

# Allopathic Practitioners' Awareness, Knowledge, and Use of Traditional Child Healthcare Practices in Tshwane District, Gauteng Province, South Africa

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## ABSTRACT

### Introduction

Traditional healthcare practices, including cultural rituals and the use of traditional medicine, are common among Africans. Some caregivers use both traditional and allopathic medicine for child health; however, they are reluctant to disclose this to allopathic practitioners, fearing negative judgment. This lack of openness causes tension between the two systems and creates a barrier to successful and safe integration.

### Purpose

The purpose of the study was to explore allopathic healthcare practitioners' awareness, knowledge, and utilization of traditional child healthcare practices in a township setting in South Africa.

### Methods

A quantitative exploratory and descriptive design was employed in this study. An all-inclusive sampling technique was applied to select 70 allopathic practitioners; however, only 54 participated. Data were collected using a structured questionnaire and analysed using SPSS.

### Results

Most (98.1%) practitioners were nurses, with one medical officer (1.9%). Results revealed that 77.4% of practitioners were aware of traditional healthcare practices used for child health, with 72.2% identifying specific childhood conditions, such as *hlogwana* (sunken fontanelle), believed to be treatable only by traditional methods. Practitioners with 0–10 years (25.9%) and 11–20 years (27.7%) of experience knew of children's illnesses that are believed to be treatable only by traditional health practices,  $\chi^2(12, N = 54) = 28.018, p = .021.^1$  Notably, 56.6% of respondents reported having used traditional practices themselves, with utilisation significantly associated with older age,  $\chi^2(12, N = 53) = 24.143, p = .019.^2$

### Conclusion

The findings show allopathic practitioners' knowledge, awareness, and use of traditional health practices. They reveal the coexistence of traditional and allopathic healthcare systems in South Africa, driven by cultural familiarity, accessibility, and generational practices. However, tensions persist due to allopathic practitioners' lack of knowledge about potential herb–drug interactions and the stigmatization surrounding traditional medicine. To enhance allopathic practitioners' cultural competence, there is a need to integrate traditional healthcare practices into medical and nursing curricula; develop continuous professional development programmes on traditional medicine's benefits and risks; and create forums for exchanging knowledge between traditional healers and allopathic practitioners to ensure patient safety.

## INTRODUCTION

Various systems of traditional healthcare practices and medicine are used globally, including acupuncture, herbal medicine, indigenous traditional medicine, and others (World Health Organization [WHO], 2019). These traditional health practices are influenced by culture, which promotes holistic approaches to health among different populations (Mothibe & Sibanda, 2019). Such practices begin during pregnancy and childbirth and continue throughout the lifespan. In African countries, pregnant mothers often adhere to traditional practices that are considered protective of both the pregnancy and the infant after birth. A systematic review on the use of traditional, complementary, and alternative medicine (TCAM) in sub-Saharan Africa revealed that 12–90% of women use TCAM during pregnancy due to cultural preferences and perceived safety (James et al., 2018). Some of these women give birth under the supervision of traditional birth attendants and subsequently visit allopathic healthcare facilities (Ohaja et al., 2020).

In countries such as Uganda, certain traditional rituals are performed after birth before the baby is brought home (Beinempaka et al., 2014). These rituals are considered necessary and important by families and parents. In Pakistan, childhood ailments such as diarrhoea are commonly treated at home using herbal remedies passed down through ancestral knowledge (Ahmed et al., 2023). These herbs are also believed to provide spiritual protection. Similarly, in Kenya, some caregivers believe that measles can only be treated using traditional medicine (Ngere et al., 2022).

As in other African countries, traditional healthcare practices are prevalent in South Africa. Approximately 60% of South Africans rely on traditional medicine as their primary source of healthcare (Waite, 2004). These customs and practices are often deeply rooted in family traditions and are passed down through generations. In addition to rituals surrounding childbirth, specific traditional health practices are believed to be effective in treating certain childhood conditions. For example, *thema*, a Northern Sotho term for capillary naevus often found on the back of an infant's neck, and *hlogwana*, referring to a sunken anterior fontanelle, dehydration, and general lethargy, are

traditionally treated using indigenous methods (Lekgothoane & Ross, 2020).

