy	24
32	Acupuncture	13
33	Chiropractitioner	14
34	Herbal practices	6
35	Aromatherapy	6

Types of THAH	Type of Traditional Healing/Healers	Number of Participants which Identified it
36	Reflexology	6
37	Traditional healing	6
38	Chinese medicine	5
39	Naturopath	5
40	Reiki	5
41	Cupping	3
42	Body talk	3
43	Biokinetics	3
43	Pressure point practitioners	2
44	Yoga	2
45	Faith based healers	2
46	Ayuvredi	2
47	Meditation	2
48	Unani tibb	2
49	Mystics like psychics	2
50	Ukuthwasa (responding to your ancestral calling)	2
51	Spiritual practices	2
52	Ceremonies	1
53	Mind, body, spirit alternatives	1
54	Organic	1
55	Massage	1

Types of THAH	Type of Traditional Healing/Healers	Number of Participants which Identified it
58	Needling	1
59	Essential oils	1
60	Folklore	1
61	Craniosacral therapy	1
62	Cannabis oil	1
64	Frequency healing	1
65	Exercise, eating healthy and follow doctors attending to health issues and don't know.	1
66	Amagqirha	1

- One participant responded with a specific mention of a white witch and one with a specific mention of an African witch doctor. The remaining four participants just stated witchdoctor

Theme 6 (according to table 6): View of Traditional Healing. There were nine participants with neutral views, 11 participants with negative views and 17 participants with positive views.

Theme 6.1: Neutral View Regarding Integration of Traditional Healing. The nine participants with neutral views indicated that there should be both mutual understanding and respect between rehabilitation professionals and traditional healers. If there is respect and understanding then integration of traditional healers and rehabilitation professionals would work well. Ten participants indicated that professionals should determine what will be best for their clients and proceed accordingly.

Quotes from Participants.

"Each person has their own speciality, as long as there is no harm done to the patient." (P47)

Theme 6.2: Negative Views Regarding Integration of Traditional Healing. The participants with negative views explained that this was due to traditional healers having given harmful treatments to clients.

Quotes from Participants.

"I personally don't believe in traditional healings." (P46)

"*I don't believe in what they (traditional healers) do." (P2)*

Theme 6.3: Positive Views Regarding Integration of Traditional Healing. The participants with positive views commented that there was beneficial treatment which can be procured from traditional healers and that there should be integration of rehabilitation professionals and traditional healing. They also stated that there should be mutual respect between all professionals and practitioners.

Quotes from Participants.

"I wholeheartedly advise clients to explore options because of my personal experiences." (P5)

"Many traditional healers can be used as an adjunct to treatment provided." (P6)

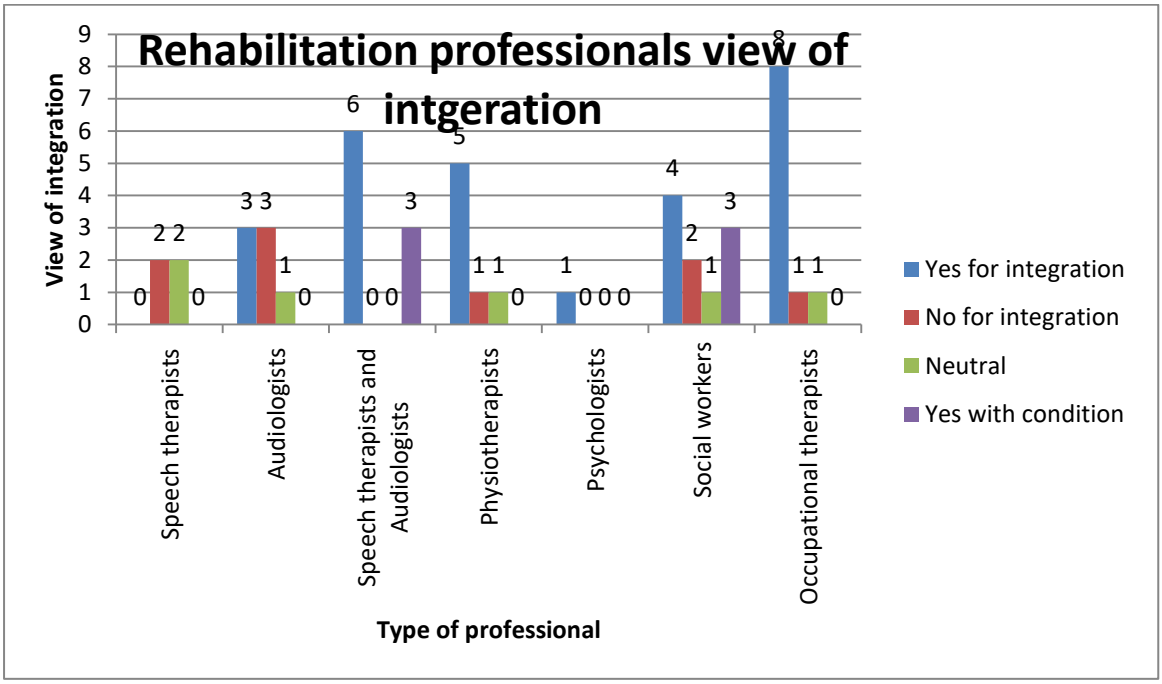
"I believe there is a place for it in conjunction with western medicine. I feel though that it is important to have healers working with the hospital who are aware of potential health risks." (P7)

Theme 7: Participants' Perception Regarding Whether or Not there should be Integration of THAH. Figure 7 illustrates the types of professional and their respective views on integration.

As illustrated in Figure 7, 27 participants described that there should be integration of THAH. Eight participants described there should not be integration and six participants were unsure/neutral regarding whether there should be integration or not. Five participants described that there should be integration but with conditions attached. The remaining participants did not respond and therefore a response was not included.

Figure 7

Types of Professionals and their Views on Integration



The possible reasons as to why participants described there should be integration, were as follows:

- To treat the client holistically (including their beliefs and other factors of holistic treatment) – 13 participants

  "To treat the patient as a whole, it's important to take into account their belief system." (P4)
- For clients to receive combination of healthcare system assessments and treatments, as clients are using other health systems which are effective. If there is integration the clients can be open about their other treatments – 8 participants

  "I do believe they should be integrated as this may make it easier for the patient to see which treatments are useful and can be of benefit. In addition, if this is openly applied they do not have to hide their beliefs." (P8)
- To benefit the client and ensure there are referrals to and from traditional and/or alternative practitioners – 6 participants

  "Alternative medicine has proven to be effective (such as in the case of homeopathy) when used in conjunction with standard medical practices. If traditional healers are aware of basic prevention practices (especially how to prevent any of the quadruple burdens of disease), it will be a useful and very helpful way to get the information across to rural communities. Also,

a firm referral process should be in place so that traditional healers know exactly when standard medical treatment is necessary and how and when and to who to refer to." (P4)

The reasons as to why participants described there should not be integration were as follows:

- No reason given – 4 participants
  "NONE!" (P21)
- There will be an overlap of boundaries and additional tension – 2 participants
  "There shouldnt be. This will cause overlapping of treatments, complication for the patients and additional tension in the health sector." (P47)
- No evidence that traditional and/or alternative healthcare practices are beneficial – 2 participants
  "There is little or no empirical evidence that these practices work and are therefore unethical." (P39)

The reasons as to why participants described they are unsure about integration were as follows:

- Limited knowledge of the practices therefore cannot make a decision – 3 participants
  "I don't know why there should or shouldn't be integration because I don't have any idea what the traditional healers do or use to heal the patient, and also if whatever they use improves the patients prognosis or worsens it." (P25)
- Integration would require change in legislation which would be difficult – 3 participants

The reasons as to why participants described there should be integration but with a condition attached were as follows:

- Condition 1: there should be integration as long as the client is not harmed – 3 participants
  "There should be integration provided that there is no obvious harm to the patient and does not interfere with standard practices. There are many instances where standard medication does not have the same healing effects. It also plays into a person's belief system which is also important for their healing" (P19)

- Condition 2: there should be integration if the client requests integration/referral
  "There should be because we have become diversified in these modern times and we owe our patients the opportunity to choose to use the means that they feel works for them." (P5)

Theme 8: Importance of THAH According to Participants. Forty six participants perceived THAH as important in South Africa. Eight participants of the 46 participants added a clause of caution.

Quotes from Participants Regarding the Importance of THAH. *"Yes. We need a more inclusive health care system. Western medicine is not wholly holistic and doesn't have solutions to all ailments." (P6)*

"Yes, many South Africans use this as part of their belief system and we therefore must consider this when treating them." (P7)

"Definitely. Many communities are still routed in their spiritual faith as well as the traditions of their homeland tribe. It is important to not disregard what is important to a patient's being. Client-centred approach to therapy is key" (P8)

"Yes, they are. Unfortunately the medical model of healthcare is unable to cater to all the healthcare demands. Often patients put a lot of faith in religion or in cultural practices, thus it can be an important part of the healing process." (P9)

"Yes. Lots of people use these practices. But it doesn't change the negative irregularities about it." (P10)

"Alternative, definitely yes. I have consulted homeopaths and their treatment works. I think traditional healers require training and monitoring, and then they will also be to provide effective treatment. Traditional healing is part of our tradition and we won't be able to take away the beliefs around it." (P11)

"Yes. However, it can be quite expensive." (P12)

"Yes, people believe in them. They are often effective." (P13)

"Yes, many people consult traditional healers." (P14)

"Due to people's belief systems, I believe they are." (P15)

"Yes, because clients are still using these healers and it could have detrimental effects. However, it could also be positive, e.g. Cannabis oil and pain." (P16)

"Yes. It is a form of healthcare and should be respected one." (P17)

"Yes, as it forms a big part of a lot of cultures in this country." (P18)

"Maybe, due to various South African cultures." (P19)

"Yes. Health seeking, health intervention adherence, and health outcomes are linked to respecting these practices." (P20)

"Yes, more of the young generation are health conscious and seeking other methods of treatment as opposed to medical model." (P21)

"As long as people believe in them, they have a place" (P22)

"I think so. If there are people who consult traditional healers it means they are as important as health care professionals." (P23)

"Used by most South Africa, so I always assume a patient might have, or will consult them. I think we have a great opportunity to further our agenda as audiologists by working with people at grass roots level, and this includes traditional healers." (P24)

"I think they have an important role to play especially within semi-rural and rural environments. Also with alternative healthcare they definitely play a vital role in aiding the patient as a whole entity, but again, it is not so specific to my field" (P25)

"Yes. I think they play a crucial role in the community and to ignore them is to ignore a cultural practice. Some people need to seek comfort in alternative treatment and some see success. To each their own." (P26)

"Yes, because people do use their services. Therapists are not trained to work with traditional or alternative healthcare providers, so we don't know what they do and we cannot refer patients to them." (P28)

"Yes it is. It makes up a big part of our cultural heritage and is not something that can or should be ignored. It is often still utilised in rural communities." (P29)

"It's difficult to say whether they are important. Important to whom – other professionals or clients? I do however believe that traditional practices are important to most people." (P30)

"Yes, it is important to have alternatives to healthcare in all countries." (P31)

Sub-Aim Two: To Document the Experiences and Training of Rehabilitation Professionals In Relation To THAH in South Africa

Responses from participants were described as follows according to themes hereunder.

