The use of formal, informal and alternative health care in a rural Indian community in South Africa

Where do these patients go to and what do they believe and expect?

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Curriculum vitae

Dr Neethia Naidoo qualified as a general practitioner from the University of Natal Medical School in Durban. He has been in general practice since 1972 and obtained the MFGP in 1978. He is chairman of the Natal Midland Branch of the South African Academy of Family Practice/Primary Care and is a member of the National Council of the Academy. He was the first President of the National Medical and Dental Association (NAMDA). He is presently chairman of the Dalton and Districts Child and Family Welfare Society and District Surgeon for the magisterial district of New Hanover.

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Summary

A study was carried out among Indian families in a rural community in South Africa to ascertain their use of formal care (hospital, general practitioners, chemists), informal care (traditional healers, traditional beliefs and practices) and alternative health care (homeopaths, acupuncturists, chiropractors) over a one-month period.

A high percentage of people (75% - 90%) reported that they were satisfied with the formal health care services and that they received some explanation regarding their health problem.

A fairly high usage of informal resources and traditional healers was found (60% - 80%), whereas the use of alternative practitioners was relatively low (13%).

Although none expressed a greater degree of satisfactory care than that by the doctor, a fairly high percentage of satisfaction was reported from using informal health care options and alternative health care with regard to outcome of treatment or explanation concerning their illness.

The findings serve to emphasise the more universal aspects of the choice of healer or use of traditional beliefs and practices among Indians. Individual general practitioners should be able to piece together a much more detailed picture of the range of healing resources or options some patients are using.

Alternative or fringe medicine usage has been the subject of a lot of study and media coverage recently[1,2]. Doctors themselves are becoming interested in alternative treatments. A survey of general practitioner trainees in Britain showed that 70 of the 86 questioned wanted training in techniques such as hypnosis, acupuncture, manipulation, homeopathy and herbalism[3].

For the purposes of this study *formal health* care included hospitals and their health teams, private doctors and retail pharmacists.

Informal health care included traditional beliefs and practices such as observance of religious rites and prayers, use of traditional Indian medicine, use of religious charms, visiting a temple, Hindu priest, faith healer or Christian priest. Petitioning a saint such as Badsha Peer (a Moslem Saint), performing a sacrifice or undertaking acts of penance in relation to some illness, were also studied.

Alternative health care included Western or fringe practitioners such as chiropractors, homeopaths, naturopaths and acupuncturists.

African traditional healers or practitioners were also studied. These included inyangas, sangomas and those who used izinyamazane for treating illnesses.

The problems I experienced in the practice when the above utilisation has on several occasions interfered with compliance with medication or advice, is the reason why I undertook this study. I was interested to find out what informal and alternative health care options were used, how often they were used in response to some health need and also why such treatments were being sought, and what people's views were on such usage, especially when compared with formal health care. I was also interested to identify patterns of use by the different religious groups in the area.

Almost 90% were satisfied with formal health care services and received some explanation regarding their health problem

Two school teachers and a school psychologist who have had some experience with interview techniques, interviewed the families and recorded their data on a questionnaire. The respondents were usually the mother or father, or grandparents. Each respondent was asked about details of visits to formal, informal or alternative health care services during the one-month period prior to the interview. The period of study extended from June 1984 to January 1985.

In a total township survey two hundred and fifty seven (257) families were interviewed. Nineteen (19) questionnaires were rejected (it was felt that the data was unreliable as the respondents were uncooperative and were withholding information). A total of 238 questionnaires were analysed for this study.

A simple questionnaire was used for the collection of data and the interviewers were thoroughly briefed on its use.

The data was analysed by computer at the Medical Research Council's statistics department in Pretoria.

Results

The distribution of respondents according to religious, sex and age groups is shown in Tables 1, 2 and 3.

Table 1: *Distribution of respondents according to religious groups*

Religion	Number and percentage
Hindu/Tamil	174 (73%)
Christian	52 (22%)
Moslem	12 (5%)
Total	238 (100%)

Table 2: *Distribution of respondents according to sex*

Sex	Number and percentage
Male	51 (22%)
Female	187 (78%)
Total	238 (100%)

Table 3: *Age distribution of respondents*

Age in years	Number and percentage
20 - 39 yrs	179 (75%)
40 - 59 yrs	55 (23%)
Over 60 yrs	4 (2%)
Total	238 (100%)

Table 4 shows the use of formal health care resources. One hundred and ninety-seven (197) families (83%) had visited a doctor during the one month prior to the study. There were no differences between the groups. One hundred and six (106) families (44%) reported visits to the hospital during the same period. More Christians and Moslems went to hospital than did Hindus. Ninety-five (95) families (40%) visited a chemist. Moslems visited chemists more than the other religious groups. (P=0,025).