While caregivers often utilise traditional healthcare practices, they also seek allopathic healthcare services for interventions that traditional practitioners do not provide, such as immunisation. During immunisation consultations, children may present with markings on the fontanelle, indicating prior use of traditional practices, which often elicit negative attitudes from allopathic practitioners. These attitudes stem from mistrust and the perception that allopathic medicine is superior to traditional healthcare practices (Chipolombwe, 2005; Kokota et al., 2022). Consequently, patients are often reluctant to disclose their use of traditional health practitioners to avoid negative judgement and stigma (Mokhesi & Modjadji, 2022; Syamsiah et al., 2020; Tsele-Tebakang et al., 2023). The stigma is partly due to the association between traditional medicine and witchcraft (Gumede et al., 2024).

Such negative judgement may prompt some patients to rely solely on traditional medicine, even when allopathic treatment is necessary. This can lead to disease progression, complications, or even death, ultimately increasing child mortality. Furthermore, the concurrent use of traditional and allopathic medicines may lead to drug interactions, causing severe side effects or organ failure (Gouws & Hamman, 2020). To prevent such complications, healthcare providers have acknowledged the importance of understanding traditional medicine (Tsele-Tebakang et al., 2022). Patients often use traditional medicine because of cultural familiarity and its easy accessibility within communities (Mokhesi & Modjadji, 2022). While the concurrent use of both systems is acknowledged, integration remains a significant challenge, leading to issues such as non-disclosure and potential safety hazards (James et al., 2018).

Only 50% of WHO member states have regulations governing the use of TCAM (Hoenders et al., 2024), and most sub-Saharan African countries—excluding South Africa and Ghana—lack such policies (James et al., 2018). Although South Africa has a policy in place, the lack of implementation guidelines hampers the integration of the systems.

Given the insufficiency of regulatory frameworks and considering that about 80% of the South African population uses traditional healing practices alongside contemporary biomedical services (Adu-Gyamfi & Anderson, 2019), it is vital for allopathic practitioners to acknowledge these practices and provide guidance without being judgemental (Ohaja et al., 2020). Therefore, understanding allopathic practitioners' knowledge, awareness, and use of traditional health practices in child health is essential for developing comprehensive and culturally sensitive healthcare approaches.

## METHODS

### *Study Area*

The study was conducted in seven public primary healthcare (PHC) facilities and one community health centre (CHC) in Soshanguve township, City of Tshwane, Gauteng Province, South Africa. Soshanguve, the largest township in Tshwane, spans 126.77 square kilometres and is located 30 km from Pretoria, the capital city of South Africa (Moloi, 2023). The facilities offer comprehensive PHC services, including maternal and child health, chronic disease management, curative and preventative care, and emergency services at the CHC.

### *Study Design, Population, Sampling Techniques, and Size*

A quantitative descriptive design was employed to explore allopathic practitioners' awareness, knowledge, and utilisation of traditional medicine in child health. The target population included 70 allopathic practitioners providing child health services in the selected PHC facilities. A census sampling technique was used to include all eligible practitioners, who had to be full-time employees with at least one year of experience at the facility to ensure familiarity with the community. Out of the 70 practitioners, 54 responded to the study.

### *Data Gathering Procedures and Instrument*

The researcher obtained approval from facility managers and approached eligible allopathic practitioners during their tea and lunch breaks. Information leaflets were distributed, and informed consent was obtained from those who agreed to participate. Data were collected using a self-administered English questionnaire developed based on a literature review (Brink & Van Rensburg, 2022). The questionnaire consisted of four sections: demographic

data, awareness of traditional child healthcare practices, knowledge of illnesses traditionally treated, and the use of traditional healthcare in child health. Responses were measured using a three-point Likert scale: "disagree," "neither disagree nor agree," and "agree." The questionnaire was anonymous.