Theme 1: Positive Experiences. Eleven participants had positive experiences relating to THAH. Eight out of 11 participants use THAH themselves and have found it beneficial. Two out of the 11 participants are trained in alternative healthcare whilst also having biomedical degrees.

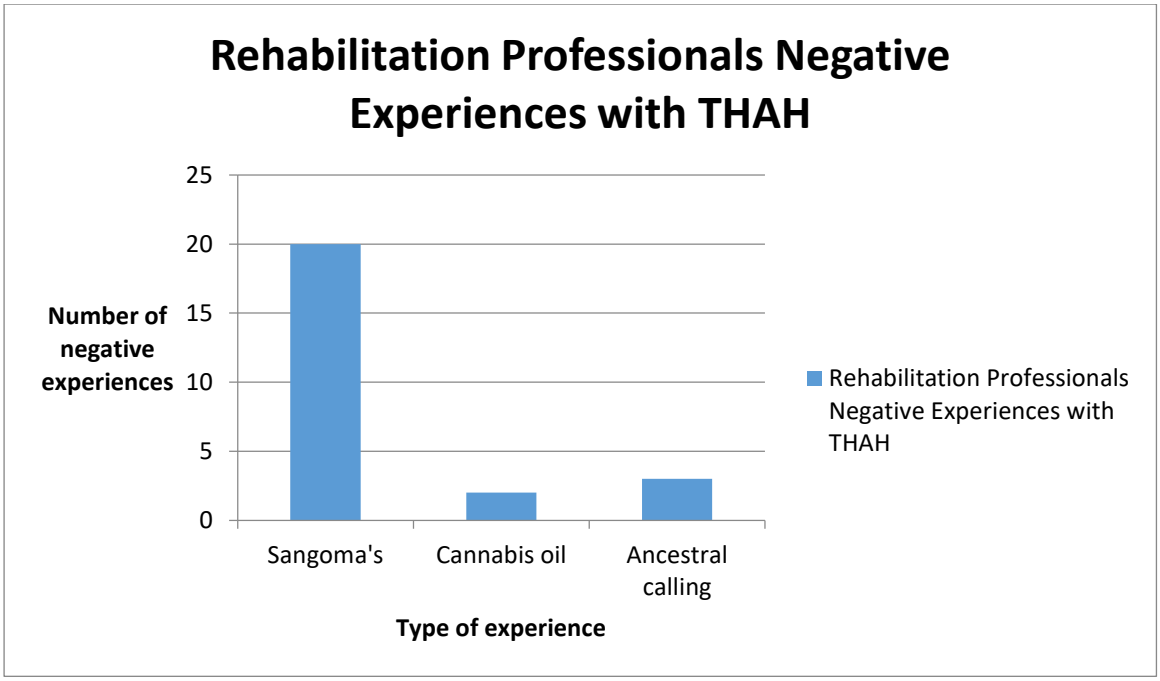
Quotes from Participants: Rehabilitation Professionals Had Positive Experiences Relating to THAH. *"I haven't had much experience with it, however in the few experiences it always seemed to be an additional means of benefit for the patient." (P17)*

"Religious healer performed a method called cupping where she made small incisions on my back and placed small suction cups to extract blood to relieve pain on muscles." (P14)

"I have had clients who have had previous treatments as elaborated and many have had positive results." (P6)

"Cannabis oil has been proven to work on my cancer, stroke and pain patients." (P52)

Theme 2: Negative Experiences. Twenty five participants had negative experiences relating to THAH. Figure 8 below explains rehabilitation professionals negative experiences with THAH



Twenty participants reported that their negative experience were due to client's interaction and treatment from traditional healing or specifically *sangoma's*. Three participants described that the negative experiences were due to ancestral callings and two participants reported negative experiences due to cannabis oil. As such, twenty of the participants' negative experiences describe that *sangoma's* had prescribed treatment which impacted their clients severely. These impacts included brain damage, perforated eardrum, miscarriage, rejection of down syndrome, false hope of treating stroke, seizures, hypoxic brain injury, poisonous substances which causes spasms and disability, refusal of treatment until meeting with the *sangoma*, hospitalization due to traditional healing "*muti*" or herbs, and parents believing it was their fault the child had a disability.

Quotes from Participants: Rehabilitation Professionals Had Negative Experiences Relating to THAH. *"Some of my patients who visited a traditional healer and that received "muti" were admitted for seizures and hypoxic brain injuries." (P11)*

"Seen multiple cases of normal paediatric patients consulting with "traditional healers" who gave them poisonous substances as treatment that left them spastic and disabled afterwards." (P19)

"Many patients chose to consult with traditional healers aligned to their culture. Sometimes this worked against the western medicine we were trying to treat them with. Some patients even sustained long term and irreversible damage from taking herbs etc., given to them by their traditional healers. This was very frustrating for me however I did not interfere in their decision to go this route." (P39)

"No specific formal type of knowledge. In our rural work we briefly touched on the stigma of disable persons in rural communities and how traditional healers aren't always able to offer the right medical/therapy treatment that these patients may require." (P32)

"Poor experiences. Often people's conditions worsened by taking traditional remedies or people stopped attending therapy to rather pursue traditional healing. Many parents worried it was their fault for children's disabilities or ailments." (P33)

"Unfortunately my experience with traditional healthcare (specifically referring to sangoma) has not been positive. I have seen many patients injured through the advice they received from the sangoma." (P36)

"Patients who try to induce labour with herbs from witchdoctor ending up bleeding to death and losing their babies. Also serious drug interaction between traditional medicines and western medication. Many cancer patients swear by cannabis." (P37)

"I often see children cut on their chests to treat epilepsy, or adults burnt on their feet to treat swelling." (P38)

Theme 3: Ambiguous Experiences. Five participants had an unclear experience or no experience at all with THAH and seven participants' experiences described that clients use THAH combined with biomedicine. Three of the five participants work in the private sector in an urban area, specifically within education. Three participants have less than five years of experience and two participants work in peri-urban areas in the public sector with less than five years of experience.

"Homeopathic and natural remedies for concentration" (P43)

"Aromatherapy" (P41)

Theme 4: Enquiring if a Client Uses THAH

Sub Theme 4.1. Twenty nine participants enquired whether a client makes use of THAH practices during the consultation, assessment and treatment process

Themes why rehabilitation professionals enquire about THAH were listed as follows:

4.1.1 Nine participants enquire if a client uses traditional and/or alternative healthcare practices to determine if there will be a clash in the treatment process

4.1.2 Seventeen participants enquire if the client uses traditional and/or alternative healthcare practices to ensure that as professionals they are providing holistic healthcare

The participants described that when the need arose, they would refer their clients to THAH practitioners. The referral process was described as consisting of telephonic communication, referral letters and supplying clients with contact information for THAH practitioners which the participants were familiar with. The participants explained to the clients that they had previously encountered other clients which displayed similar conditions and had experienced successful intervention from THAH practitioners. The participants would begin the referral process upon noting that biomedical treatments have not been successful for a particular client, whereupon trusted THAH practitioners from within their communities could be sought for alternative treatment.

Theme 4.1.1.: Quotes from Participants: Rehabilitation Professionals Enquire if a Client uses THAH to Determine if there will be a Clash in the Treatment Process. *"It is very significant and can sometimes clash with your treatment or supplement it. Certain herbal medicines interact with modern medicine, and we need to warn clients about this." (P13)*

"To determine the level of compliance, to determine common ground and clashes in these practices." (P35)

"To understand all that the client is doing as well as to see if it will directly affect the services that I am providing." (P36)

"If I see signs of traditional/alternative healthcare, I enquire about it so that I can make sure we are on the same page. For example, to what extent are they going to follow my advice; there is no point in providing certain treatment if it is against the patient's cultural beliefs." (P38)

Theme 4.1.2.: Quotes from Participants: Rehabilitation Professionals Enquire if the Client Uses THAH to Ensure That as Professionals They are Providing Holistic Healthcare. *"To gain insight into the perception of holistic healthcare and whether some of my treatment will enhance a positive outcome." (P6)*

"To ensure that the patient is treated holistically, and that their beliefs and culture are taken into account." (P20)

"Holistic assessment." (P29)

"It influences the therapy as a whole; it helps me understand more what my client believes in." (P52)

"In order to better understand the patient's viewpoints regarding healthcare, for maximum and effective service delivery." (P53)

There are many reasons why rehabilitation professionals do not enquire about THAH, and six participants attribute it to THAH being regarded as a private and sensitive matter. 16 participants do not enquire about THAH because they do not consider it their own responsibility to enquire as they believe it will neither affect treatment given to the client nor is it part of the assessment process. These participants feel that it is rather the responsibility of the client to inform the rehabilitation professional about any THAH in which they are engaged. Two participants noted that they ask about THAH in an indirect manner.

Theme 4.2. Participants do not enquire about THAH: 24 participants did not enquire if a client made use of THAH during the consultation, assessment and treatment process.

Quotes from Participants: Participants do not Enquire about THAH as They Believe it is a Personal Matter.

"Because they might feel uncomfortable." (P42)

"I feel that some of the things that the patients decide to do are more personal." (P23)

"Traditional healers are usually faith-based and I do not want to suggest something people might not be comfortable with." (P14)

Quotes from Participants: sub theme. Participants do not Enquire about THAH as They Either did not Consider Asking About it, Believe it is the Clients Responsibility to Inform Them or Believe it is not Part of the Assessment Process and does not Affect Their Treatment. *"I have never thought to ask." (P18)*

"It is not part of the assessment process." (P10)

"If they think it is relevant they will tell me." (P39)

"Because that doesn't affect my intervention with the client. Only if the client reveals such information will I probe." (P34)

Participants ask indirectly about traditional and/or alternative healthcare*:* Two participants indicate that they do not enquire directly if the client uses THAH. However, they enquire if the client uses any other medicines or is being treated by anyone else.

Theme 5: Referring Clients to THAH Practitioners. Nineteen participants referred to THAH practitioners. The participants described that they make use of chiropractors, homeopathic treatment, cannabis oil-trained practitioners, aroma therapists and alternative healthcare practitioners. From the eight participants who described the type of THAH practitioner they refer to, seven described that they refer to alternative healthcare practitioners and one described referring to a *sangoma* for mental health illnesses. Two participants described that they do not refer to traditional healers and prefer referring their clients to alternative healthcare practitioners.

