

INTEGRATING TRADITIONAL HEALTH CARE PRACTICE INTO PRIMARY
HEALTH CARE SERVICES: FROM THE PERCEPTIONS OF NURSES AND
MEDICAL OFFICERS IN WINDHOEK DISTRICT, KHOMAS REGION.

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HESEKIEL TUUTALENI SHILYOMUNHU

STUDENT NUMBER: 9700102

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SUPERVISOR: DR. T.W. SHUMBA, UNIVERSITY OF NAMIBIA

CO-SUPERVISOR: MR. D. HAUFIKU, UNIVERSITY OF NAMIBIA

ABSTRACT

Background:

This research explored the perceptions of nurses and medical officers in Windhoek District, Khomas Region, on the relevance of integrating traditional health care practice into primary health care services. The study aimed to understand the role of traditional health care practice on the healthcare system and the potential advantages and disadvantages associated with its integration.

Methods: The population of this study consisted of nurses and medical officers stationed in Primary Health Care Facilities in Windhoek District, Khomas Region. A total of thirty-eight (38) participants comprised of; twenty-nine (29) nurses and nine (9) Medical Officers took part in this study, who were selected using purposive heterogeneous sampling method. An ethnographic research design was used to collect data through interviews and focus group discussions. Data analysis was guided by the direct content analysis framework from Roger's Diffusion of Innovation (DOI) theory on adoption processes for a new innovation, namely: compatibility, relative advantage, trial ability, observability, and complexity. These criteria were applied to the adoption of traditional health care services as a new/innovative idea for incorporation into the modern health care system (PHC services).

Results: The findings from this study revealed the importance of embracing and respecting traditional healthcare practices and professionalizing them. Integration, collaboration, and regulation were seen as essential elements for enhancing healthcare services and meeting the diverse healthcare needs of the population. Additionally, the findings emphasized the need for regulatory frameworks to ensure the safety and effectiveness of traditional healthcare services and echoed the significance of interdisciplinary dialogue and cooperation.

Conclusion: It is recommended that policymakers and healthcare authorities consider developing clear regulatory frameworks, create comprehensive, holistic regulatory guidelines, and standards for the integration of traditional health practices into the primary healthcare system, with a special focus on patient safety, efficacy, cultural sensitivity, and the preservation of Namibia's diverse ethnic traditional knowledge and healing practices.

Key words: traditional healthcare practice, primary health care, integration, collaboration.

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ACRONYMS AND ABBREVIATIONS:

AJTCAM: African Journal of Traditional, Complementary and Alternative Medicines

CHWs: Community Health Workers

DOI: Diffusion of Innovation Theory

EN: Enrolled Nurse

MO: Medical Officer

MOHSS: Ministry of Health and Social Services

NDHS: Namibia Demographic Health Survey

NETHA: Namibia Eagle Traditional Healers Association

NGO: Non-Governmental Organization

NHPF: National Health Policy Framework

PHC: Primary Health Care

RN: Registered Nurse

TBA: Traditional Birth Attendant

T&CM: Traditional and Complementary Medicine

THP: Traditional Health Practitioners

TM: Traditional Medicine

WHO: World Health Organization

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DEDICATION

This research paper is dedicated to the Community Based Health Care fraternity in Namibia and beyond its borders, who dedicate their time and energy to serve the communities under unfavorable and sometimes even harsh conditions. Their contribution towards national health outcomes through activities related to prevention, health promotive, basic curative, and early referrals to facilities for professional health care services continues to be a living proof of the need for their integration into the formal Primary Health Care system. Their inspiration has been a constant source of strength and motivation throughout this endeavor.

DECLARATION

I, Hesekeiel Tuutaleni Shilyomunhu, hereby declare that this study is my own work and is a true reflection of my research and that this work, or any part thereof, has not been submitted for a degree at any other institution.

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October 2024

Name of Student

Signature

Date

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.0. Introduction

The integration of traditional healthcare practices into modern medical systems has garnered notable attention in the global healthcare space, characterized by diversity and multiculturalism, which greatly influence the population's attitudes and beliefs towards health delivery and well-being. In Namibia, displaying cultural sensitivity by acknowledging and embracing the diverse traditional values and beliefs from various ethnic groups into the contemporary medical practices in the country's primary healthcare is imperative. Against this backdrop, this research delved into an exploration of the perceptions of healthcare practitioners, namely nurses and doctors, regarding the significance and implications of such embodiment. The primary objective of this research was to draw insights from nurses and medical doctors regarding the potential merits and drawbacks associated with incorporating traditional healing methods into the core of Namibia's primary healthcare delivery systems.

