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Karel Peltzer

The perceived efficacy of western and traditional health care in an urban population in the Northern province, South Africa

Summary

The aim of the study was to examine the perceived efficacy of five different types of therapies (traditional herbalists, diviners, and prophets, western medicine and psychology) in treating 25 common complaints ranging from AIDS to diarrhoea. Participants were interviewed face-to-face with a questionnaire measuring their state of health, their experience of traditional therapies, their sources of information about traditional therapies, and their perception of the efficacy of traditional and western therapies in the treatment of each condition. The majority of the participants clearly saw medical therapy as more effective in the treatment of most (18) complaints. Traditional therapy (practised by herbalists and diviners) was perceived as being more effective for traditional illnesses and equally effective for infertility, venereal disease, mental illness, and epilepsy, as well as equally ineffective for AIDS. Overall, western therapies were seen as significantly more effective than traditional therapies.

Die waargenome doeltreffendheid van westerse en tradisionele gesondheidsorg in 'n stedelike bevolking in die Noordelike provinsie, Suid-Afrika

Die doel van hierdie studie was om die persepsie van doeltreffendheid van vyf verskillende tipes terapieë (kruiedokrer, waarsêer, profeet: tradisionele en mediese personeel, sielkundige: westers) te ondersoek in die behandeling van 25 algemene klagtes wat wissel van Vigs tot diarree. Onderhoude met deelnemers is persoonlik gevoer aan die hand van 'n vraelys oor hul gesondheidstoestand, met ondervinding van tradisionele terapieë, bronne van inligting oor tradisionele terapieë, en waargenome doeltreffendheid van tradisionele en westerse terapieë in die behandeling van elke siektetoestand. Mediese terapie is duidelik deur die meerderheid deelnemers gesien as meer effektief in die behandeling van die meeste (18) kwale. Tradisionele terapie (kruiedokter en waarsêer) is gesien as meer effektief vir tradisionele siektes sowel as vir onvrugbaarheid, geslagsiektes, geestesiektes en epilepsie, maar net so oneffektief vir Vigs as westerse terapie. In die geheel is westerse terapieë gesien as aansienlik doeltreffender as tradisionele terapieë.

Prof K Peltzer, Dept of Psychology, University of the North, Private Bag X1106, Sovenga 0727; E-mail: peltzerk@unin.unorth.ac.za

There has recently been some resurgence of interest in traditional healing methods as practised by indigenous South Africans.[1] Although traditional and western health care systems have operated side by side in South Africa since the arrival of the first Europeans, western healing enjoyed greater formal (official) acceptance by previous governments because it was seen as based on scientific and rational knowledge. By contrast, traditional healing and faith healing were officially frowned upon and marginalised because they were perceived to be based on mystical and magical religious beliefs (Freeman & Motsei 1992). Before the April 1994 elections the African National Congress (ANC) proposed the following in its National Health Plan (ANC 1994a: 15):

> Traditional healing will become an integral and recognised part of health care in South Africa. Consumers will be allowed to choose whom to consult for their health care, and legislation will be changed to facilitate controlled use of traditional practitioners.

Soon after the elections, the new Government of National Unity formalised this policy in its Reconstruction and Development Plan (RDP):

> There are deep divisions, fueled by mutual suspicion and lack of communication, between traditional and other complementary healers and medical and social workers. This is not in the interest of people who use all types of healers. The Reconstruction and Development Programme (RDP) must aim to improve communication, understanding and co-operation between different types of healers. Hopa, Simbaye and du Toit (1998: 8-14) have investigated the perceptions on integration of traditional and western healing in the new South Africa. Different stakeholders (psychiatrists, medical doctors, psychologists, traditional healers and consumers) favoured the formal co-operation option for the integration of the two health systems (ANC 1994b: 47).