Quotes from Participants that Refer Clients to THAH Practitioners. *"We work as a team if and when need be." (P1)*

"I am of the view that each client needs to be evaluated individually. I have a network of alternative and traditional referrals according to my assessment, ranging from Rukea, pressure point, etc." (P5)

"I make suggestions to the client and they may forego or follow up on that." (P6)

"Phone calls and referral letters." (P12)

"If I think a problem is psychological I often refer to a sangoma for assistance by just telling the client to see one. I often recommend aromatherapy oils to my clients. It's more of a straightforward advice to go, rather than a referral." (P13)

"I advise clients to seek out people with good references from people in their community since they may have more trust in people with whom they are familiar." (P27)

"In all referrals, the client gets a letter & they travel themselves to another professional to make the appointment." (P34)

"I have a list of contacts for alternative care but not traditional. I give details to a client to contact the practitioner themselves. I will then do a follow up." (P46)

"Recommend three names and the patient makes the ultimate decision." (P48)

"I have referred clients for homeopathic treatment. Many parents refuse the use of conventional medication for the treatment of attention disorders and then prefer a more natural approach as homeopathy." (P49)

Theme 6: No Referrals to THAH Practitioners. Thirty participants did not refer to THAH practitioners because they did not believe in THAH and it was against their views. 12 participants

indicated that they do not refer clients because it was not part of their work settings protocol and neither was it part of their scope or practice. The participants described that they cannot refer clients due to their limited knowledge about THAH. Four participants described that they do not refer clients because they were unsure about the effectiveness and ethical regulations relating to practices of THAH.

***Quotes from Participants that do not Refer Clients to THAH Practitioners*.**

"I do not have any connections with alternative health care practitioners or know of the referral route to alternative health care providers. The hospital hasn't even introduced the system of referring patients to traditional healers." (P23)

"I don't refer. I'm not sure that their treatment is effective and ethical." (P10)

"I do not have a referral process to traditional or alternative healers as this was never part of organizational processes in the places that I worked. In addition in my private work, and from university, traditional and alternative healthcare providers were never part of the multi-disciplinary teams with which we worked. The walls between allopathic, traditional and alternative healthcare providers are too high and there is not enough avenues and opportunities to work together. Also the stigma between the three areas affect referrals and the smooth comfortable interactions." (P32)

"I do not refer. I feel that is not what I am here for. I should stick to my scope and educate patients based on that. If a patient chooses to seek traditional help or alternative health care then that's up to them." (P51)

"No referral process as it is not part of the hospitals protocol. Referrals are only made within and to other hospitals, which do not include alternative healthcare practitioners." (P53)

Theme 7: Inadequate Training at University. Forty six participants reported that they did not have adequate training at university regarding THAH. Seven participants described that they received adequate training at university.

Upon further elaboration about the adequate THAH training at universities, four of the seven participants were able to respond accordingly. Their responses were as follows; one participant described visiting a traditional healer during the community block wherein they interacted with the healer, and two participants stated that they completed courses on THAH, which they regarded as beneficial. One participant commented that the University of the Witwatersrand is forward-thinking and allowed for discussions about opinions and experiences with THAH.

Table 8 displays the reasons why four participants described they had received adequate training on THAH at university level.

List of reasons for not receiving adequate training were described as follows:

- Unknown territory – 4 participants
- The priority is western culture – 4 participants
- The curriculum is full with other teachings – 8 participants
- Basic training was conducted in one aspect and was not comprehensive – 7 participants
- Just did not receive training – 15 participants
- Other – 2 participants

Table 6

Reasons for Participants' Receiving Adequate Training on THAH

Participants Profession	University of Qualification	Level of Qualification	Possible Reason for Adequate Training
Social worker	University of Pretoria	Master's degree	Participant is qualified with a master's degree in social work and reported she had a course on traditional and alternative healthcare
Social worker	University of Cape Town	Master's degree	Participant is qualified with a master's degree in social work and reported she had a course on traditional and alternative healthcare
Speech therapist and audiologist	University of KwaZulu Natal	Bachelor's degree	Participants had a clinical visit as part of community block
Speech therapist and audiologist	University of the Witwatersrand	Bachelor's degree	Participants reports Wits is forward thinking and had discussions about traditional and alternative healthcare

Sub themes

7.1.: Quotes from Participants: Unknown Territory. *"*

Perhaps it was still unknown territory." (P4)

"It was not introduced adequately in our society at the time." (P12)

7.2.: Quotes from Participants: The Priority is Western Culture.

"It's not a profession widely recognized as credible in western culture." (P38)

"Most of the theory is western not afro-centric" (P42)

7.3.: Quotes from Participants: The Curriculum is Full with Other Teachings.

"The teaching curriculum is packed with formal specific career driven content." (P7)

"There were other important aspects in the modules." (P11)

"Because this was not given enough time or space in the curriculum. Referrals were not included in the curriculum and we didn't spend time looking at the alternative practices." (P32)

7.4.: Quotes from Participants: Basic Training was Conducted in One Aspect and was not Comprehensive.

"I have not received training on alternative health care but rather just traditional." (P16)

"We were taken on a field trip to see a traditional healer but not much was discussed in terms of it specifically relating to our field." (P25)

"We did not cover all the available alternatives which are available during the degree. We touched on elements of alternative medicine/traditional healers but a more in depth study would have provided us with the necessary knowledge to appropriately support parents/clients." (P49)

7.5.: Quotes from Participants: Participants Mention they did not Receive Training. *"We had no such training." (P48)*

"It was not taught at all." (P50)

"I don't really remember anything about this." (P51)

"We were never taught about traditional/alternative healing." (P19)

Other Responses Under sub theme 7. Two participants reported they were unsure as to why they did not receive training.

Participants' descriptions regarding how the universities could adequately train professionals about THAH were listed as follows:

- Add in practical exposure (e.g. site visits) – 7 participants
- Include THAH into the curriculum (e.g. lectures) – 37 participants
- Create awareness of THAH – 2 participants

Sub-Aim Three: To determine if Rehabilitation Professionals are Aware and Knowledgeable of the Current South African Policies that Relate to THAH

Theme 1: Awareness of Policies Relating to THAH. Four participants were aware of the policies. The four participants which responded "yes" to being aware of the policies, were asked which policies they are aware off.

The participants were aware of the following policies:

- Policies on indigenous knowledge
- Policies on registration and regulation of traditional healers
- Traditional health practitioners act 2007, however the participant mentioned that policies are changing and there have been newly proposed regulations since 2007 (Tugendhaft, 2010).

The two other participants described that they belong to alternative healthcare governing bodies and one of these participants described that medical aids pay for traditional healers.

The participants were asked how they became knowledgeable of these policies. They describe becoming knowledgeable using the following methods:

- Reading
- Looking up the policies as part of work
- Through different organizations
- Professional communications, news, congresses

One participant responded they are unsure how they became aware of the policies.

Theme 2: Unaware of Policies Relating to THAH. Forty nine participants were not aware of the policies relating to THAH.

Theme 3: Policies and Training Regarding THAH Should be Implemented. Rehabilitation professionals' description regarding how policies could be taught to all professionals was described as follows:

3.1 Creating awareness – 2 participants
3.2 At universities – 19 participants
3.3 Training should be conducted using various platform such as HPCSA or governing bodies, online courses and Continuous Professional Development (hereafter referred to as CPD) events – 23 participants
3.4 Other – 2 participants

Sub themes:

3.1.: Creating Awareness. Two participants responded that policies could be taught to professionals by creating awareness. The participants did not indicate how awareness should be created.

3.2.: Policies Should be Taught at University. 19 participants described that policies should be thought at university by including it in the curriculum. Participants described that the first step to policies being taught should be at a tertiary education level.

3.3.: Training Should be Conducted Using Various Platform Such as: HPCSA or Governing Bodies, Online Courses and CPD Events. 23 participants described training should be conducted using HPCSA, governing bodies, online courses and CPD events.

3.4.: Other. Two participant's responses did not fall under the above mentioned themes and are as follows: *"Because it provides a framework in which to work while recognising the scope of practice while recognising the difference between incorporated, integrated, and cooperative practice."*

"Professionals should engage in debates so that they are aware for the sake of their clients."

The above data is summarised in Table 8, which indicates the type of training which could be used to make professionals aware of policies and the number of participants which suggested the type of training

Table 9

Training Suggestions by Participants

Type of Training	Number of Participants
HPCSA/Governing bodies	5
Courses (including online)	5
CPD events	13

In summary, participants have varying perceptions and views regarding THAH. They describe THAH as a substitute to biomedicine, and perceive THAH as either positive, negative or provided ambiguous meaning. The participants perceive THAH as a matter of importance in South Africa however, they vary in weather or not there should be integration of THAH in relation to their scope of practice. Similarly, the participants have positive or negative experiences and therefore, either refer clients to THAH or do not refer clients thereof. The participants enquire from clients regarding their use of THAH however they have varying reasons for enquiring. The participant's believe that they did not receive adequate training at university relating to THAH and thus they are unaware of the policies relating to THAH. The participants provided several ways to educate professionals in future.

Chapter 6: Discussion

Chapter Outline: This chapter provides a discussion regarding the findings obtained from the participant responses.

This study correlated with other global studies in which questionnaire surveys were more likely to be completed by females than by males. Angus et al. (2003) suggested that this was due to the male-to-female ratios across the globe. In South Africa, the gender ratio indicated that the population was comprised of roughly 51% more women than men (Breier & Wildschut, 2008) however conventionally, men dominated the health systems as there have always been more male healthcare professionals than females. However, Breier and Wildschut (2008) noted that that post 2000 in South Africa, there have been more female enrolments and qualifications within health professions when compared to males. Furthermore, between 2002-2018 there were more female registered occupational therapists than males in South Africa (Ned, Tiwari , & Buchanan, 2020). The ages of the participants in this study also correlated with a study conducted by Saleh and Bista (2017), wherein it was noted that younger people were more likely to participate in online surveys as they accessed the internet more regularly and were more proactive on social media. This was observed within this study as 13 participants were of the 21-25 years age group.

The participants of this study have work experience from 1-15 years upwards. This varying of the years of working experience allowed for a range of participants to present their diverse views and opinions. This is enhanced by the participants belonging to both private and public work sectors, which allowed more wholesome information about the participants across South Africa. Furthermore, the participants were graduates from multiple universities in South Africa, so the information obtained regarding THAH was diverse.

The definition of a particular concept forms a critical role in the understanding of that concept (Roelen et al., 2009) and rehabilitation professionals' definition of THAH impacted their understanding of it. The impact of having different definitions impacted on the extent to which the policy is carried out, and also affected the processors of identification and the use of the concept (Laderchi et al., 2003). The participants had multiple definitions for traditional healing and this impacted on their ability to implement policies and to integrate THAH. Without having had a foundation and basis of a definition, the processes which followed through were imbalanced and uncertain (Roelen et al., 2009).