This study sought to bridge the gap between conventional medical practices and ancient healing practices, fostering a more holistic and culturally sensitive approach to healthcare in Namibia. By extracting the perceptions of medical practitioners like doctors and nurses, the research strived to elicit the underlying beliefs, fears, and recommendations that can inform policy and decision-making. Additionally, it contributed to the academic debate in healthcare as well as to a healthcare delivery system that embraces and integrates ancient

medical wisdom of tradition with modern conventional medicine for improved health outcomes for the overall Namibian populace.

1.1. Orientation of the proposed study

The Namibian government has endeavored to strengthen the country's healthcare system, which was administered in an apartheid manner prior to the country's independence. *"Upon gaining independence in 1990, Namibia inherited a health service delivery structure that was segregated along racial lines and based entirely on curative health services"* (NDHS 2013, p. 3) [1]. Since then, the Ministry of Health and Social Services (MoHSS) has adopted a Primary Health Care (PHC) approach for the delivery of health services to the Namibian population. According to the NDHS of 2013 (p.3), "the core functions of the PHC directorate within the MoHSS were organized around four pillars: health promotion, disease prevention, curative services, and rehabilitation services" [1]. The Primary Health Care structure and functions also include the community-based health care program activities, falling under the Family Health Division [2]. The functions of the community-based health care sub-division include overseeing the implementation of traditional healthcare practices in the country.

As an independent country of 30 years, Namibia still had many traditional healthcare practices implemented countrywide. Traditional healthcare practitioners mostly conducted these practices through patient consultations, providing a wide range of

services such as Traditional Birth Attendants, Massaging Doctors, Traditional Circumcisers, Herbalists, Faith-based healers, Spiritual healers, etc.

The Ministry of Health and Social Services (MoHSS) prioritized primary health care (PHC), focusing on enhancing the capabilities of Traditional Birth Attendants (TBAs) and integrating traditional healers into PHC education and service provision. However, these interactions often saw MoHSS personnel attempting to transform the beliefs and practices of traditional healers towards a Western medical paradigm [3]. Although the degree of engagement and collaboration between MoHSS and traditional healers increased, there persisted a gap in expectations regarding the nature of their partnership from both MoHSS employees and traditional healers [4].

There was no other formalized organizational structure for traditional healthcare practitioners in Namibia, apart from the collaborative efforts set up through the community-based health care program under the PHC Directorate. Traditional healthcare providers, such as traditional healers and traditional birth attendants, could assist with health promotion and disease prevention as long as they received basic training on Infant and Young Child Feeding Practice, Prevention of Mother to Child Transmission of HIV, and other reproductive and child health care services [5].

An overview of the traditional medicine situation in the African region by the World Health Organization (WHO) in 2010 reported that 39 of 46 countries in Africa had national traditional medicine offices while 24 had traditional medicine programs in their

Ministries of Health. Namibia, Botswana, and Algeria were the only countries in the region for which no information was available [5].

The MoHSS' National Health Policy Framework (NHPF) for 2010-2020 (p.19) also indicated that *"Traditional medicine is widely used in the country and often the first port of call [6]. However, there is no regulation of the practice. Further, more can be done to appreciate the contribution of traditional medicine"*. The traditional health practitioners had tried to coordinate themselves through the establishment of their association called Namibia Eagle Traditional Healers Association (NETHA), but this has also not been effective due to a lack of leadership and coordination. The Draft Traditional Health Practitioners Bill, which was tabled in parliament in 2014, has not yet been promulgated, leaving the status of traditional health practitioners in the country unclear and unregulated [7].

Traditional medicine anchors on cultural values and beliefs of a community. Incorporating it into primary healthcare embraces cultural diversity and can lead to better patient engagement and trust in healthcare services in a country like Namibia. The MoHSS through the NHPF, therefore, called for the promotion of traditional medicine and collaboration between the modern sector and the traditional sector (inter-cultural medicine) [6]. There may be some traditional health practices which may be similar to modern medicine. For example, healthcare providers in Namibia were found to recognize that more collaboration is needed with THPs in the treatment of seizure disorders. This came with the realization that modern medical treatments sometimes fall short in

addressing the healthcare needs of people with seizures in Africa [7]. Similar studies conducted elsewhere in Africa have also shown that traditional healthcare practitioners played an integral role in the treatment of epilepsy. A qualitative explorative study into the widespread use of traditional and faith healers in the provision of mental health care in Ghana found that traditional and faith healers are widely used and see most mental patients than modern healthcare practitioners [8].