Participants were given seven days to complete the questionnaires, which were to be returned in sealed envelopes to the facility managers. The researcher provided contact details for any necessary clarifications and collected the questionnaires as scheduled.

### *Data Analysis*

Data from 54 respondents (response rate: 77.1%) were entered into a Microsoft Excel spreadsheet, cleaned, and analysed using SPSS version 28.0. Descriptive statistics were used to summarise data, while inferential statistics, including the Chi-square test, were used to examine associations between age, gender, years of service, and awareness, knowledge, and use of traditional child healthcare practices. A significance level of  $p < 0.05$  was used. The assumptions of the Chi-square test—frequencies in each cell, expected values above five, mutually exclusive categories, and nominal measurement level—were met. Missing data were handled using listwise deletion, which involves analysing only cases with complete data (Heymans & Twisk, 2022).

### *Validity and Reliability*

Validity refers to the extent to which an instrument measures what it is intended to measure (Gray & Grove, 2021). Content validity was ensured through a literature review and peer review by research mentors. A statistician assisted in developing the questionnaire to ensure accurate data capture. Reliability—the consistency of the instrument—was also tested. The questionnaire's internal consistency was acceptable, with a Cronbach's alpha of 0.744 (Brink & Van Rensburg, 2022). A pretest was conducted with seven nurses at a neighbouring facility not included in the final data collection. No adjustments were needed following the pretest.

### *Ethical Considerations*

Informed consent was obtained after respondents reviewed the information leaflet. Participation was voluntary, and respondents were informed of their right to

withdraw at any time. The principles of anonymity, confidentiality, and privacy were upheld throughout the study.

## RESULTS

### Demographic Characteristics

**Table 1:**  
Participants' Demographic Information

Variables	Frequency	Percent (%)
<b>Age (years)</b>		
20-30	8	15.1
31-40	8	15.1
41-50	18	34.0
50-59	15	28.3
60+	4	7.5
<b>Gender</b>		
Male	7	13.0
Female	47	87.0
<b>Profession</b>		
Doctor	1	1.9
Nurse	53	98.1
<b>Years of Experience</b>		
0-10	19	35.1
11-20	22	40.7
21-30	9	16.7
31-40	1	1.9
41-50	3	5.6

A total of 54 allopathic practitioners participated in the study. Of these, the majority were female (87%, n = 47) and nurses (98.1%, n = 53). Only one medical doctor responded to the questionnaire. Age distribution was as follows: 20-30 years (15.1%), 31-40 years (15.1%), 41-50 years (34%), 50-59 years (28.3%), and 60+ years (7.5%). Most participants had 11-20 years of experience (40.7%, n = 22), followed by 0-10 years (35.1%, n = 19). All respondents were of African descent.

### Allopathic Practitioners' Awareness of Traditional Healthcare Practices in Child Healthcare

**Table 2:**  
Allopathic Practitioners' Awareness of Traditional Healthcare Practices in Child Healthcare (n = 53)

Awareness Level	0-10 n (%)	11-20 n (%)	21-30 n (%)	31-40 n (%)	41-50 n (%)	Total
Disagree	1 (1.9)	3 (5.7)	1 (1.9)	0 (0.0)	0 (0.0)	5 (9.4)
Neither disagree nor agree	4 (7.5)	1 (1.9)	1 (1.9)	0 (0.0)	1 (1.9)	7 (13.2)
Agree	14 (26.4)	18 (33.9)	6 (11.3)	1 (1.9)	0 (0.0)	41 (77.4)
<b>Total</b>	<b>19 (35.1)</b>	<b>22 (41.5)</b>	<b>8 (15.1)</b>	<b>1 (1.9)</b>	<b>3 (5.7)</b>	<b>53 (100.0)</b>

Most respondents (77.4%, n = 41) indicated awareness of traditional healthcare practices used in child health. Only 9.4% (n = 5) stated that they were not aware, while 13.2% (n = 7) neither agreed nor disagreed. One respondent did not answer. No significant association was found between respondents' gender or age and their awareness. However, the majority (60.3%, n = 32) of those with 0-20 years of experience were aware of traditional healthcare practices in child health.