As has been noted in South Africa and shown in other African countries, traditional and faith healers play an important role in health care (Peltzer 1998b: 49, Pretorius 1989: 101). For many South Africans the first choice of treatment is the traditional healer (Swartz 1986: 276; Farrand 1984: 780; Louw & Pretorius 1995: 41; Mabunda 1999: 102). Mabunda (1999: 57) surveyed hospital

1 I am grateful for the funding of the research project by the University of the North and Rita Olwagen for statistical assistance.

patients and staff, church members and university students in the Northern province of South Africa and found that — according to the participants — a number of diseases can be best prevented or cured by traditional healing, eg witchcraft (like *seješo* and *sefolane*) and ancestor-related (*badimo*) problems; "traditional" diseases like *hlongwana* (pulsating fontanelle; lit "little head"); *makgoma* (an assortment of ailments following the breach of particular taboos); infertility; sexually transmitted diseases; asthma; mental disorders; epilepsy, and diarrhoea. On the other hand, biomedicine was considered successful in treating diseases such as tuberculosis, chicken pox, AIDS, hypertension, diabetes, malaria, measles, cancer, anaemia, mental retardation, and ulcers.

Swartz (1996: 124) demonstrates that there is a paucity of studies on the efficacy of traditional and faith healing. It is also important to identify how effective ordinary lay people perceive traditional or faith healing to be. Impressions of the effectiveness of a therapy may be based on criteria such as word-of-mouth recommendation. Almost nothing is known about how effective traditional or faith healing is perceived as being, and yet this is probably a highly influential factor in determining whether lay people will use or recommend such a therapy (Vincent & Furnham 1994: 129).

Freeman & Motsei (1992: 1183) state that there are broadly three types of traditional healers available to South African consumers. First, there is the traditional doctor or *inyanga*. This is generally a male who uses herbal and other medicinal preparations for treating disease. Secondly, we have the *dingaka* (Sotho). This is usually a woman who operates within a traditional religious/supernatural context and acts as a medium, communicating with the ancestral shades. Thirdly, there is the faith healer who integrates Christian ritual and traditional practices.

In accordance with previous studies (Mabunda 1999: 93; Peltzer 1998a: 192; Vincent & Furnham 1994: 129) it was predicted that western health care would be perceived as the most efficacious for major, life-threatening, or generative illnesses, while traditional healing would be perceived as more efficacious for minor, psychological, or "traditional" illnesses.

This study aims to determine the perceived efficacy of traditional and western health care in the treatment of a number of illnesses and problems, of differing degrees of severity; how people assess the efficacy of traditional or faith healing, and where people obtain the information they need to access efficacy (Vincent & Furnham 1994: 128).

1. Method

1.1 Sample

There were 104 African/Black participants (51 male and 53 female) from the general public (the urban population of Mankweng, numbering 11 211 according to the South Africa Census of 1996, and called urban because of the presence of tertiary institutions). The mean age was 32.2 years (SD=11.5), with a range from 18 to 65 years. Most were Northern Sotho (84%), with some Tsonga (9%), Tswana (2%) and others (5%). Most participants (48%) had some secondary education; 24% had completed matric; 14% had primary schooling only; 11% some tertiary training, and 4% no education whatsoever. Almost one-third (19%) indicated that they were students, 27% were not working, 15% were housewives; 19% were semi-professionals, 13% professionals, and 7% unskilled labourers. 31 were married, 63 single, 2 divorced and 6 widowed. Most of these socio-demographic data are representative of the 1996 population census results (Statistics South Africa 1998).

The majority (88%) had no current illness but almost half (49%) admitted to having minor complaints and 5% believed they were seriously ill. However, 38 (37%) had been seriously ill at some time in the past.

Sixty participants (58%) had had some experience of one or more forms of non-western therapy: 49 (47%) had visited a traditional healer, and 53 (51%) had consulted a faith healer.

1.2 Questionnaire

The questionnaire consisted of three sections:

- questions about biographical data and about their experience of traditional or faith healing,

- 18 items on the sources of information used (or which would be used) in assessing the efficacy of five different health care providers, and
- 25 items on illnesses. Fourteen illness items were taken from a British study by Vincent & Furnham (1994) and eleven items were included which represented common illnesses in the Northern province of South Africa (Development Bank of Southern Africa 1993: 113) and from studies on the disorders most frequently treated by traditional and faith healers in that province (Peltzer 1998a: 192, cf also Shai-Mahoko 1996: 32).