By having varying and unclear definitions regarding a particular concept there is leeway for harmful interpretation, as has been witnessed in Peru. In Peru, due to varying definitions of poverty, almost half the population was described as living in poverty. However, this was due to monetary poverty and not capability poverty, which impacted on classifying the population as poor (Laderchi et al., 2003). In order for rehabilitation professionals in South Africa to understand what traditional healing is, a definition is required and rehabilitation professionals need to be aware of this definition as well as other aspects which surround traditional healing – such as the types of traditional healing (Laderchi et al., 2003). A formal document describing traditional healing, the types of traditional healing and policies related thereof, specifically for a South African context, in relation to rehabilitation professionals is required in order for rehabilitation professionals to have an enhanced understanding of traditional healing. There is a need for the development of such a document in the South African context.

Traditional healing, as described under the terminology in this study, is indigenous to South Africa yet rehabilitation professionals described traditional healing as an alternate to biomedicine. A substitute to biomedicine was described as alternative healthcare practices, based on the terminology of this study, in a South African context. The foundation of a definition was unclear by participants. The responses indicated that participants defined traditional healing by describing it as an alternative to promote health and treat illnesses by excluding the medical model. This further indicated that there was a distinction between the medical model and traditional healing according to the participants.

The distinction between traditional healing and the medical model provided information that participants were aware of the difference between the approaches, as traditional healing does not form part of the medical model (Ernst, 2000). The distinction between traditional healing and the biomedical model indicated that rehabilitation professionals understood that there were different approaches to health and treatment thereof. By defining traditional healing as non-western as an alternate to the medical model, rehabilitation professionals described what traditional healing is not, rather than what it is. Rehabilitation professionals understood that traditional healing does not form part of the medical model which indicated that there may not be integration of traditional healing into the biomedical health system. Negative connotations of THAH as an extended definition that define a term based on what it is not showed a clear distinction between two terms (Badiou, 2012). Therefore, rehabilitation professionals in South Africa provided a distinction between traditional healing and western medical model based on their definition, however there was uncertainty.

The participants were unclear regarding culture and religion, and their link to THAH. Furthermore, the participants' described traditional healers by including the types of traditional healing that exist. The manner in which information is shared paints a picture of its value (Driscoll, 2000). Information which has been passed down through generations is of importance to that community. Furthermore, the knowledge that rehabilitation professionals share, and the extent of that knowledge is indicative of the value that the concept has to them. While only four rehabilitation professionals link traditional healing to culture, it was important to determine if rehabilitation professionals understood the value of culture to the South African population. Traditional healing, according to the definition in this study is indigenous to a country based on the culture of that country. There was diversity amongst participants based on a definition, which indicated the need for greater awareness and defining of traditional healing in a South African context.

Participants also defined traditional healing by using examples. By describing a term through the use of examples is considered informal, according to Driscoll (2000). Traditional healing was described as healing using cultural methods, herbal methods, ancestral ways or spiritual beliefs. Traditional healing was associated with the use of certain products such as herbal products, natural remedies and plant roots. Therefore, traditional healing was seen as healing and treatment, however, the type and manner of treatment, background of traditional healing and distinction between spiritual/religion and culture, remained unclear. Subsequently, a comprehensive document outlining each of these aspects is required as well as awareness thereof. A comprehensively outlined document, for professionals to make reference to, may provide information regarding what traditional healing is, in order to avoid negative connotations. Should documents of such nature be in existence, more awareness should be created in order for rehabilitation professionals to access and read.

There was evidence that traditional healing may be viewed in a negative way, based on participant responses. A dislike towards a type of healing, from one's own perspective would impact the way information was received and given (Driscoll, 2000). A response which is considered insignificant or unnecessary has underlying components which need to be addressed (Garner, 2014). Perceptions develop from childhood and continue developing as humans interact and make connections with the world. Therefore, each response received was significant as it was from a subconscious part of the mind. The subconscious mind creates perceptions and those perceptions impact on daily life and the manner in which we perceive other concepts (Garner, 2014). A professional's perspective impacts upon the manner in which assessment and intervention is carried out (Graham et al., 2005). Therefore, Mann et al. (2009) have suggested that it is crucial for

professionals for self-reflection occurs in order to provide clients with the best treatment thereof. The best treatment for each client is a holistic treatment approach (Cohen & Koenig, 2003).

The South African Department of Health has taken steps towards the official recognition and institutionalizing of traditional healing (Health, 2016). These steps included establishing an interim traditional healers council of South Africa, to allow and control the registration, training and practices of traditional healers, and to serve and protect the individuals who make use of traditional healing. The council will ensure the following; identification of qualified practitioners, registration and accreditation of the different categories of traditional healers, regulation of the practice of the different categories of traditional healing, develop framework for the practice of traditional healing, develop a code of conduct and ethics for traditional healers and facilitate interaction between conventional health practitioners and traditional healers (for patient referral, clinical management, etc.). The council has to ensure safety, efficacy and quality of services provided by traditional healers through the enforcement of the Code of Ethics and conduct in relation to their work, their patients, their colleagues and to the public among other provisions (Health, 2016).

Therefore, the South African Department of Health has begun the process to officialise and regulate traditional healing. Rehabilitation professionals require in-depth knowledge regarding the current policies and regulations relating to traditional healing in order to be aware that not all traditional healers are unofficial, and that regulations are being placed on traditional healers. The description of traditional healers as unregistered alluded to the biasness and superiority that rehabilitation professionals display towards THAH practitioners. Medical professionals in North America (Redvers & Blondin, 2020), Zanzibar (Solera-Deuchar et al., 2020) and South Africa (Bereda, 2002) were researched to be prejudiced towards THAH. The medical professionals from all three studies indicated their superiority as being medical professionals which used evidence-based practices in order to treat patients. This type of superiority and biasness from professionals needs to be addressed by medical health professionals' councils and governments as this attitude towards THAH impacts clients and the treatment they receive (Bereda, 2002). A personal biasness compared to a professional biasness indicates a lack of professionalism and hampers the client's recovery (Bereda, 2002). Therefore, such biasness should be discarded from medical professionals as THAH practitioners serve to treat and benefit the client using different approaches than the medical professionals. Whilst the approaches used to treat clients by THAH practitioners are different from medical professionals, the differences do not indicate an incorrect practice or a degrading approach (Redvers & Blondin, 2020). Furthermore, the participants described traditional healing as unscientific treatment. This further alluded to the superiority shown by participants and indicated the negative

perception which was displayed towards traditional healing despite regulation of treatments occurring in South Africa.

There was a lack of clarity amongst rehabilitation professionals as to what THAH is. Participants in this study are presented as being unsure of the difference between traditional healing and alternative healthcare, and this further suggested an inadequacy in the definitions of both terms according to the participants. Professionals such as medical doctors, nurses and public health workers described that there is uncertainty regarding THAH, and since their knowledge was limited, they requested more information about alternative healthcare practices (Sewitch et al., 2008). This may be a trend amongst professionals due to limited training and discussion about THAH throughout their years of studies and professional work experience. Due to the ambiguity surrounding THAH, there was a lack of understanding with regards to background information of THAH, benefits, harms, and other relevant information (Roelen et al., 2009).

Participants defined alternative healthcare as non-medical/western healthcare. This definition is similar to the definition of traditional healing in which participants described traditional healing as an alternative to western medicine. Traditional healing and alternative healthcare were aimed to be investigated separately but the results overlapped. The participants did not give a definition of what alternative healthcare was but rather what it was not. This further indicated that the participants provided similar definitions for both traditional healing and alternative healthcare. THAH have distinct definitions as described in the terminology of this study, yet rehabilitation professionals are unclear about these definitions and the distinction thereof.

Participants further described that the definition of alternative healthcare was the same as that of traditional healing. This gave basis to the derivatives and points made above which described the limited knowledge of rehabilitation professionals regarding THAH and the consequences thereof. Uncertainty may also have resulted in negative perceptions. Other participants described alternative healthcare in a negative way. Alternative healthcare was described as unaccredited, unregistered practices, and was also described as practitioners and practices with insufficient knowledge and evidence. These responses were similar to the definition of traditional healing in which traditional healing was seen in a negative manner as being comprised of uneducated and unregistered healers. In South Africa, alternative healthcare practitioners have to be part of a governing body which regulates treatment (AHPCSA, 2018), as discussed previously. Therefore, practices are, in fact, governed.

Participants further indicated that alternative healthcare was a natural and/or holistic system of healthcare. Alternative healthcare is a broad term used to define a range of practices

which serve to enhance wellbeing, prevent disease and treat illnesses (AHPCSA, 2018). Alternative healthcare is described as a holistic form of intervention as it focuses on the individual's physical, emotional, mental, and spiritual wellbeing (AHPCSA, 2018). By accounting for every aspect of an individual and providing intervention thereafter, the intervention is more successful (AHPCSA, 2018). As described in the bio-psychosocial-spiritual model, rehabilitation professionals should treat clients holistically by taking into account the clients physical, psychological, social and spiritual factors (Dogar, 2017). While biomedicine is still trying to incorporate the bio-psychosocial-spiritual model into practice, alternative healthcare is already providing holistic intervention (Collinge, 2009). Therefore, a connected health system would allow all professionals and practitioners to benefit from each other as both health systems are striving to provide holistic intervention (Collinge, 2009).

However, biomedicine focuses on medication while alternative healthcare focuses on natural healing and the use of natural medicine (Collinge, 2009). The natural remedies are derived from plants and minerals, and undergo minimal processes and changes (Cohen, 1996). Biomedicine and pharmaceutical medication includes large amounts of processes and processing of the natural substances (Csoka & Szyf , 2009). While both biomedicine and alternative healthcare may have side effects, the adverse effects from pharmaceuticals, the cost of biomedicine and decreased holistic care has been leaving clients unsatisfied with biomedicine and searching for alternative healthcare instead (Maizes et al., 2009). In America, over the past decade, clients have been complaining about biomedicine and searching for cost-effective, accessible, holistic care with reduced side effects (Maizes et al., 2009). This search by clients has contributed to the increasingly high usage of alternative healthcare in America and several other countries.