### Allopathic Practitioners' Knowledge of Children's Illnesses Believed to Be Treatable Only by Traditional Health Practices

**Table 3:**  
Allopathic Practitioners' Knowledge of Children's Illnesses Treatable by Traditional Health Practices

Knowledge Level	0-10 n (%)	11-20 n (%)	21-30 n (%)	31-40 n (%)	41-50 n (%)	Total
Disagree	2 (3.7)	3 (5.6)	0 (0.0)	1 (1.9)	0 (0.0)	6 (11.1)
Neither disagree nor agree	3 (5.6)	4 (7.4)	2 (3.7)	0 (0.0)	0 (0.0)	9 (16.7)
Agree	14 (25.9)	15 (27.7)	7 (13.0)	0 (0.0)	3 (5.6)	39 (72.2)
<b>Total</b>	<b>19 (35.1)</b>	<b>22 (40.7)</b>	<b>9 (16.7)</b>	<b>1 (1.9)</b>	<b>3 (5.6)</b>	<b>54 (100.0)</b>

Note:  $\chi^2(12, N = 54) = 28.018, p = 0.021$

The majority (72.2%) reported knowledge of childhood ailments believed to be treatable only through traditional healthcare. Half of the respondents (n = 27) identified "Hlogwana" as an example. This condition is characterised by generalised lethargy, a sunken fontanel that is not closing, and signs of dehydration (Lekgothoane & Ross, 2020). A significant association was found between years of experience and knowledge of such illnesses. A Pearson Chi-square test indicated that more than 25% of respondents with 0-10 years (25.9%) and 11-20 years (27.7%) of experience had this knowledge ( $\chi^2(12,$

$N = 54$ ) = 28.018,  $p = 0.021$ ). No significant association was found with age, gender, or profession.

### *Allopathic Practitioners' Utilisation of Traditional Healthcare Practices in Child Health*

**Table 4:**  
Allopathic Practitioners' Utilisation of Traditional Healthcare Practices in Child Health

Utilisation Level	20-30 (%)	n 31-40 (%)	n 41-50 (%)	n 50-59 (%)	n 60+ (%)	n Total
Disagree	4 (7.5)	1 (1.9)	10 (18.9)	5 (9.4)	0 (0.0)	20 (37.7)
Neither disagree nor agree	0 (0.0)	0 (0.0)	0 (0.0)	2 (3.8)	1 (1.9)	3 (5.7)
Agree	4 (7.5)	7 (13.2)	8 (15.1)	9 (17.0)	2 (3.8)	30 (56.6)
<b>Total</b>	8 (15.1)	8 (15.1)	18 (34.0)	16 (30.2)	3 (5.7)	53 (100.0)

Note:  $\chi^2(12, N = 53) = 24.143, p = 0.019$

A majority of respondents (56.6%,  $n = 30$ ) agreed that they had previously used traditional healthcare practices in managing child health. Meanwhile, 37.7% ( $n = 20$ ) disagreed. A significant association was found between respondents' age and their utilisation of traditional healthcare practices. Specifically, 13.2%, 15.1%, and 17.0% of respondents aged 31-40, 41-50, and 50-59 years, respectively, reported such utilisation ( $\chi^2(12, N = 53) = 24.143, p = 0.019$ ). No significant association was found with gender, profession, or years of experience.

## DISCUSSION

The study demonstrates allopathic healthcare practitioners' knowledge, awareness, and utilisation of traditional child healthcare practices in a township setting within the South African primary healthcare system. The predominance of nurses—comprising 98.1% of the personnel involved in this study—reflects the reality that nurses carry out most tasks in South African basic healthcare institutions, while medical doctors and other healthcare professionals often operate on a sessional basis. This staffing arrangement aligns with the typical structure of primary healthcare provision in South Africa (Nesengani et al., 2021), providing insight into the perspectives of the main caregivers, who engage most frequently with patients and their families.