Namibia still lacks a policy or any other regulatory mechanism through which the two healthcare systems (traditional and modern) can work harmoniously, hence the need for this research to understand the perceptions of nurses and medical doctors, against which planning and decision-making may be made within the PHC setting. Primary Health Care nurses interact with community members daily during the provision of nursing services, thereby coming across different views on healthcare provision from the recipients of healthcare. This necessitates the need for them to understand the health-related cultural practices of their patients if they are to provide them with holistic healthcare services.

This study therefore aimed to understand the views and perceptions of the PHC nurses and medical officers on traditional health care practices because they are in direct contact with the patients, who may also be seeking traditional health care services sometimes. This may help to inform the decisions related to the recognition and relevancy of traditional health care practice to PHC services. Further this study addressed knowledge gap on how the nurses and medical officers perceive the utilization of traditional health care practice by the members of the society.

1.1. Statement of the problem

The absence of a body to regulate the traditional healing practices in Namibia as well the absence of an understanding and recognition of their relevance to the PHC practice signifies the necessity of this study. It is also vital to the understanding of the existing underlying interrelationships between traditional health care practitioners and PHC. The nurses and doctors' perceptions on the relevance of traditional health care practice to PHC may be a good source of information required for decision making on the way forward with the recognition of traditional health care practice in Namibia.

The World Health Organization [9] p.28, states that *“traditional medicine practitioners in Namibia, many of whom came from other African countries, are not currently registered and operate without any guidelines from the Ministry of Health and Social Services”*. While taking cognizance of cultural accommodation, Namibia's health care system management through the MoHSS is tasked with the responsibility of ensuring the safety of the people through the regulation of the health care practices. According to the Ministry of Health and Social Services' Primary Health Care Directorate [2], traditional health care practice in Namibia is however still left uncoordinated due to an unavailability of a regulation to control the activities of traditional healers. This may have led to the traditional health practitioners to continue with the provision of their services in a haphazard manner [9].

Even though these practitioners continue to consult a substantial number of clients in the communities, there seems to be no linkage with the PHC services offered in the formal health sector. Additionally, according to the researcher's observation, Namibia has seen a proliferation of traditional healers in the country since independence, who conduct their services in an unreliable manner, and most of whom advertise their services, such as provision of luck, return of lost lovers, and creation of wealth for individuals, among others. These activities, most of which are not validated, sometimes lead to the breakdown of families due to unsubstantiated beliefs and may eventually result in divorce cases and gender-based violence.

However, had the 1997 findings of the joint study between the MoHSS and the WHO on *Scientific Evaluation, Standardization, and Regulation of Traditional Medical Practices in Namibia been implemented*, by 1998, a draft Traditional Healers Bill, which would have been enacted, would have paved the way towards the establishment of the Traditional Healers Council. The council would oversee the registration and regulation of the practice of traditional healthcare providers in Namibia [10]. To date, which is twenty-three years later, the enactment of the draft bill has not yet taken place, hampering the establishment of the council, and hence the regulation of the traditional healthcare practitioners' practice in the country.

Given the above background, understanding the underlying dynamics regarding the relevance of integrating Traditional Healers into Primary Health Care is paramount to protecting the public from malpractices by some traditional healthcare practitioners.

1.2.Purpose of the study

The purpose of this study was to investigate the perceptions of nurses and medical officers in the Windhoek District, Khomas Region, on the relevance of traditional health care practice, and the possibility of co-existence in the provision of primary health care services.

1.3.Objectives of the study

The main objective for this study was to increase our understanding on the relevance and perceived compatibility of traditional health care practices to PHC services delivery in Windhoek District, Khomas Region. To achieve this, the following specific objectives were addressed:

- To explore the perceptions of nurses and doctors on the relevance of integrating the traditional healthcare practices in the context of mainstream primary healthcare services in Khomas Region.
- To identify the underlying obstacles and benefits related to this integration.
- To suggest targeted interventions and recommendations based on research findings.