Table 4: *Utilisation of formal health care resources according to religious groups*

Health Resource	Religious Groups - number and percentage (%)			
	Hindu/Tamil	Christian	Moslem	Total
	174 (73%)	52 (22%)	12 (5%)	238 (100%)
Doctor (D)	144 (80%)	43 (83%)	10 (84%)	197 (83%)
Hospital (H)	70 (40%)	30 (58%)	6 (50%)	106 (45%)
Chemist (C)	69 (31%)	19 (37%)	7 (58%)	95 (40%)

The use of the various informal health care resources according to religious groups is shown in Table 5.

One hundred and eighty-nine (189) families used patent medicines (75%), 192 families (81%) consulted a friend, neighbour or self-medicated, and 219 (92%) used various traditional health care resources. Only 33 families (14%) used alternative or fringe practitioners.

Table 5: *Utilisation of informal health care resources according to religious groups*

Health care resource	Religious groups - number and percentage (%)					
	Hindu/Tamil	Christian	Moslem	Total family	X^2	P*
	174 (73%)	52 (22%)	12 (5%)	238 (100%)		
Patent medicine	140 (81%)	40 (77%)	9 (75%)	189 (79%)	0,5	0,92
Friend, neighbour or self-medication	139 (71%)	44 (85%)	9 (75%)	192 (81%)	0,87	0,82
Traditional health care options	159 (91%)	48 (92%)	12 (100%)	219 (92%)		
Alternate or fringe practitioners	21 (13%)	7 (12%)	4 (33%)	33 (14%)		

* Probability

Table 6: *Utilisation of traditional practices according to religious group*

Traditional beliefs and practices	Religious groups - number and percentages (%)					
	Hindu	Christian	Moslem	Total	X^2	P
	N= 174 (73%)	N= 52 (22%)	N= 12 (5%)	238 (100%)		
1. Used traditional Indian medicine	118 (68%)	30 (58%)	6 (50%)	154 (65%)	3,3	0,100
2. Observed religious rites and prayers	174 (100%)	29 (56%)	4 (33%)	207 (87%)	32,8	0,001
3. Had to wear a religious charm	105 (60%)	9 (17%)	5 (42%)	119 (50%)	30,13	0,001
4. Visited a temple Hindu priest	144 (83%)	2 (4%)	0,00	146 (61%)	71,6	0,001
5. Christian priest	11 (6%)	40 (77%)	0,00	51 (21%)	122,2	0,001
6. Faith healers, guru and Badsha Peer	30 (17%)	14 (27%)	11 (91%)	55 (23%)	35	0,001
7. Undertook acts of penance and performed a sacrifice	153 (88%)	42 (81%)	10 (83%)	205 (87%)	1,74	0,5

Table 6 shows the use of traditional practices in the study population.

Two hundred and eight (208) families (87%) had observed some religious rites and prayers in response to some health need. All Hindu families had observed this during the study period. A high percentage of families (154 or 65%) used some traditional Indian medicine. Significantly more Hindus did so than the other religious groups. (P = 0,001). Significantly more Hindus wore religious charms or visited a temple or Hindu priest than did the other religious groups (P = 0,0001).

Eleven (11) Moslem families (91%) petitioned Badsha Peer (a Durban Moslem Saint) in response to some illness or misfortune. None of the Moslems had visited a Hindu priest, Temple or a Christian priest whereas Hindus had used traditional practices of the other religious groups.

The use of alternative Western and African practitioners was very limited, Table 7. Twenty-nine (29) families (12%) had visited Western alternative practitioners. There were no statistical differences among the various groups or among the different "practitioners'. Only four (4) families (1,7%) made use of African practitioners for their health needs. None of the Moslem and Christian families visited the latter practitioners. The numbers in this group were too few for statistical analysis.

Table 7: *Utilisation of alternative Western and African practitioners according to religious groups*

Alternative Western/ African practitioners	**Religious groups** - number and percentage (%)				
	Hindu 141 (59%)	Moslem 12 (5%)	Tamil 33 (14%)	Christian 52 (22%)	Total 238 (100%)
Chiropractor	7 (5%)	2 (17%)	0	2 (3%)	11 (5%)
Homeopath/Naturopath	5 (4%)	1 (8%)	0	3 (6%)	9 (4%)
Acupuncture	5 (4%)	1 (8%)	1 (3%)	2 (4%)	9 (4%)
Inyanga	0	0	1	0	1
Isangoma	1	0	1	0	2
Used Izinyamazane	0	0	1	0	1

Table 8 shows those families who reported that they had received some explanation regarding the cause of their illness or problem by formal health care services. Only those families who had visited formal health care services were analysed.