Participants were asked to indicate how effective they considered various traditional[2] and western[3] health care providers to be in curing each of these illnesses, by giving a score between 1 (not at all effective) and 5 (very effective) (Vincent & Furnham 1994). In case certain participants were unfamiliar with some of the five therapy forms, brief definitions were provided, as follows:

- a herbalist uses herbal (and/or animal or vegetable preparations) for treating disease;
- a diviner operates within a traditional religious/supernatural context and acts as a medium with the ancestors to diagnose and treat patients;
- a faith healer (prophet, priest, pastor) uses Christian methods of healing like prayer and holy water;
- a medical practitioner uses modern drugs and other procedures like surgery, and
- a psychologist uses talking to assess and heal patients.

1.3 Procedure

Using the questionnaires described above, face-to-face interviews were conducted by one male and one female research assistant at various social meeting points (like bus stops, supermarkets, restaurants, hospital waiting rooms, and banks) in Mankweng. The

2 Herbalist, diviner and prophet (cf Freeman & Motsei 1992).

3 Medical personnel and psychologist.

research assistants were mature postgraduate students (both about 30 years old). The age of the researchers is not considered to have influenced the research results. Participants were assured that confidentiality would be maintained. Almost all (94%) volunteered to be interviewed under informed consent. Although this was not a large or structured sample there is no reason to think that it was unrepresentative.

Table 1: Sources of information about traditional or faith healing and the relative strength of belief in traditional/faith healing

Question	Source	Mean (SD)	Traditional	
			F	p
How much do you use each of the following sources of information to find out about traditional or faith healing?	TV/radio	3.12 (1.50)	-0.044	ns
	Friends	2.97 (1.51)	-0.027	ns
	Magazines	2.66 (1.44)	-228*	0.024
	Scientific books	2.36 (1.48)	-143	ns
	Advertisements	2.31 (1.31)	-0.023	ns
	Layman books	1.72 (1.15)	-171	ns
If you were trying to decide whether a treatment might be able to help you, whose opinion would be most important to you?	Doctor	4.23 (1.19)	-0.084	ns
	Friends with the same problem	3.56 (1.46)	-0.005	ns
	Friends who received treatment	3.47 (1.40)	-0.096	ns
	Religious advisor	2.98 (1.44)	-0.222*	0.030
	Traditional/faith healer	2.43 (1.45)	0.173	ns
	Friends with no experience	1.27 (0.069)	-0.091	ns
What kind of information would be most important to you in helping you make up your mind about traditional or faith healing?	Personal accounts	3.45 (1.54)	0.043	ns
	Magazine articles	2.58 (1.31)	-0.124	ns
	Scientific books	2.69 (1.52)	-291**	0.004
	TV/radio	2.78 (1.31)	0.024	ns
	Advertisements	2.51 (1.39)	0.052	ns
	Layman books	1.84 (1.11)	-0.101	ns

Scale: 5 = a great deal; 1 = not at all
Pearson Correlation Coefficient (2-tailed); **p<0.01 level; *p<05 level

1.4 Results

Participants indicated that their most important source of information about traditional or faith healing was television/radio programmes. Their second most important source was discussion with friends/relatives, and then other media sources (newspaper/ magazine articles). The doctor's opinion was the most valued source of information, followed by the opinion of friends suffering from the same health problem and friends who had received treatment. The most highly rated kind of information was personal accounts of treatment. Overall, these results suggest that lay people seeking information about traditional or faith healing are most likely to turn to a (western-trained) doctor and to their friends or relatives, particularly those who have had the same problem and are able to recount their personal experiences.

A difference score was computed to examine the relative strength of belief in traditional and western health care. The score (the overall mean efficacy of traditional healing minus the overall mean for western health care) was correlated with the ratings of the sources of information and with each of the demographic variables, illness history and health-seeking behaviour (see also Table 2). A positive correlation indicates a positive association between the factor in question and a relatively stronger belief in traditional/faith healing.