1.4. Significance of the study

The findings acquired from the study may help the MoHSS in developing a policy/guideline to regulate the functions of traditional health practitioners in the country. This may pave a way towards having them registered under a national umbrella body. Furthermore, the study may assist by informing the operations and coordination of the

traditional and conventional health care systems. It may also assist the MoHSS in its efforts towards integrating traditional health care practice into the Primary Health Care system. Moreover, the study may add value and broaden the area of research in the field of traditional health care practice, and significantly benefit other researchers and scholars as a basis for further research and source of reference.

This study is also significant to both the researcher and the community. To the community, the findings of this study will provide evidence on how the integration of traditional medicine and traditional health practice into PHC can lead to the preservation of cultural practices as well as providing more accessible and affordable healthcare interventions, especially to the marginalized, low-income and rural communities. Since traditional health care practices are often transferred from one generation to the next, this study can help document and preserve this knowledge for the benefit of the future. Integrating traditional health care practice into primary health care can provide complementary interventions and treatment options for patients. The findings of this study will therefore help to identify how traditional and modern health care methods can work together to improve patient care. Furthermore, this research can play a critical role in influencing a more inclusive and culturally sensitive health delivery systems in Namibia.

For the researcher, this study is important because it helps to contribute to the existing body of knowledge especially in the interaction and connectedness of traditional and modern health care practices in Namibia. This study may lead to publications in scholarly journals, thereby boosting the researcher's academic profile. Partaking this research

provides an opportunity for the researcher to sharpen his skills in designing and executing research studies. Additionally, this research may open doors for future collaborations and opportunities for interdisciplinary research.

1.5. Delimitations of the study

The study was confined to the Windhoek District in the Khomas Region of Namibia, focusing specifically on primary health care facilities within this area. It only included nurses and medical officers currently employed in these facilities, excluding other health care workers such as traditional healers or specialists. The research centered on traditional health care practices recognized and used locally, not covering modern medical practices or other alternative therapies. Data collection occurred within a specified period to ensure timeliness, and the study focus on local perceptions and experiences without extending to broader national or international contexts unless directly relevant.

1.6. Definition of Key Concepts

Traditional Health Care Practices: These refer to a diverse set of health care beliefs, approaches, knowledge, and skills and practices used by indigenous or local communities to maintain health and treat illnesses. These practices are often based on cultural traditions and may include herbal medicine, spiritual healing, and other non-conventional methods passed down through generations.

Primary Health Care Services: Primary health care services are the first point of contact for individuals within the conventional/modern health care system, providing primary comprehensive, accessible, and community-based health care services that meets the majority of an individual's health needs. These services include prevention, curative, rehabilitative, and health education.

Integration: In the context of this study, integration refers to the process of combining traditional health care practices with conventional primary health care services in a manner that is seamless, complementary, and enhances the overall effectiveness and accessibility of health care.

Perceptions: Perceptions in this study refer to the beliefs, attitudes, and understandings that nurses and medical officers have regarding the incorporation of traditional health care practices into primary health care services. These perceptions can influence how they approach, accept, or resist the potential integration efforts.

Nurses: Nurses are licensed health care professionals who provide patient care, education, and support in various health care settings. In this study, the focus is on nurses working within primary health care facilities in the Windhoek District.

Medical Officers: Medical officers are qualified medical practitioners responsible for diagnosing and treating patients, as well as overseeing clinical operations within health care facilities. This study focused on medical officers working in primary health care settings within the Windhoek District.

Windhoek District, Khomas Region: This refers to a specific geographic/regional health demarcation area in Namibia where the study is conducted. The Windhoek District is within the Khomas Region and includes urban and peri-urban communities served by the health care facilities involved in the study.

Health Care Integration Policy: This term refers to the formal guidelines and strategies developed by health authorities to incorporate traditional health care practices into the existing primary health care system, ensuring that the integration is systematic, regulated, and beneficial to patient care.

Benefits of Integration: These are the positive outcomes expected from combining traditional and primary health care practices, such as improved patient satisfaction, enhanced cultural competence, and broader treatment options.

Challenges of Integration: These refer to the potential obstacles and difficulties encountered in the process of merging traditional health care practices with conventional primary health care services.