The study revealed that most allopathic practitioners (77.4%) are aware of traditional healthcare practices used by parents or caregivers for their children. These findings are consistent with those of Gumede et al. (2024) and

Mokhesi and Modjadji (2022), who found that allopathic practitioners were knowledgeable about patients' use of traditional health practices, despite frequent non-disclosure. Similarly, an African study reported that 3 out of every 100 women who utilised allopathic child healthcare services had also sought assistance from traditional healers (James et al., 2023).

Furthermore, the study indicated that 60.3% of practitioners with 0-20 years of experience were aware of traditional child healthcare practices. This finding is unsurprising, as this group constituted the majority (75.8%) of the study population. It may be attributed to younger allopathic practitioners having a better understanding of diverse cultures and traditional healthcare practices, likely due to their exposure to multicultural environments during training and the integration of cultural diversity into healthcare science curricula (Moeta et al., 2019). However, although younger practitioners are trained in cultural diversity, the curricula may not adequately address the integration of traditional medicine into allopathic practice. This gap may result in a lack of confidence in discussing traditional practices with patients, leading to persistent non-disclosure and missed opportunities for holistic care.

These results contrast with Mokgobi (2016), who found that allopathic healthcare professionals often lacked knowledge of traditional healing. A lack of knowledge directly affects how allopathic practitioners respond to patients. Tsele-Tebakang et al. (2022) similarly found that limited knowledge hindered effective communication between practitioners and patients. Consequently, practitioners may discourage the use of traditional medicines rather than engage constructively. In addition to associations with witchcraft, traditional medicine is often discouraged due to the risk of drug interactions and lack of understanding of its benefits (Gall et al., 2019). This highlights the need for practitioners to possess sufficient knowledge of traditional medicine's benefits, side effects, and contraindications to provide comprehensive healthcare (Sener, 2022).

Interestingly, 72.2% of practitioners in this study knew of childhood conditions believed to be curable by traditional practices. However, only one such condition—*hlogwana*,

loosely translated from Sotho as “small head” –was mentioned. This finding aligns with Mokgobi (2016), who also reported that *hlogwana*, referred to as “infant fallen fontanel,” was recognised by allopathic practitioners. Although only one condition was identified in this study, other research has shown that traditional medicine is believed to treat several childhood conditions, including diarrhoea, dehydration, and infantile colic (Anheyer et al., 2017), as well as measles and illnesses believed to have supernatural origins, such as witchcraft or transgression of cultural taboos (Ngere et al., 2022; Rankoana, 2022).

Caregivers often navigate between both healthcare systems. This is consistent with the findings of Lekgothoane and Ross (2020), who observed that caregivers may start with medical treatment and, if dissatisfied, turn to traditional healers –or vice versa. Caregivers often seek traditional healers' services due to generational influence (Lekgothoane & Ross, 2020). Additionally, traditional services are more accessible and affordable, often provided by community-based healers (Rankoana, 2022). Sener (2022) observed that, despite advice from allopathic practitioners, parents still use traditional medicine because it is recommended by family and friends. However, parents often avoid informing allopathic practitioners, believing it falls outside their interest or expertise. This necessitates openness and non-judgemental attitudes from allopathic practitioners, particularly nurses. They should inquire about all treatments the child is receiving to assess both positive and negative effects and provide holistic consultation (Sener, 2022). This approach requires practitioners to have a deep understanding of the community they serve, including their cultural and health-related expectations (Gunaydin, 2018).