Table 2: Demographic, health and health-seeking variables associated with a belief in the efficacy of traditional/faith healing and western health care

Demographic variables	Traditional	
	F	p
Age	0.324**	0.001
Sex	-0.052	ns
Education	-0.365**	0.002
Minor illness	0.198*	0.044
Seriously ill	0.166	ns
Seriously ill in the past	0.173	ns
Visited traditional healer	0.272**	0.005
Visited faith healer	0.161	ns

Pearson Correlation Coefficient (2-tailed); **$p<0.01$ level; *$p<05$ level

A stronger belief in traditional/faith healing was associated with a religious adviser as the source of information, while the use of magazines and 'scientific books' was inversely related.

A stronger belief in traditional or faith healing was associated with increasing age, less formal education, having visited a traditional healer (though this experience could also have decreased a person's belief), and minor illness. The age factor was further analysed using two age groups: (1) 19-29 years (64 participants; 61.5%) and (2) 30-65 years (38 participants; 36.5%). Using a t-test for Equality of Means, a significance level of $p < 0.10$ was found for western therapy for the younger age group.

Inspection of Table 3 suggests that medical therapy was perceived by this sample as being more effective than traditional healing, faith healing or psychological therapy for the majority of complaints. Medical therapy received mean ratings of more than 4 in the treatment of diarrhoea, asthma, back pain, menstrual problems and blood pressure. Taking a mid-point rating of 3.0 as a benchmark for the assessment of a treatment as moderately effective, it can be seen that medical therapy received 22 ratings of 3.0 or over; herbalist treatment eight such ratings (for infertility, headache, venereal disease, mental illness, epilepsy, *sefolane*, *seješo*, and diarrhoea); treatment by a diviner five such ratings (for venereal disease, *seješo*, *sefolane*, infertility, and mental illness), psychological therapy four such ratings (for depression, drinking problems, stopping smoking, and obesity), and treatment by a prophet none. Overall ratings for the efficacy of each treatment suggest that herbalists and diviners are seen as equivalent, though their pattern of higher and lower scores may differ. Comparing the mean ratings for traditional therapies (those of herbalists, diviners and prophets) and western therapies (treatment by medical personnel and psychologists), Western therapies (scoring a rating of 3.0 or more for 18 illnesses) were perceived as being much more effective than traditional therapies (6 illnesses with a rating of 3.0 or more: *sefolane*, *seješo*, infertility, mental illness, venereal disease and headache). Western therapies were given a rating below 3.0 for AIDS, traditional illnesses, epilepsy, venereal disease, tuberculosis and infertility. In terms of their treatment for AIDS, herbalists (2.2), diviners (1.7) and medical

Table 3 indicates the ratings for the efficacy of each treatment for each of the 25 complaints