1.1. Outline of Chapters

The study was structured into five chapters. Chapter 1, the Introduction, covered the orientation of the study, problem statement, purpose, objectives, research questions,

significance, key concepts, and organization of the study. Chapter 2, Literature Review, examined the conceptual framework of health, an overview of traditional health practices, integrating traditional health practices into primary health care, and challenges and barriers to integration. Chapter 3, Research Methodology, detailed the research design, study population and sample, data collection methods and instruments, data analysis procedures, validity and reliability as well as ethical considerations. Chapter 4, Results and Discussions, presented the demographic characteristics of respondents, perceptions of nurses and medical officers, study results and discussion of results.

Finally, Chapter 5, Conclusions and Recommendations, summarized the study, highlighted the limitations and delimitations of the study, drew conclusions, and offered recommendations for policy, practice, and future research. The study also included references and appendices containing research instruments, consent forms, ethical approval documents, and additional data.

1.2. Chapter Summary

This chapter introduced the study, providing a comprehensive background on the importance of integrating traditional health care practices into primary health care services, particularly in the Windhoek District, Khomas Region. It highlighted the problem statement, emphasizing the gap in understanding health care professionals' perceptions regarding this integration. The purpose of the study was outlined, focusing on investigating these perceptions and their implications for health care policy and practice. Research objectives and questions were formulated to guide the study, aiming to identify

the attitudes, benefits, and challenges perceived by nurses and medical officers. The significance of the study was discussed, noting its potential to inform policy and improve health care delivery. The chapter also delimited the study, specifying its geographical, participant, and contextual boundaries. Key concepts such as traditional health care practices, primary health care services, and integration were defined to provide clarity. Finally, the organization of the study was presented, outlining the structure of subsequent chapters.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

Namibia, a country characterized by multiculturalism and a strong tradition of traditional healing, provided an interesting case study for examining the interplay of traditional and modern healthcare systems. This review delved into the incorporation of traditional health methods within Namibia's primary healthcare system. It emphasized the underlying conceptual framework, offering a distinct perspective on the reasons, obstacles, and tactics related to this integration. Additionally, the chapter consulted available literature to shed light on the initiatives, achievements, and areas that could benefit from the prospects of integrating traditional medicine into Namibia's primary healthcare system.

2.1.1 Overview of Primary Health Care

According to the Alma-Ata Declaration, primary health care (PHC) is defined as essential health care that relies on practical, scientifically valid, and socially acceptable methods and technology. It is intended to be universally accessible to individuals and families within the community, encouraging their active participation. This care should be affordable for both the community and the country, sustainable at every developmental stage, fostering self-reliance and self-determination [15]. The WHO [12] further refined this definition by indicating the need to facilitate global, national, and local coordination and guide implementation efforts. PHC, therefore, can be seen as an all-encompassing

approach to health, aiming to ensure that the highest possible level of health and well-being is equitably distributed. It concentrates on meeting people's needs from health promotion and disease prevention to treatment, rehabilitation, and palliative care, all within the proximity of their daily societal environments.

Behera and Prasad [16] described PHC as a broad array of health services provided by medical professionals within the community, constituting universal healthcare accessible to everyone in the community. In Namibia, PHC serves as the fundamental pillar of the nation's healthcare system, striving to offer comprehensive, community-oriented healthcare services to its diverse population. The Namibian government is dedicated to enhancing PHC services to achieve Universal Health Coverage and address health disparities throughout the country, showcasing its structure, components, and objectives within this overview.

2.1.1.1. Structure of the Namibian Primary Health Care

According to the WHO [17] Namibia has designed its Primary Health Care (PHC) system to offer fair access to healthcare services for all its inhabitants, irrespective of where they live or their economic standing. This system operates through a tiered structure comprising various health facilities, spanning from community-based PHC clinics to district hospitals. These facilities are strategically positioned to cater to the needs of both urban and rural populations efficiently. Moreover, Namibia's PHC system acknowledges the significance of community health workers (CHWs) who serve as pivotal figures in

extending healthcare services to remote and underserved regions. In addition to the CHWs who provide preventative, health promotion and case detection and referrals at the community level, there are also traditional healers, who have an immense influence in their communities and can therefore present a positive or negative force towards health and development depending on their conviction and involvement [5].

2.1.1.2. Components of the Namibian Primary Health Care

Namibia's PHC approach encompasses a range of essential healthcare components, including:

Preventive Care: PHC emphasizes health promotion and disease prevention through vaccination programs, health education, and lifestyle interventions. This approach seeks to reduce the burden of preventable diseases and improve overall community health.