The participants were confused when listing the types of THAH practices. The participants listed traditional healing practices under alternative healthcare and vice cersa. The duplicated responses given by participants alluded to the fact that they were unsure about the types of practices. This indicated their limited knowledge and ability to make a distinction between traditional healing and alternative healthcare. Through increased awareness and knowledge of both aspects, the perceptions of the participants may be impacted. Clients in Saudi Arabia requested that the government integrate alternative healthcare practices into the biomedical health system (Alzahrani et al., 2016). The clients described that they make use of both alternative healthcare practices and biomedicine, and would prefer if there is integrative treatment. The clients requested accessible treatment for alternative healthcare with biomedicine. The clients believed that alternative healthcare was beneficial and formed part of their culture. The professionals in Saudi Arabia were concerned and less favourable of integration due to regulatory and ethical queries from the treatment of alternative healthcare practitioners (Alzahrani et al., 2016). Therefore, it is possible

that each country has professionals which are in favour of integration and those which are not. Most professionals' concerns are regulatory, effectiveness and ethical treatment. However, in the South African context, the Department of Health are in favour of integration with regulation, which requires professionals to become adaptive. The dually qualified speech therapists and audiologists indicated more willingness for integration when compared to single qualified speech therapists or audiologists. This indicated that there was more flexibility and greater client concern from the dually qualified therapists. However, there was no credible research reported on this and it would be an area for further research to occur.

The Type of Professional and Their View of Integration

Under theme 1 of sub-aim two in this study, the participants described that there should be integration of THAH within their scope of profession. This correlated with the culture and belief system of the population in this country and the Department of Health policies for integration. In Europe, there are centres of health wherein alternative healthcare practices and biomedicine are integrated (Rossi et al., 2015). These centres are described as effective, extremely useful and continually growing centres by Rossi et al (2015). The governments in Europe are identifying more centres for the integration of alternative healthcare practices and biomedicine, specifically with regard to oncology. The health centres are used by clients with great satisfaction in terms of treatment, and professionals in the field are required to share their knowledge and evidence-based practices in order to continue with integrative centres throughout Europe (Rossi et al., 2015). Therefore, with rehabilitation professionals agreeing for integration, the Department of Health calling on for integration and having governing bodies and regulations for THAH, there should be integrative rehabilitation health centres in South Africa too.

The experiences described provided insight that the clients either use THAH first, last or simultaneously. The participants explained their previous experiences by using examples describing that clients used THAH and biomedicine at some point in the client's treatment plan. The experiences were neither described as positive or negative experiences but merely a description of past experiences. The information provided by participants provided insight into the lives of clients, who used both THAH and biomedicine, and signified that clients were aware of their cultural practices as well as of biomedicine. By being aware of both practices, clients chose which type of treatment they prefer and when to use either one. This indicated that clients themselves are seeking holistic healthcare and insinuates a way forward for all professionals and the South African Department of Health. The way forward could be to integrate all healthcare practices, which would

be beneficial for clients who make use of both systems. Furthermore, clients would have a choice of healthcare at their convenience. In Ghana, the population uses traditional healing as a primary source of healthcare and majority of the population is underprivileged. Therefore, the government combined healthcare systems (traditional healing and biomedicine) at various centres throughout the country, which provided convenience and effective treatment for clients (Elujoba et al., 2005).

Perhaps by having a combined healthcare system, clients would not have to seek treatment from THAH practitioners at a first or last resort, but rather simultaneously in a convenient and cost-effective manner. Rehabilitation professionals mentioned that clients often seek an alternate treatment, either from THAH practitioners or from biomedicine. The clients, having a right to healthcare, are responsibly seeking all methods of treatment for their health (Maizes et al., 2009). By using various methods of treatment however, clients would be confused when information and treatment received is controversial. Therefore, for clients who already use a simultaneous treatment method, a regulatory system is required in order to ensure the clients' wellbeing is maintained and avoid conflicting treatment (Maizes et al., 2009). In countries such as China, THAH are based at hospitals in order to allow for integrated healthcare (example, reflexologists). Furthermore, in countries such as Russia and Ghana, THAH are part of the referral system (Tugendhaft, 2010).

The participants were aware that clients are using simultaneous treatment methods. This provides insight that rehabilitation professionals may ask about using THAH which indicated a client-centred holistic approach from these participants. The participants provided experiences which were relevant and insightful in terms of a South African context with HIV and cancer being highly prevalent diseases in South Africa (Firnhaber et al., 2013). This indicates that specialists in HIV and cancer may work together with THAH practitioners in order to determine the possible reason for clients using THAH in the early stages of the disease (Dog et al., 2001). Rehabilitation professionals in rural areas were more cognisant of traditional healing and the effects thereof. This indicated that some rehabilitation professionals were aware and open to THAH.

The participants described their experiences with THAH as positive experiences which benefitted the client. The experiences described by participants provided insight that traditional and/or alternative healthcare has had positive outcomes. These outcomes have created positive experiences for rehabilitation professionals and thus, created the opportunity for them to relate and encourage the use of THAH. Participants described that they make use of THAH themselves, which provided positive outcomes for their own treatment. The participants have also described the positive outcomes which THAH has had for their client's treatment. According to Peck et al. (2015), using alternative healthcare practices with biomedicine to treat migraines has been acknowledged

and supported with empirical evidence in the United States of America. The positive outcomes of THAH and the benefits thereof have been increasing in various sectors, including mental health, migraines, cancer and other illnesses (James & Peltzer, 2012).

In South Africa having a positive attitude and positive experiences by rehabilitation professionals, as described above, may allow for the Department of Health policy for institutionalizing healthcare to become a reality (Health, 2016). The Department of Health called upon all professionals to integrate THAH into the biomedical health system and requested the help of professionals in order for implementation of policy to occur successfully (Health & Democracy, 2010). Therefore, positive experiences of rehabilitation professionals, making use of THAH themselves and also being alternative healthcare practitioners, provided a great amount of awareness and possibly a strong way forward for implementation of integration. It is important to note that positive experiences of THAH from rehabilitation professionals and simultaneous use of biomedicine with THAH from clients, both indicated positivity for holistic treatment.

The positive experiences related by rehabilitation professionals and the stance of holistic treatment provided insight relating to the importance of THAH which rehabilitation professionals possess. In the United States of America, it is becoming increasingly common that professionals trained in biomedicine are studying alternative healthcare practices and practicing both types of healthcare (Coulter, 2004). The professionals which pursue studies in alternative healthcare describe it is fundamental due to the increased usage of alternative healthcare and the beneficial outcomes of combined treatment which indicated that it may be an upcoming trend or way forward for the integration of healthcare systems (Coulter, 2004). It further indicated that professionals are acknowledging the importance of holistic care and trying to accomplish integration themselves (Coulter, 2004).

However, there were participants which reported that they did not have any experience with THAH. The type of sector and number of years of experience, as well as job description of these participants may be considered as reasons for not having any experience regarding THAH. On the opposite spectrum, there were participants which reported negative experiences with THAH. Participants described that their clients had been harmed due to THAH and explained that their clients have been affected by treatment from THAH or from the choices made by clients to choose such treatment options. A study was conducted in the Northern Province in South Africa in which nurses were requested to complete a questionnaire survey regarding traditional healing in South Africa (Peltzer & Khoza, 2002). The nurses indicated that there were moderate to extreme threats in referring clients to traditional healers and that the treatment from traditional healers was not

always beneficial and may impact negatively on the client's condition (Peltzer & Khoza, 2002). The 71% of nurses which indicated that treatment from traditional healers does have harmful effects also mentioned that other types of healing such as faith-based healers and complementary medicine was beneficial. The benefits from faith-based healing and complementary medicine outweighs the negatives. The nurses further indicated that regulation and policy was crucial in order for an integrated health system as the policies for governing traditional healer's treatment would create a positive health system (Peltzer & Khoza, 2002).

A positive health system requires regulation and efficacy (Bodeker & Burford, 2007). In this study, participants described traditional healers – especially *sangoma's* – treatment as harmful towards the clients. This was compared to other research from professionals who shared a similar viewpoint as mentioned above. Therefore, while the Department of Health is drafting policies for integration of healthcare, further importance should be placed on regulation and efficacy regarding treatment from *sangoma's*. The importance of regulation and efficacy of treatment is a main concern by professionals. In Ghana, professionals were willing to accept and make use of referrals and traditional healing, however, the professionals requested that the government ensure there was regulation and efficacy (Kretchy et al., 2016). The professionals described that for institution integration to be successful, there must be governing bodies to ensure that harmful traditional healing does not occur (Kretchy et al., 2016). Despite having governing bodies for traditional healers, professionals require more regulation to avoid harmful treatment.

Despite professional's concerns regarding traditional healing, research studies have indicated that clients – especially those with mental health illnesses – will continue to use traditional healing and faith-based healers as they perceive the treatment to be effective (Van der Watt et al., 2018). This is due to culture, beliefs, societal norms and learnt behaviour. Therefore, professionals should rather collaborate and integrate systems of health in order to enhance the intervention than dissociate from traditional healers (Van der Watt et al., 2018). Furthermore, clients should be made aware of the benefits and harms of various types of treatment: biomedical and traditional and alternative.

Enquiring if a Client Uses THAH

The clash between THAH and medical treatments could impact the client and the client needs to be aware of this clash, as has been explained by participants. According to Coulter (2004), THAH treatment is different from biomedical treatment because while biomedicine focuses on

researched-based medicine and is more scientific, THAH is not purely evidence-based practices. THAH arise from theories (all of which have not been tested), passed down from generations and does include a component of research-based treatment. Therefore, due to the difference in approaches, there may be a clash in the treatments provided (Coulter, 2004).

The clash in treatment may be overcome by enhanced research in THAH, and using a holism approach. Research may be conducted by having research units such as MRC and CSIR, as discussed on page 14. Research units ensure regulation. A regulatory system is fundamental as discussed previously, based on concerns from professionals (Coulter, 2004). However a holism approach which includes scientific evidence and integrated treatment of an individual may be the way forward. This includes balanced treatment at all levels for the individual – mind, body and soul – considering relationships and environmental factors. If all professionals and practitioners integrate this approach, the clash would be minimised as there would be integration of healthcare (Coulter, 2004).

Participants also enquired if the client uses THAH in order to ensure that as professionals they are providing holistic healthcare. A holistic approach, as discussed in the literature review and conceptual framework, provides the client with the best treatment as each aspect of the client is taken into account. The participants responded that they query if the client uses THAH to ensure the client's beliefs were taken into account as well as to learn more about the client. The participants had the best interest of their clients at heart and wished to provide maximum service delivery, receive all the information they could and ensure therapy was successful. The participants strived to provide their clients with holistic care by incorporating questions related to THAH. This indicated that there was a change in the health system as professionals were aware and acknowledging that holistic care and a client's culture and beliefs has an important role in treatment, either due to their personal background or the education system. Therefore, while clients were using alternative healthcare, an integrated healthcare system would be beneficial. This would be beneficial as professionals would be able to converse and treat clients as part of a multidisciplinary team by integrating THAH into the South African biomedical health system (Coulter, 2004).