It is not surprising that 55.6% of allopathic healthcare practitioners reported having previously used traditional healthcare practices for child health, given their awareness of parents' use of such methods. Literature indicates that over 70% of people globally possess knowledge of traditional medicine and use it regularly (Al Akeel et al., 2018). A significant increase ( $p = 0.019$ ) in the use of traditional medicine with increasing age suggests that older practitioners are more inclined to utilise traditional health practices. This may be due to their upbringing in

environments where traditional medicine was prevalent and influenced by ancestral beliefs. These findings are supported by earlier African studies reporting psychiatric nurses' involvement in traditional healing (Kahn, 1996; Lee et al., 2025). In contrast, Mokgobi (2016) found that 88.7% of practitioners had never or rarely consulted traditional healers before qualifying and 90.9% after qualification. While overall use was low in that study, many practitioners had heard of colleagues consulting traditional healers for non-medical purposes.

The findings indicate that both allopathic practitioners and patients use both systems. In South Africa, traditional healthcare practices and practitioners are formally recognised through the **Traditional Health Practitioners Act 22 of 2007**. The duality of healthcare creates cultural tension as nurses and patients oscillate between Western and traditional approaches. However, concurrent use – particularly in child health – can be unsafe due to potential herb-drug interactions (Gouws & Hamman, 2020). Thus, allopathic providers must be informed about traditional medicine use and exhibit open, caring attitudes to enable patient disclosure. Integration of the two systems in the South African healthcare context would allow for stakeholder engagement and mutual understanding of each system's indications and effects, potentially reducing treatment conflicts. Full integration remains challenging due to limited scientific evidence on traditional medicine's safety and efficacy (Mothibe & Sibanda, 2019). Nevertheless, open communication and referral pathways between the systems can be established, supported by policy regulation – an area currently lacking (Makhavhu, 2024). This could also promote scientific research into traditional medicine. Bridging the divide between traditional and biomedical systems would enhance patient care while ensuring safety.

### Limitations

This study employed a cross-sectional design, which identified associations between practitioners' age and years of experience with their knowledge and use of traditional medicine, respectively. However, it could not establish causality. The findings may not be generalisable to other geographical regions or healthcare settings in South Africa, as the study was conducted in a single township in Gauteng Province. The sample consisted

predominantly of nurses, and the sample size was relatively small, limiting conclusions regarding inter-professional differences in awareness, knowledge, and use of traditional practices.

Additionally, the use of self-report measures introduces the potential for social desirability bias, as respondents may have underreported their use of traditional medicine due to stigma. This bias was mitigated by assuring anonymity and encouraging honest responses. Lastly, the 22.9% non-response rate presents the possibility of systematic error if the views of non-respondents differ significantly from those of respondents.

## CONCLUSION

This study investigated allopathic practitioners' knowledge, awareness, and utilisation of traditional child healthcare practices in South Africa. The findings highlight the coexistence and use of traditional and allopathic healthcare systems among both patients and practitioners. This duality reflects the complexity of healthcare delivery in the South African context and underscores the need for practitioners in both systems to understand and respect each other's paradigms. Such mutual recognition could reduce tension, facilitate open communication, and promote more holistic, culturally competent healthcare. Therefore, a more integrated approach to healthcare that values both systems while ensuring patient safety is essential to improving child health outcomes.

## Recommendations

To improve allopathic practitioners' knowledge and awareness beyond the current 72.2%, cultural and traditional healthcare practices should be integrated into nursing and medical training curricula. This would enhance cultural competence and understanding of traditional healing systems. Implementation within a five-year period is feasible, especially in institutions already committed to promoting cultural diversity.

In addition, continuing professional development programmes should be introduced to explore the benefits, risks, and integration of traditional and allopathic approaches. Platforms for dialogue and knowledge exchange between traditional healers and allopathic

practitioners should be established to build mutual respect and understanding.

Although the **Traditional Health Practitioners Act 22 of 2007** was enacted in 2007, it lacks implementation guidelines, hindering effective integration. As a long-term strategy, the South African National Department of Health should develop clear policy guidelines to facilitate the integration of traditional and allopathic healthcare systems.

**Ethical Approval:** Ethical approval was obtained from the Faculty Committee for Research Ethics, Faculty of Science, Tshwane University of Technology, South Africa (FCRE 2020/05/003 (FCPS 02) (SCI)).

**Conflicts of Interest:** None declared.

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