Curative Care: PHC facilities provide a wide range of curative services, including diagnosis and treatment of common illnesses, maternal and child health services, and management of chronic conditions. These services are delivered at the community level to ensure accessibility.

Reproductive Health: Maternal and child health services, including antenatal care, family planning, and safe delivery services, are integral to Namibia's PHC system. The

goal is to reduce maternal and infant mortality rates and improve reproductive health outcomes.

Mental Health: Recognizing the importance of mental health, PHC in Namibia integrates mental health services into its framework. CHWs are trained to identify and provide support for individuals with mental health concerns.

Pharmaceutical Services: Access to essential medicines and pharmaceutical services is a critical component of PHC, ensuring that patients receive the medications they need at the community level [17].

Therefore, when examining the integration of traditional medicine into Namibia's PHC system, it is crucial to consider this larger framework of accessible and community-centric healthcare. Within this context, we can grasp a clearer picture of the distinctive hurdles and prospects that await.

2.1.2. An Overview of Traditional Health Practices

Derived from the divine and utilize a holistic approach to healing, including the body, mind, and spirit, traditional healing refers to the healthcare methods, knowledge, and healing techniques that have been developed and passed down through generations within specific cultural or ethnic communities [18]. On the other hand, the WHO defines traditional medicine as the sum total of the knowledge, skill and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement

or treatment of physical and mental illness” and complementary medicine as “a broad set of health care practices that are not part of that country’s own tradition or conventional medicine and are not fully integrated into the dominant health-care system [19].

In the African context, traditional healing is defined as one of the holistic health care systems comprised of three levels of specializations namely divination, spiritualism, and herbalism. According to Oziona and Chinwe [20] the traditional healer provides healing services based on culture, religious background, knowledge, attitudes, and beliefs that are prevalent in his or her community.

2.1.2.1. Holistic Approach

As opposed to the modern health practices, most traditional health practices adopt a holistic approach to health, emphasizing the interconnectedness of an individual with their community, environment, and the universe [21]. Traditional health practices view health as a state of balance and harmony, recognizing that well-being extends beyond the mere absence of disease. As such, traditional health practices often encompass rituals, ceremonies, dietary habits, and lifestyle choices which are believed to promote equilibrium in all facets of life. This further contributes to the reasons why the community members may choose to seek traditional health care services.

2.1.2.2. Natural Remedies

A common thread in traditional health practices is the use of natural remedies derived from the environment. Similar to the modern health practices, this can include the use of indigenous plants, minerals, and animals, each with specific therapeutic properties. Traditional herbal medicine, for instance, draws upon the accumulated knowledge of local flora and fauna for remedies to prevent and treat various health conditions [22].

2.2. Towards integrating traditional health practices into primary health care

Mutale, Matenga, Wagner, Clemens and Audet [23] concluded that traditional practices play an important role in treating a wide variety of illnesses, improving quality of life, and supporting patients living with incurable chronic diseases. In the same vein, the WHO [24] notes that more than 80% of the world's population in over 170 of its 194 Member States currently use some form of traditional medicine, such as herbal medicine, yoga, Ayurveda, acupuncture and acupressure, and indigenous therapies. For many, traditional medicine is the first port of call, and practitioners of traditional medicine have played an important role in treating chronic illnesses, hence the importance of the study to explore the integration of such practices into the Namibian Primary Health Care system. This section presents the motivation for integration while acknowledging the challenges that may come with the integration process.

2.2.1. Motivation for integration

The motivations for integrating traditional medicine into Primary Health Care system are rooted in some of the compelling factors. Krah [25] insisted that appreciating the value of

traditional health practices facilitates successful integration since traditional health practices are rooted in sociocultural principles of respect and reciprocity to enhance healers' status and prove a strong motivator.

2.2.1.1. Addressing Healthcare Access Gaps, Particularly in Rural Areas

Studies reveal that health systems around the world are experiencing increased levels of chronic illness, population aging and escalating health care costs and as such, both patients and health care providers alike are demanding that health care services be revitalized, with a stronger emphasis on individualized, person-centered care [26]. Moreover, inadequate access to and cost of modern medicines and drugs to treat and manage diseases in middle- and low-income countries, especially in Africa, may have contributed to the widespread use of traditional medicines in these regions, especially in poor households [27]. A study published in the African Journal of Traditional, Complementary and Alternative Medicines (AJTCAM) posits that in 36 low and middle-income countries, drugs were reportedly way beyond the reach of large sections of the populations.