Illness type	Herbalist	Diviner	Prophet	Medical	Psychologist	Traditional/ Faith healing	Western
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Allergies	2.6 (1.6)	2.1 (1.3)	1.8 (1.1)	4.0 (1.3)	2.5 (1.5)	2.2 (1.0)	3.3 (1.1)***
Anxiety	2.8 (1.5)	2.3 (1.3)	1.9 (1.2)	3.3 (1.3)	2.9 (1.4)	2.3 (0.9)	3.1 (1.1)**
Diarrhoea	3.2 (1.6)	2.5 (1.6)	2.1 (1.4)	4.1 (1.3)	1.8 (1.1)	2.6 (1.1)	3.0 (1.0)
Asthma	2.5 (1.4)	1.9 (1.2)	1.7 (1.1)	4.2 (1.1)	2.1 (1.3)	2.0 (1.0)	3.2 (1.0)***
Back pain	2.8 (1.5)	2.1 (1.4)	1.9 (1.2)	4.1 (1.2)	2.4 (1.4)	2.3 (1.0)	3.3 (1.0)***
Blood pressure	3.0 (1.6)	2.3 (1.4)	1.9 (1.2)	4.0 (1.3)	2.2 (1.3)	2.3 (1.0)	3.2 (1.1)***
TB	2.8 (1.4)	2.3 (1.3)	1.6 (1.0)	3.8 (1.4)	1.6 (1.2)	2.2 (0.9)	2.8 (0.9)***
Cancer	2.3 (1.5)	1.8 (1.3)	1.5 (1.0)	3.9 (1.3)	2.2 (1.4)	1.9 (1.0)	3.0 (1.0)***
Common cold	2.3 (1.5)	2.1 (1.2)	2.1 (1.3)	3.4 (1.4)	1.9 (1.3)	2.2 (1.1)	3.3 (1.0)***
Depression	2.1 (1.2)	2.1 (1.3)	2.0 (1.3)	3.4 (1.4)	3.5 (1.6)	2.1 (0.9)	3.5 (1.1)***
Diabetes	2.5 (1.4)	2.0 (1.3)	1.9 (3.2)	3.8 (1.2)	2.5 (1.5)	2.1 (1.4)	3.2 (1.0)***
Drinking problem	2.2 (1.4)	2.4 (1.6)	2.2 (1.4)	3.3 (1.4)	3.6 (1.6)	2.2 (1.1)	3.5 (1.2)***
Fatigue	2.3 (1.4)	2.2 (1.4)	2.0 (1.3)	3.4 (1.4)	3.0 (1.6)	2.2 (1.1)	3.2 (1.2)***
Seješo [1]	3.5 (1.5)	3.7 (1.5)	2.8 (1.3)	2.2 (1.3)	1.7 (1.3)	3.3 (1.1)***	2.0 (1.1)
Sefolane [2]	3.5 (1.7)	3.5 (1.6)	2.7 (1.3)	2.4 (1.5)	1.7 (1.0)	3.6 (1.3)***	2.1 (1.2)
Insomnia	2.6 (1.4)	2.3 (1.4)	1.9 (1.2)	3.5 (1.3)	2.9 (1.5)	2.3 (1.0)	3.2 (1.1)***

1 *Seješo*: Abdominal trouble associated with ingestion of magical ingredients.

2 *Sefolane*: Feet problems associated with stepping on 'placed' medicine.

Table 3 indicates the ratings for the efficacy of each treatment for each of the 25 complaints

Illness type	Herbalist	Diviner	Prophet	Medical	Psychologist	Traditional/ Faith healing	Western
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Menstrual problems	2.8 (1.5)	2.3 (1.5)	1.9 (1.3)	4.0 (1.2)	2.4 (1.6)	2.3 (1.0)	3.3 (1.1)***
Headache	3.6 (1.4)	3.2 (1.6)	2.2 (1.3)	3.6 (1.3)	2.2 (1.3)	3.0 (1.1)	3.6 (1.3)*
Infertility	3.8 (1.5)	3.4 (1.5)	2.2 (1.2)	3.9 (1.2)	1.9 (1.2)	3.2 (1.1)	2.9 (0.9)
Obesity	2.2 (1.4)	1.9 (1.1)	1.6 (1.0)	3.6 (1.4)	3.2 (1.5)	1.9 (0.9)	3.4 (1.2)***
Venereal disease	3.6 (1.5)	3.8 (1.4)	1.8 (0.9)	3.7 (0.9)	1.9 (1.2)	3.0 (1.0)	2.8 (0.9)
Mental illness	3.5 (1.5)	3.3 (1.5)	2.5 (1.3)	3.5 (1.3)	3.1 (1.5)	3.1 (1.2)	3.3 (1.0)
Stopping smoking	2.4 (1.5)	2.2 (1.5)	2.1 (1.4)	3.3 (1.3)	3.6 (1.6)	2.2 (1.1)	3.5 (1.2)***
Epilepsy	3.3 (1.6)	2.8 (1.4)	2.0 (1.3)	3.3 (1.3)	2.2 (1.5)	2.7 (0.9)	2.8 (1.2)
AIDS	2.2 (1.5)	1.7 (1.0)	1.4 (0.7)	2.1 (1.4)	1.6 (1.3)	1.7 (0.8)	1.8 (1.2)