The participants indicated that they care about their clients and wished to provide the best treatment possible whilst also understanding the client. These responses further explored the perception of rehabilitation professionals regarding THAH. Rehabilitation professional's perception indicated that they are willing to gain all types of information in order to understand their clients and provide successful therapy. By having a positive perception of holistic care and doing what is best for the client, rehabilitation professionals in this response group have indicated that they have, within themselves, knowledge and foresight to adapt and understand the client. Despite having

unclear definitions of THAH and unsure regarding the types thereof, rehabilitation professionals enquired in order to serve their clients with a holistic approach. Therefore, the impacts would be greater if rehabilitation professionals had more knowledge regarding THAH. THAH existed within these rehabilitation professionals as they understood the client and the client's needs and beliefs.

On the contrary, other participants did not enquire about THAH as they believed that it is a personal matter. By regarding THAH as being a personal matter, rehabilitation professionals believed that it becomes uncomfortable to ask such questions relating to THAH. The participants described that these are personal questions which either the clients, or they themselves, feel uncomfortable discussing. This indicated that there is an uncertainty of discussing cultural beliefs or other healthcare practices. However, according to Wreford (2006), clients indicated that they prefer professionals to be open with them about their beliefs and were often intimidated by professionals and therefore did not mention THAH.

Professionals should ensure that they include questions around the use of THAH in their assessment to ascertain the beliefs and practices of the clients. This will ensure whether or not the client requires information about THAH if indicated. The cross-sectional relationships are meant to benefit the client and treat their condition. This would not be accomplished by refraining from enquiry about other treatments (Wreford, 2006). It appears that some professionals are uncomfortable with asking due to assuming that the clients would take offense. Therefore, professionals need to be made aware that clients preferred to discuss such matters and that a holistic treatment approach allowed for enquiry about a client's beliefs (Wreford, 2006). Furthermore, further research into this should be conducted as a more participants described that they did not enquire about THAH from their clients during assessment and treatment due to the following reasons; they have either not considered asking, they believed it is not part of the assessment process in private practice and standardized testing, they believed it is not part of the referral process, they believed it is the client's responsibility to inform them and lastly, they believed that enquiring about THAH would not affect their treatment.

Rehabilitation professionals believed that it is the client's duty to inform the professional if they are using THAH. This indicated that these participants did not consider the client's beliefs as part of the holistic approach to assessment and intervention. This further linked to the conceptual framework in which professionals used either a biomedical, bio-psychosocial or bio-psychosocial-spiritual approach when consulting with clients. Based on the approach used by the professional, the assessment and intervention process will enquire about different aspects relating to the client (Cohen & Koenig, 2003). This indicated that having limited knowledge of who THAH practitioners are

and what THAH entails, did impact on the professional by limiting incorporation of asking about the use of THAH.

Participants described that clients should inform them about THAH, however clients are often hesitant to offer information. Clients described being afraid to discuss matters relating to culture and religion, and alternative treatment to professionals and nurses (Baker et al., 2000). This was further described by Wreford, 2006 and Health & Democracy, 2010. Therefore, rehabilitation professionals should be more open to discuss and enquire about THAH. In Chiawelo, a study was conducted in which the young men of Chiawelo describe that they do not think about using traditional healing, however, the context in which they live, the company which they have, the advisors which they consult with and the circumstances of the country, lead them towards seeking traditional healing (Nyundu & Naidoo, 2017). The circumstances included professionals in hospitals being unable to provide satisfactory assistance. According to the young men in Chiawelo, the professionals did not show empathy, did not enquire about them and did not provide caring treatment. They further described that the institutions did not provide satisfactory and successful assistance, and they were then forced to seek alternative healing from traditional healers (Nyundu & Naidoo, 2017). This indicated that professionals should use holistic care and provide clients with the best intervention. A professional's intervention should not be limited by their negative perceptions (Nyundu & Naidoo, 2017). Despite the study by Nyundu & Naidoo (2017) focusing on young males, the impact of treatment relates to this study as THAH is commonly used amongst the South African context.

Referring to THAH Practitioners

The positive thinking of participants who would refer to THAH practitioners allowed for the client to receive the best treatment possible from all healthcare practitioners. These participants indicated that not only did they refer clients to THAH practitioners but they also had a system of referring such as keeping contact details and cards of THAH practitioners that clients may consult with. This type of professionalism and client-centred approach provided successful intervention and client satisfaction (Maizes et al., 2009). By providing a patient-centred treatment approach as described by participants, it was necessary to understand when to refer.

Rehabilitation professionals displayed a more positive attitude towards alternative healthcare rather than towards traditional healing. This may be due to lack of regularity and associated harmful practices from traditional healers. Therefore, TH governing bodies should be

liaised with in order to clarify the reasons for such treatments and the manner in which regulation is assured. It was previously described by rehabilitation professionals that traditional healers caused more harm to their clients, which may be the reason that they did not refer to traditional healers. This indicated the negative connotation with traditional healers as rehabilitation professionals described that they strive to benefit their clients.

Although according to past experiences, there have been harmful effects witnessed from treatment provided by traditional healers, there also needs to be a recognition of the harmful side effects of biomedicine. These harmful effects include side effects of pharmaceutical medication, decreased quality of life, benefits witnessed in one area which results in damage of another area, and the overall unaccountability thereafter (Kilo & Larson, 2009). The side effects of pharmaceutical medication may be mild or severe, depending on factors such as length of time used, the composure and intensity of the medication and any other underlying effects. According to Yolton et al. (1980), there were schools and colleges in America which have found several harmful effects caused by continual usage of medication. A study conducted by Lilien (2007), describes the harmful effects of psychological treatment which had significantly impacted client's (Lilienfeld, 2007). Therefore, more research is required into psychological treatment methods (Lilienfeld, 2007).

In South Africa, there were several harmful effects from tuberculosis medication which impact on the client physically and holistically (Törün, Güngör, Özmen, Bölükbaşi, & Maden, 2005). The impact of medication included effects such as psychiatric disorders, gastrointestinal disturbance, epileptic seizures and hearing loss (Kilo & Larson, 2009). These side effects impacted on the client's quality of life. Furthermore, while healing one part of the body, other parts are damaged and quality of life is decreased overall, as has been commented by Törün et al. (2005). The doctors and healthcare systems did not take responsibility for these harmful effects (Törün, Güngör, Özmen, Bölükbaşi, & Maden, 2005). Rehabilitation professionals therefore needed to consider the beneficial and harmful effects of all treatment when referring clients, while bearing in mind that there are positive outcomes as well. Recent studies are yet debating whether or not the harmful effects of health are outweighing the positive effects (Kilo & Larson, 2009).

The participants who did not refer for THAH seem unsure as to whether or not they should refer, based on factors such as policies, regulation, ethics and personal views. This indicated that work settings needed to include THAH in their policies and create awareness of these policies, so that there could be an increase in the knowledge regarding practice of THAH as well as an increase in referrals. Increased awareness may occur by ensuring: professionals attend CPD courses, training workshops, social media adverts and awareness regarding the importance of THAH and professional

governing bodies sharing more articles and policies regarding THAH. As stated by Moghaddam et al. (2015), THAH is not an opposition to biomedicine or to professionals in the biomedical health system. Moghaddam et al. (2015) further commented that conduction of a needs assessment survey revealed that there was a need for THAH. It was needed by clients as well as professionals, due to clients needing alternative treatment and professionals needing to use combined treatment methods. Therefore, cross referrals are important (Aejazuddin, 2016). All types of healthcare methods are evolving and if there is a reluctance of evolution from professionals in biomedicine, the consequence may be a severe decrease in the use of biomedicine due to the increase of alternative healthcare (Moghaddam et al., 2015). Therefore, professionals should make use of referrals, and not regard THAH as an opposition to biomedicine, but rather as a complementary treatment when biomedicine falls short (Moghaddam et al., 2015). However, in order to ensure that there is integration and holistic care, professionals need to be trained adequately in this regard at a university level.

Training at University

Participants reported that they did not have adequate training at university regarding THAH. This correlated to global trends which indicated that there is a lack of training regarding THAH at universities. Graduates and undergraduates in California indicated that they require more knowledge about alternative healthcare practices in order to understand what it is about and better their professional development (Nguyen et al., 2016). Internationally, occupational therapists described that despite addition of a small component of THAH to the curriculum teachings, the students still required further awareness and knowledge in this regard (Bradshaw, 2016). Possible reasons why professionals were not adequately trained are given below:

Since there was uncertainty regarding THAH and it was not part of the curriculum during education and THAH was disregarded as unfamiliar. As Bodeker and Burford (2007) commented, it was only in recent years that THAH has gained popularity. This resulted in inadequate training as THAH was not considered as western culture, and it is only western culture which was a priority in South African universities. There has, more recently, been a shift and transformation of literature from western culture to South African based knowledge (Makhanya, 2019). The western culture was prominent due to the colonization of South Africa, and the advances of first world countries with their progress and influence in medicine. However, the shift in transformation has begun with literature, schools and universities in South Africa, as described by South African politicians (Makhanya, 2019).

Other participants reported that inadequate training was given as the curriculum was already filled with other teaching modules and THAH was not taught at universities. This linked to the previous two reasons as the curriculum was already inundated and the priority lied within western culture, as THAH was not previously considered as a priority. A few participants (as mentioned in the results) described they received some form of training – mostly traditional healing and not alternative healthcare – however, this training was insufficient and not comprehensive to provide a good understanding. This indicated that further training by professionals and governing bodies which are aware of THAH, to unaware rehabilitation professionals, is required. Holistic curriculums at universities should be taken into account as other participants described that they did not receive training about THAH at all.

These types of responses should be given to the universities in South Africa in order for awareness to occur regarding the needs and way forward as described by rehabilitation professionals. The majority of participants described that universities should include THAH in their curriculum.

According to Vygotsky's theory of aspects pertaining to education and learning, if those in a place of influence encourage and motivate the learning and mastering of a concept, then the learners or attendants will most likely enhance their knowledge of the topic discussed (Archer, 1995). Therefore, if lecturers, politicians and the Department of Health placed greater emphasis on THAH, then students at universities and professionals would have encouragement and motivation to learn and gain more knowledge about THAH (Archer, 1995). Other forms of encouraging learning include using incentives, providing additional support, constructing knowledge in a concise manner and using varying contexts (Wingate, 2007). Rehabilitation professionals which are already practicing their professions may be given incentives by providing courses which would allow for them to obtain CPD points to uphold their qualification (compulsory courses). This method allows for professionals to learn and receive reward. The HPCSA and other governing bodies as well as the Department of Health should use such means to encourage professionals to learn about THAH. There could be conferences and workshops with CPD points, wherein there will be discussions about THAH in a concise manner, with varying contexts and creation of a support structure. At universities, the same principles may be applied to encourage learning about THAH.

The results also indicated that participants which were knowledgeable about policies had taken the initiative to learn about the policies themselves and were not cued in the direction of learning by the universities as part of the curriculum or holistic care. In a South African context, with

THAH being largely used and an embedded part of the culture, it would be crucial for integration of information into curriculum at universities.