One hundred and seventy-three (173) families (88%) reported receiving some explanation from their doctor, and 91 families (86%) reported some explanation about their illness from hospital doctors. It is interesting to note that seventy-three families (77%) who used a pharmacist reported satisfactory explanation regarding their problem.

Table 9 shows the explanation offered by various informal health care resources. One hundred and sixty-six (166) families (86,5%) who consulted a friend or neighbour reported some satisfactory explanation about their problem.

The various traditional practices which were grouped, according to their practical usage, uniformly showed that in 70% to 85% of cases a satisfactory explanation was received, except for patent medicines obtained over a shop counter where an explanation was received in only 46% of cases.

More than one, and in some cases, several options were used by the same families. This would account

Table 8: *Explanation offered regarding cause or nature of illness by formal health care resources*

Formal health care resource	**Explanation received**	**Explanation not received**	**Total**
Doctor	173 (88%)	24 (12%)	197 (100%)
Hospital	91 (86%)	15 (14%)	106 (100%)
Chemist	73 (77%)	22 (23%)	95 (100%)

for the large number of families who used various informal and traditional practices.

Alternative or fringe practitioners who were consulted offered some explanation in 76% of the cases. Only 8 families (24%) did not receive an explanation regarding the nature of their problem.

Table 9: *Explanation offered regarding cause or nature of illness by informal health care resources*

Informal health care resources	Explanation received	Explanation not received	Total
1. Friend or neighbour	166 (87%)*	26 (14%)	192
2. Shop assistant selling patent medicine	88 (47%)	101 (53%)	189
3. Use of traditional medicine	131 (85%)	23 (15%)	154
4. Observance of a religious rite or prayers	168 (81%)	40 (19%)	208
5. Visit to a temple Hindu priest and wearing a religious charm	207 (78%)	28 (22%)	265
6. Performed a sacrifice or undertook acts of penance	170 (83%)	35 (18%)	205
7. Faith healer, guru, visit to shrine of Badsha Peer	39 (71%)	46 (30%)	55
8. Christian priest	39 (77%)	12 (24%)	51
9. Alternate or fringe practitioners	25 (76%)	8 (24%)	33

* Number and percentage (%)

One hundred and eighty-one (181) families (92%) who visited a doctor (usually the family doctor) reported that they were satisfied with the outcome of their treatment, (Table 10).

Over 88% reported a similar outcome with hospital based care. Eighty-six (86) of the ninety-five (95) families (90%) reported being satisfied with the pharmacist's services.

Various traditional and informal options were grouped according to their practical usage. Some families used more than one, or several, informal or traditional practices, reflected under the total usage.

Between 77% and 90% who used traditional practices reported a satisfactory outcome and 86% to 89% were satisfied with consulting friends, neighbours and using patent medicines; 85% were satisfied with the outcome of visits to alternative or African practitioners (Table 11).

Discussion

Interest is growing in alternative medical systems both among patients and lay healers who have found them helpful, and among physicians and scientists who are beginning to find that they may have something to offer[4].

Table 10: *Formal health care resources satisfactory response according to outcome*

Formal health care resource	Positive response	Negative response	Total treatment
Doctor	181 (92%)*	16 (8%)	197
Hospital	94 (89%)	12 (11%)	106
Chemist	86 (90%)	9 (10%)	95

* Number and percentage (%)

Table 11: *Informal health care resources satisfactory response according to outcome*

Informal health care resources	Positive response	Negative response	Total
1. Friend or neighbour	165 (86%)*	27 (14%)	192
2. Patent medicine	168 (89%)	21 (11%)	189
3. Use of traditional Indian medicine	135 (88%)	19 (12%)	154
4. Observance of a religious rite and prayers	176 (85%)	32 (15%)	208
5. Visited a temple, Hindu priest and wearing a religious charm	112 (77%)	34 (23%)	146
6. Undertook acts of penance, performed a sacrifice	280 (86%)	44 (14%)	324
7. Faith healer, guru, & visited a Badsha Peer shrine	49 (89%)	6 (11%)	55
8. Christian priest	46 (90%)	5 (10%)	51
9. Alternate or fringe practitioners	28 (85%)	5 (5%)	33

* Number and percentage (%)

Many people use a combination of informal, alternative or traditional beliefs and practices while at the same time consulting their doctor or other formal health care service[5,6,7,8].