Minimum rating =1 not at all effective; maximum rating = 5 very effective
*$p<0.05$; **$p<01$;***$p<0.001$ (Paired samples t-test) (2-tailed) at 95% Confidence Interval of the Differences

Table 4: Perceived efficacy by illness type

Type	Herbalist	Diviner	Prophet	Medical	Psychologist	Trad/Faith healing	Western
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Major medical condition	2.4 (1.1)	1.9 (1.0)	1.7 (1.2)	3.8 (1.0)	2.4 (1.2)	2.0 (0.8)	3.1 (0.9)***
Minor condition	2.6 (1.2)	2.1 (1.2)	1.7 (0.8)	4.1 (0.9)	2.3 (1.2)	2.1(0.9)	3.2 (0.8)***
Chronic	2.7 (1.2)	2.2 (1.1)	1.8 (0.9)	4.0 (0.9)	2.3 (1.1)	2.2(0.8)	3.1 (0.8)***
Psychological	2.3 (1.0)	2.2 (1.0)	1.9 (0.9)	3.5 (1.0)	3.4 (1.1)	2.1 (0.8)	3.5 (0.8)***
Traditional	3.4 (1.5)	3.6 (1.5)	2.7 (1.3)	2.3 (1.3)	1.7 (1.2)	3.3 (1.1)***	2.1 (0.2)
All types	2.5 (1.0)	2.1 (1.0)	1.8 (0.8)	(3.7) (0.8)	2.7 (1.0)	2.1 (0.8)	3.2 (0.7)***

Minimum rating =1 not at all effective; maximum rating = 5 very effective

***p<0.001, (Paired samples t-test) (2-tailed) at 95% Confidence Interval of the Differences

personnel (2.1) were perceived as roughly equally inefficacious. Western therapies were seen as significantly more effective than traditional therapies for a total of 16 conditions, while traditional therapies were considered significantly more effective for only two conditions (*seješo* and *sefolane*). There were no significant differences in the perceived efficacy of traditional and western therapies for the following conditions: diarrhoea, infertility, venereal disease, mental illness, epilepsy and AIDS.

The 25 illnesses were classified into five groups:

- Major medical conditions (AIDS, cancer, diabetes, mental illness);
- Minor conditions (common cold, menstrual problems, headache, diarrhoea, anxiety);
- Chronic conditions (allergies, asthma, back pain, blood pressure, TB, infertility);
- psychological problems (depression, drinking problems, fatigue, obesity, stopping smoking, insomnia), and
- Traditional illnesses (*seješo, sefolane*).

Table 4 suggests that the subjects perceived western therapies as significantly more effective than traditional therapies, except for traditional illnesses. For psychological problems traditional therapies were also rated much lower than western therapies. This suggests that most people are not 'for or against' traditional or faith healing, but see it as useful in certain quite specific types of illness or problem.

2. Discussion

The main aim of the study was to determine the public's perception of the efficacy of traditional and western health care in the treatment of a number of illnesses and health problems of differing degrees of severity. The study also sought the subjects' opinions about how people assess the efficacy of traditional or faith healing, and attempted to discover where people obtain the information they need in order to assess efficacy.

Western therapies were seen as significantly more effective than traditional therapies. This was in agreement with previous work in

this field (Booyens *et al* 1998: 159, Good & Kimani 1980: 305, Peltzer 1981: 207 & 1983: 12, Vincent & Furnham 1994:133).

It is surprising that no significant differences in perceived efficacy were found for diarrhoea, infertility, venereal disease, mental illness, epilepsy and AIDS. The finding is particularly remarkable in terms of venereal diseases, epilepsy and AIDS, especially since western medical therapy provides effective treatment for venereal diseases and epilepsy and there is currently no cure for AIDS. However, these findings also agree with those of other studies (Green 1994: 235, Mabunda 1999: 92, Peltzer 1998a: 192 & 1998c: 251). For drinking problems and stopping smoking, treatment by psychological therapy was perceived as efficacious, but treatment by prophets received a low rating. However, Peltzer (1985: 255) found that, among adherents of healing churches such as the Zion Christian Church, prophets were considered to provide efficacious treatment of alcohol-related and smoking problems.