Participants under theme two, sub aim three, described they were unaware of the policies relating to THAH. However, South African policies of THAH as discussed in the literature review, indicated that professionals should begin integrating THAH in the biomedical health system as regulation and efficacy regarding traditional healing has already been implemented. Therefore, being aware of policies should impact on assessment and treatment. This further linked to professionalism, and having knowledge and awareness regarding all aspects which could impact the client.

Chapter 7: Conclusion

Chapter Outline: This chapter summarizes and concludes this research study and provides a way forward in terms of recommendations.

This study focused on current THAH trends which exist within rehabilitation professionals in South Africa. Whilst the use of THAH has been in existence for decades, it is only in recent years that there has been an increase witnessed in the usage of THAH, due to clients seeking holistic healthcare. The main concerns from professionals regarding the integration of THAH into the biomedical health system was that there is minimal use of regulation, efficacy and ethics in the treatment provided by the practitioners. In South Africa, the department of health develops and ensures policies and strategies for the implementation of regulation, efficacy and ethics surrounding THAH.

Thus far the policies and implementation have been in working progress, however, the Department of Health has called upon professionals to assist in the implementation of integrating THAH in South Africa. Rehabilitation professionals, which form a fundamental role in the South African health system, provided valuable information regarding the current THAH which existed within their professions, by responding to questionnaire surveys which were released for one month on social media. A framework analysis was used to analyse the data obtained and insightful information was revealed. Rehabilitation professionals require more awareness and knowledge regarding THAH as they were unclear regarding who THAH practitioners are, and what they do. There was a great amount of obscurity amongst rehabilitation professionals about what THAH is. Rehabilitation professionals had positive or negative experiences and perceptions of THAH. Participants which made use of THAH themselves also regarded holistic intervention as crucial for the client and therefore, enquired about THAH from clients, made use of cross referrals and accounted for the client's culture and beliefs.

Regardless of the positive and negative experiences which rehabilitation professionals had with THAH, participants believed that THAH is important in South Africa and should be integrated into the biomedical health system. Rehabilitation professionals did not receive adequate training regarding THAH at a university level, and were unsure about the policies of THAH in South Africa. They suggested incorporating courses on THAH into the curriculum at universities, in CPD courses, and in further training regarding this topic.

Chapter 8: Recommendations

More information regarding what THAH is would be relevant for rehabilitation professionals to comprehend the regularity and importance of THAH in South Africa. Therefore, more awareness and clarity is needed for rehabilitation professionals in South Africa, as they had varying definitions and were unsure about the difference between traditional healing and alternative healthcare. The participants were also unsure about what THAH practitioners do. Therefore, rehabilitation professionals require enlightenment regarding traditional healing and alternative healthcare and the distinction between the two.

Due to the subtle discrimination towards traditional healers, it would be beneficial for the Department of Health and traditional healers to offer courses to rehabilitation professionals so as to provide them with the description of the roles of traditional healers and the benefits they may offer to clients. It would be useful for traditional healers' organisations and the HPCSA or rehabilitation professionals governing bodies to move forward by discussing and understanding the types of treatments offered by both parties and both the positive and negative aspects of all treatments (Van der Watt et al., 2018). This would allow for comprehension of healthcare treatments from both parties. Furthermore, this would allow for integration without stigma and can also serve to reduce reluctance of referrals.

In order to have a better system performance, there needs to be better professional development and this would result in better patient outcomes. The three aspects are interlinked and require input and effort from everyone in the system. In order for change to occur, there should be striving for continuous improvement, which would then result in change (Batalden & Davidoff, 2007). Once there is improvement and change, the professionals would have enhanced development which would increase the performance of systems and patient outcomes (Batalden & Davidoff, 2007).Therefore, rehabilitation professionals should always strive to learn and be knowledgeable of policies, clients, diseases and every other aspect which would benefit the client.

In order to ensure change is successful, there are principles of change which need to be adhered to. These principles will be discussed as follows: scientific data, particular context, measured performance, knowledge and knowledge of execution. The scientific data includes research reports, systematic reviews and clinical trials where possible. The particular context discusses habits, processors and traditions in a particular context and setting. The measured

performance includes continuously following up with participants about the benefits and/or harms. The knowledge discusses applying and adapting of learnt knowledge, including standardization and regulation, and generalising of evidence. The knowledge of execution demonstrates the way of modification and how modification happens. This includes accountability, rewards for working, recognition and having strategic aims and a way forward (Batalden & Davidoff, 2007). Therefore, rehabilitation professional should strive to implement change and the Department of Health and universities should adopt the principles of change in order to ensure that as South Africans, there is improvement and change for the best client outcomes.

Therefore, the Department of Health, policy makers, HPCSA, governing bodies of rehabilitation professionals and universities are called upon to create awareness regarding THAH amongst rehabilitation professionals. Rehabilitation professionals should receive in depth information regarding THAH. Transformation of learning by including THAH into universities and CPD courses should occur for the enhancement and implementation of the policies relating to the integration of THAH in South Africa. There was interconnectedness between rehabilitation professionals and THAH practitioners however, this is minimal and limited. There was paucity for this study and information obtained was in depth and valuable as there was limited research regarding THAH within the rehabilitation professionals in South Africa. There is dearth of research needed for future studies regarding THAH, policy implementation and governing bodies.

Summary of recommendations

- Rehabilitation professionals were recommended to become more aware and knowledgeable regarding THAH to ensure they are providing clients with a holistic treatment approach. Further research is recommended regarding all other professionals' integration of THAH.
- The Department of Health and policy makers may use this study to enhance their understanding of the current THAH that exists within rehabilitation professionals. This would allow the Department of Health to continue integrating THAH by being wary of the concerns of rehabilitation professionals and to continue ensuring a way forward with enhanced knowledge of experiences, perceptions and training of professionals in South Africa.
- The HPCSA, governing bodies and Department of Health may use this study to understand the current awareness and impacts of the policies relating to THAH, and to create a way forward in terms of making professionals aware of policies. An accessible document listing all the policies relating to THAH is recommended, in order for professionals to understand all the policies. Further research is required regarding THAH bodies and their role of integration and other relevant information.

- The HPCSA, governing bodies, Department of Health and universities are recommended to create awareness amongst professionals regarding THAH by having courses and sharing information.
- The universities in South Africa may use this study as a directive to benefit the curriculum and transformation of literature and teaching at universities, based on the training perceptions which rehabilitation professionals described.
- Further research is recommended into the current transformation of literature and teaching at universities in South Africa. This study was a master's degree which expanded beyond the scope of audiology and explored rehabilitation professionals however, further research into THAH and all professionals is required.

Limitations

This study was limited to rehabilitation professionals and all other medical professionals were excluded. This study was limited to participants practicing in South Africa. The time frame of the research questionnaire was for one month, after which participation was not accessible. The time frame occurred due to time constraints. Furthermore, several governing bodies of rehabilitation professionals requested payment for the questionnaire survey to be sent out to their participants. Due to financial limitations, the payment was not effected and advertisements to participate were sent on social media instead. The 2020 Coronavirus pandemic limited the research and researcher in terms of accessing library resources, direct interaction with supervisors and data constraints. This study was limited to a rehabilitation professionals' interconnectedness and did not include THAH practitioners' interconnectedness, perceptions and experiences. Other limitations include the male to female ratio in this study, as there was only male. Furthermore, using social media as a platform favoured the young and the techno-savvy. The distribution of study participants was not equal therefore some professions were under-represented such as psychologists. Due to a small sample size, results may not be generalized.

Future research

Future research into governing bodies for THAH is necessary. By obtaining information and perceptions of individuals from the governing bodies of THAH, a clearer understanding may be developed regarding THAH, the treatments provided and regulations stipulated. THAH governing bodies may provide insight regarding the increased usage of THAH as well as the policies relating to THAH. Further research into the Department of Health policies regarding integration of THAH is

required, along with the plan going forward. Future research into the transformation of literature and integrating THAH in South African universities would be beneficial.

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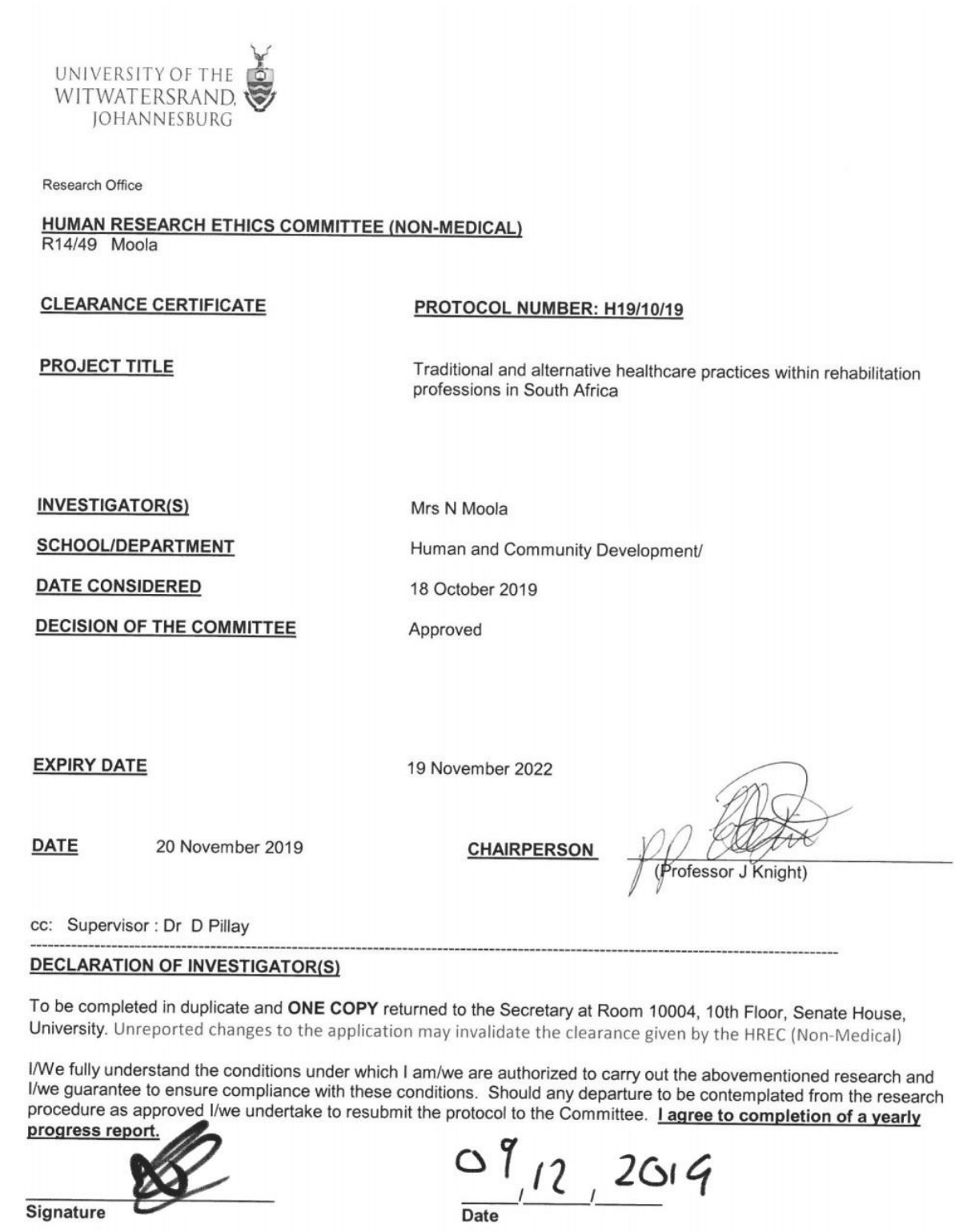
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Image