In a study of one thousand patients (1 000) attending a general practice in Britain it was found that a total of 2 285 non-professional sources had already been consulted[11]. These included self-treatment, advice from friends, spouses, other relatives, magazines, medical books, etc. as well as informal consultation with pharmacists and nurses. Interestingly enough more young patients made use of such help than did older patients. McWhinney found about 50 to 80% of adults reported taking over-the-counter medication in a two- to four-week period[12]. This compares well with the findings in this study. Previously researchers have also found that lay referrals take place commonly[9,10,11]. Ninety-two percent (92%) of families made use of informal and traditional practices in this study. The influence of traditional, cultural, social, religious and family factors can and do play an important role in who is consulted.

Up to 80% of adults use over-the-counter medication

With reference to formal and informal choices, it has already been noted that one system is often chosen when the other has failed. The failure or success of any system is to some extent tied up with its perceived ability to deal with certain types of illnesses[10]. Not many Hindus and Christians consulted faith healers and gurus as there are none in the area and not many are generally available. The paucity of alternative practitioners in the area and the unwillingness to talk easily about visits to African practitioners account for the relatively low usage in this category. The author believes that more people visited traditional African practitioners than was actually recorded.

Patient satisfaction is the single most important determinant of compliance

It is reported that patient satisfaction is the single most important determinant of compliance with advice and medication[13].

Access, availability and physician conduct were reported as the major sources of satisfaction among adults. Parents of patients were satisfied when their expectations for the visit were met, when the visit resulted in their understanding the nature of the child's illness, when they were reassured, when they saw the doctor as being friendly and warm and when medical jargon was not used[14].

Time spent waiting to see the doctor is a cause for dissatisfaction as is the lack of information received from the doctor, and above all, the costs of health care[13]. Persons who see their own or the same doctors regularly show more satisfaction than those who see different doctors in a series of visits.

In the present study the above reasons were also given for making them feel better or more satisfied with the formal or informal healers. The availability and accessibility of the doctor was the most important factor. The present high cost of doctors'

visits and treatments were of concern to a large number of families.

Western doctors should not ignore the traditional beliefs and customs of their patients

An almost uniformly high degree of satisfaction with formal health care is indeed interesting. The area is served by young, motivated and experienced general practitioners[15].

An almost uniformly high degree of satisfaction was also recorded with informal healers and traditional practices but none as high as that of the doctor, except for the Christian priest. People reported between 75 to 90% satisfaction with informal healers and traditional practices they used.

Conclusion

At the practical level informal or traditional healers and their practices will always continue to fulfil important roles, distinct from those of formal practitioners.

One of the criticisms of some doctors treating Indian patients within a Western medical model is that, although they might cure the symptoms of the illness, they sometimes tend to ignore the traditional beliefs and practices of their patients. They not only have to answer the critical question of why the illness occurred and why it is presenting now, but should also understand what the patient's idea of the illness is[16]. They may thus sometimes fail to appreciate their patients' feelings or meet their expectations, fears and needs[17]. Periodic surveys may have to be made to discover the existence of such needs, as patient satisfaction is of prime importance in any health care field, especially in general practice[18].

Our lack of knowledge and our approach towards many informal or traditional usages has probably deprived some of us doctors from recognising or appreciating the importance that some people attach to this aspect of their health care[19].

This is an area that we as Western-trained doctors ought to be more aware of, the effect of the doctor as a "drug" and the quality of the doctor-patient relationship on compliance in general practice[9].

The factors that influence individuals and families to seek professional medical advice are varied and relate to personal, family, social and traditional customs and beliefs, as well as to the nature and severity of the illness. All of us in practice have experience of low, medium and high frequency attenders. It is a field that requires more study and investigation if we are to help our patients use our services with more discrimination and with less waste.

It is acknowledged that individual patients do make use of a variety of healing resources. It is recommended that more studies be undertaken to find out why, when and how particular choices are made and also what, where and which traditional or informal practices are used in relation to a health need.

The findings with regard to use of informal health care, and especially traditional healers and practices among Indians in a rural area, emphasises that these are no longer insignificant aspects of the total health care system. The findings serve to emphasise the more universal aspects of the choice of healers. Individual general practitioners should be able to piece together a much more detailed picture of the range of healing resources or options which some Indian patients are consulting.

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