A doctor's opinion, personal accounts from friends or relatives about treatment, television or radio programmes and a religious adviser appeared to be particularly important sources of information on traditional or faith healing. It is surprising that the (western) doctor and television or radio programmes play such an important role. This may reflect the high respect in which medical doctors are held and the effectiveness of weekly radio and television programmes in the local language which are organised by some traditional healers. One might also ask why people believe that traditional therapies are effective in treating illnesses such as venereal diseases and epilepsy if medical opinions outweigh personal recommendation in terms of choice of treatment.

In view of the fact that the sample group of the study was an urban one, it is significant that the majority of the participants (58%) had had some experience of one or more forms of traditional therapies. This conforms with the findings of other studies with African samples (Farrand 1984: 779, Good & Kimani 1980: 310).

As as been indicated, astronger belief in traditional or faith healing was associated with increasing age, less formal education, having visited a traditional healer and minor illness, suggesting that the older generation would be more likely to consider illness to have

a supernatural cause and to decide on a choice of treatment that might influence them in favour of the perceived efficacy of traditional healing (Peltzer 1987: 68). However, comparing the younger (19-29 years) and older groups (30-65 years) the former was significantly associated with western therapy. The younger group's belief in western therapy may well result from the influence of formal education.

Other studies have also found 'less formal education' to be associated with stronger belief in traditional healing (Peltzer 1987: 67). Furthermore, it was found — as in some other studies (Furnham & Bhagrath 1993: 240, Mabunda 1999: 92, Peltzer 1987: 111) — that traditional or faith healing was perceived as having a high efficacy for certain minor conditions such as headache and chronic conditions such as infertility, but not for psychological problems. It may be that traditional/faith healers are perceived as more willing to take minor complaints seriously and/or to offer emotional support to those suffering from chronic illnesses.

3. Conclusions

The significant results emerging from this study with a bearing on further research include the following:

- people draw a distinction between different types of traditional and western therapies;
- different therapies are perceived to be effective for different conditions: herbal treatment for minor conditions such as headache and diarrhoea, divination for 'traditional' illnesses such as *seješo* and *sefolane*, psychological therapy for certain conditions (drinking problems and stopping smoking), faith healing for mental illness, medical therapy for back pain and tuberculosis, etc;
- a number of people are skeptical about the benefits of medical therapy (cf also Vincent & Furnham 1994: 133). Compared to traditional or faith healing, western health care is perceived as relatively efficacious, but the absolute scores indicate that ordinary lay people do not rate it very highly.

Perceived efficacy is probably a crucial factor in a person's decision to seek traditional treatment and to maintain a treatment regime, but

it is only one approach to trying to understand the appeal of traditional healing. Janz & Becker (1984: 1) argued that people have a "health model" made up of a number of different dimensions, which determines when and whether they seek professional care. These dimensions include the perceived readiness or propensity to act, perceived susceptibility and the perceived seriousness of illness. The present study is limited in its scope since it does not consider other factors such as the people's beliefs concerning health, other attitudes towards traditional/faith healing, or a dissatisfaction with western health care that may underlie a decision to seek traditional treatment.

Furthermore, this was a small-scale, exploratory study and the results need to be validated by further research, both locally and nationally. The types and numbers of illnesses and problems investigated in view of the perceived efficacy of treatment were limited and should be expanded and modified according to local particularities. Cross-cultural studies of a similar nature need to be undertaken to give a holistic, all-encompassing view of similarities and differences in the perceived efficacy of traditional and western health care. The study was undertaken among people of a similar cultural background, the 'African' tradition. In general, the similarity in the responses to the questions asked confirms similarities across African cultures. On the whole, it appears that the difference in the responses relates to socio-economic (structural) conditions such as age and education, rather than to subcultural factors.

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