Image A: Ethical clearance certificate



UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Moola

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H19/10/19**
PROJECT TITLE	Traditional and alternative healthcare practices within rehabilitation professions in South Africa
INVESTIGATOR(S)	Mrs N Moola
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	18 October 2019
DECISION OF THE COMMITTEE	Approved
EXPIRY DATE	19 November 2022

DATE 20 November 2019 **CHAIRPERSON** (Professor J Knight)

cc: Supervisor : Dr D Pillay

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature

09/12/2019
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendices

Appendix A

Advert for this Study



Attention! Speech therapists, Audiologists, Occupational therapists, Physiotherapists, Psychologists and Social workers:

You are hereby invited to participate in a study by completing a survey about traditional and alternative healthcare practices within the rehabilitation professions, in South Africa.

Click on the link below for more information or to begin the survey.

https://docs.google.com/forms/d/e/1FAIpQLSfpZwUhGU5GL_pNs5Zh_4lEbSjkw5HdNZiiF3kyzKXJf3jUGA/viewform?usp=sf_link

https://forms.gle/Sgm6uzK6A66FJ7mC9

Appendix B

Letter to Professional Bodies

SPEECH PATHOLOGY & AUDIOLOGY
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4577 • Fax: 011 717 4572 • E-mail: sppa.SHCD@wits.ac.za

To whom it may concern

Re: Name of Professional body

Good day

My name is Najeebah Moola and I am a speech therapist and audiologist who is studying towards a Master's degree through the University of the Witwatersrand, at the department of Speech therapy and Audiology. Title of the research: Traditional and alternative health care practices within the rehabilitation professions in South Africa. The aim of this study is to explore the integration of traditional and alternative health care practices with the rehabilitation professions, in South Africa.

This study requires participants to complete an online questionnaire which will take approximately 15 minutes. The questionnaire survey will only be accessible for one month from the date it was sent. Thereafter, participation will not be allowed. The data obtained will be collected and analysed by the researcher and thereafter, the research supervisor will ensure accuracy, professionalism and thoroughness.

By being part of the rehabilitation professionals in South Africa, I invite all professionals under your professional body to voluntarily participate in my research; there will not be any payment or reinforcement for participation. There are no risks attached by participating in this research project and no consequences of withdrawing from the study during participation. All information will be confidential and anonymity will be assured. All information will be kept at the University of Witwatersrand for a minimum of two years if publication does not occur, and six years after

publication, should this occur. This research will be available as a thesis, and may be presented at seminars and conferences. Kindly notes, rehabilitation professionals, living overseas, are not permitted to partake in this study.

I request, that you forward the advert and link of my study, to all members of your organization. Should you require further information, kindly see attached the participation information sheet and a short advert of the research study. *The link.*

Kindly consider my request.

Should you require any further clarity relating to this study or have any enquiries about the study (prior to, during or after participation) please feel free to contact me or my supervisor:

E: naj.moola@gmail.com E: Dhanashree.pillay@wits.ac.za

C: 079 883 7747 W: 011 717 4564

Najeebah Moola Dr Dhanashree Pillay

Student researcher Research Supervisor

Signature _N.Moola____ Signature D.Pillay

For further enquiries relating to ethical concerns about this study or your rights as a participant, you can contact the University of Witwatersrand Ethics Committee:

E: Shaun.Schoeman@wits.ac.za

C: 011717 1408

Shaun Schoeman

Thank You

Appendix C

Participant Information Sheet

SPEECH PATHOLOGY & AUDIOLOGY
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4577 • Fax: 011 717 4572 • E-mail: sppa.SHCD@wits.ac.za

Participant information sheet *Date: 20/09/2019*

Hello

My name is Najeebah Moola and I am a speech therapist and audiologist. I am studying towards a Master's degree through the University of the Witwatersrand, at the department of Speech language pathology and Audiology.

Title of the research: *Traditional and alternative health care practices within the rehabilitation professions in South Africa.* The aim of this study is to explore the integration of traditional and alternative health care practices with the rehabilitation professions, in South Africa.

This study requires you to complete an online questionnaire which will take approximately 15 minutes of your time. The questionnaire survey will only be accessible for one month after it was sent. Thereafter, participation will not be allowed. The data obtained will be collected and analysed by the researcher and thereafter, the research supervisor will ensure accuracy, professionalism and thoroughness.

By being part of the rehabilitation professionals in South Africa, I invite you to voluntarily participate in my research; there will not be any payment or reinforcement for your participation. There are no risks attached by participating in this research project and no consequences of withdrawing from the study during participation. All information will be confidential and anonymity will be assured. All information will be kept at the University of Witwatersrand for a minimum of two years if publication does not occur and six years after publication, should this occur. This research will be

available as a thesis, and may be presented at seminars and conferences. Kindly note, rehabilitation professionals, living overseas, are not permitted to partake in this study.

Once you access this link……, you will be providing informed consent for participation.

Should you require any further clarity relating to this study or have any enquiries about the study (prior to, during or after participation) please feel free to contact me or my supervisor:

E: naj.moola@gmail.com E: Dhanashree.pillay@wits.ac.za

C: 079 883 7747 W: 011 717 4564

Najeebah Moola Dr Dhanashree Pillay

Student researcher Research Supervisor

Signature _N.Moola____ Signature D.Pillay

For further enquiries relating to ethical concerns about this study or your rights as a participant, you can contact the University of Witwatersrand Ethics Committee:

E: Shaun.Schoeman@wits.ac.za

C: 011717 1408

Shaun Schoeman

Thank You

Appendix D

Questionnaire Survey

Dear Participant

Thank you for choosing to participate in this research study.

Instructions: Kindly answer in detail all questions of this research. Title: *Integration of traditional and alternative health care practices with the rehabilitation professions in South Africa.*

Kindly tick the correct box:

Section A: Biographical details

1. Gender:

Male		Female	
Other			

2. Occupation:

Speech therapist		Occupational therapist	
Audiologist		Physiotherapist	
Speech therapist and Audiologist		Social worker	
Psychologist			

3. What is your age:

21-25 years old		26-30 years old	
31-35 years old		36-40 years old	
41-45 years old		46-50 years old	
51-55 years old		55 + years old	

4. Name of the University where you completed your degree/s:

5. The year of study when you completed your degree/s:

_____

Section B: Working sector

1. Do you currently work in the public or private sector?

Public		Private Practice	

Kindly note: if you are currently not working however you worked previously in your field, you may continue with this questionnaire. Please state where you worked previously.

If other, please specify:

_____

2. Sites that you work in: tick all that apply

Hospital		Clinic	
Education (specify the type)		Industrial	
Private practice not in hospital/clinic/school		Government departments (please specify)	

If other, please specify:

_____

3. What type of location do you work in?

Rural		Urban	
Peri - urban			

If you work in any other type of location or in multiple locations, please specify.

_____

4. How many years of work experience do you have?

0-5 years		6-10 years	
11-15 years		15 years +	

5. What is your highest level of qualification?

Graduate		Postgraduate Masters	
Honours		Postgraduate PhD	

If other, please specify.

_____

Section C: View of traditional and alternative healthcare practitioners according to rehabilitation professionals

1. What is your definition of traditional healing?

_____

2. In your opinion, list the different types of traditional healing/healers?

_____

3. What is your definition of alternative healthcare practices?

_____

4. In your opinion, list the different types of alternative healthcare practices?

_____

SECTION D: Experiences, perceptions and training of rehabilitation professionals, in relation to traditional healing and alternative practices, in South Africa

1. Please describe, in detail, any experiences that you had, in your years of clinical practice, that included traditional and/or alternative healthcare.

_____

_____

_____

2. Throughout your consultation, assessment and treatment process with the client, do you enquire if the client uses traditional and/or alternative practices?

Yes		No	

If yes, why do you enquire if the client uses traditional and/or alternative healthcare practices?

_____

If no, why do you not enquire if the client uses traditional and/or alternative healthcare practices?

_____

3. Please describe your process of referring clients to a traditional and/or alternative healthcare practitioner. If you do not have a referral process, kindly describe why.

_____

_____

_____

4. Please provide a description of the relationship you have with a traditional and/or alternative healthcare practitioner. Should you not have a relationship with any traditional and/or alternative healthcare practitioner, kindly describe why.

_____

_____

_____

5. Please explain your perception of traditional healing and traditional healers in relation to your profession.

_____

_____

6. Please explain your perception of alternative healthcare practices and practitioners in relation to your profession.

_____

_____

7. In your opinion, are traditional and/or alternative healthcare practices, important in S.A? Please elaborate.

_____

_____

8. What is your perspective of the integration between traditional and/or alternative practices and rehabilitation professionals (specifically your profession)?

_____

_____

9. Describe why you think there should or should not be integration of traditional and alternative healthcare practices within your scope of profession.

_____

_____

10. In your opinion, did you receive adequate training in university regarding traditional and/or alternative practices

Yes		No	

If you responded yes, please answer the following question:

a) Why do you believe that you received adequate training at university?

If you responded no, please answer the following questions:

a) Why do you believe that you did not receive adequate training at university?

b) In your opinion, how can the universities adequately train professionals about traditional and alternative healthcare?

SECTION E: Policies in S.A that relate to traditional healing and alternative healthcare practices.

1. Are you aware of the policies around traditional and/or alternative practices relating to your scope of practice, in S.A?

Yes		No	

If you responded yes, please answer the following questions:

a) What policies are you aware off? (please list them)

b) How did you become knowledgeable of these policies?

c) Does knowing the policies, impact the manner you assess and treat clients?

If you responded no, please answer the following questions:

a) In your opinion, how can these policies be taught to all professionals?

_____

b) In your opinion, does being unaware of the policies affect your assessment and treatment of clients?

_____

The End.

Thank you for your participation, time and cooperation.

Najeebah Moola