Traditional healers often serve as the first and sometimes only point of healthcare contact for residents in these areas. Recognizing the critical role of traditional healers in bridging healthcare gaps, the integration of traditional medicine becomes imperative as it helps ensure that individuals in remote regions have access to healthcare services, thereby addressing disparities in healthcare delivery and improving health outcomes.

2.2.1.2. Recognizing the Value of Indigenous Knowledge Systems

Namibia acknowledges the intrinsic value of indigenous knowledge systems, which encompass traditional healing practices [28]. These knowledge systems are based on centuries of accumulated wisdom and experience in using local flora, fauna, and spiritual insights for healing and well-being. By recognizing the value of these systems, Namibia underscores the importance of indigenous knowledge in complementing modern biomedical approaches [28]. Traditional medicine offers a unique perspective on health and healing, one that encompasses not only the physical but also the spiritual and cultural dimensions. Integrating these indigenous knowledge systems into the healthcare framework enriches the diversity of available healthcare options and contributes to a more comprehensive and patient-centered approach to healthcare.

To sum it up, Namibia's motivations for integrating traditional medicine into its healthcare system stem from a commitment to preserving cultural heritage, addressing healthcare access gaps in rural areas, and recognizing the inherent value of indigenous knowledge systems. This integration represents a forward-looking approach that respects and honors Namibia's cultural traditions while also ensuring that all citizens, regardless of their geographic location, have access to a holistic and culturally sensitive primary health care system.

2.2.2. Challenges and Barriers to Integration of traditional health care services into PHC

The practice of traditional health care continues to be widely used in most countries, and its uptake is increasing rapidly in other countries. The WHO [19] argues that despite the progress made, many African countries continue to face challenges in implementing the Resolution AFR/RC50/R3, which calls for the recognition, institutionalization, fostered collaborations and regulation of traditional health services in the African region. These challenges include limited stewardship and governance, inadequate regulation and law enforcement; and insufficient human and financial resources for research and production of traditional medicine products. In the same vein, Member States took steps between 2001 and 2012 to promote traditional medicine (TM) by developing national policies and regulatory frameworks for TM practice, practitioners and products and by implementing some priority interventions.

In many African countries, policy-makers, health professionals and the public are wrestling with issues regarding the safety, effectiveness, quality, availability, preservation and regulation of traditional and complementary medicine (T&CM) and as such continue to face challenges in implementing Resolution AFR/RC50/R3. The integration of traditional medicine into Namibia's healthcare system, while yielding numerous benefits, also faces several significant challenges and barriers. These hurdles encompass a lack of standardized practices and regulation in traditional medicine, limited scientific validation

of traditional treatments, ethical and legal considerations in integrating traditional medicine, and resistance and skepticism from some healthcare providers.

2.2.2.1. Lack of Standardized Practices and Regulation in Traditional Medicine

As noted by Doe [21], integrating traditional medicine into a modern healthcare system presents complex ethical and legal considerations. These include issues related to patient consent, confidentiality, and informed decision-making. Additionally, questions arise regarding how to address potential conflicts between traditional and biomedical practices, particularly in cases when they differ significantly. Ensuring that traditional medicine adheres to ethical standards and aligns with legal frameworks while respecting patients' rights and choices is a delicate balancing act that requires clear policies and guidelines.

One of the primary challenges in integrating traditional medicine is the absence of standardized practices and regulation. Traditional medicine encompasses a wide range of practices that vary across different regions and cultural groups. This diversity poses challenges in establishing consistent standards for education, training, and practice among traditional healers. The absence of standardized guidelines can lead to variations in treatment approaches and quality of care, potentially compromising patient safety. Effective integration requires the development and implementation of comprehensive regulations and standards to ensure the safe and ethical practice of traditional medicine. The WHO observed that towards the end of 19th century traditional medicine production shifted from a home level production to cottage industry and subsequently to large

industrial mass production, however, claimed that even though the percentage of large industries is less, quality control is a major challenge [12].

Moreover, a study among traditional healers in Ashanti Region on the subject matter noted that one of the barriers to the integration is the poor quality of traditional medicine operational processes. According to some of the study participants in their study, irrespective of the location of operation, confirmed that they do not package their products to meet acceptable standards, whereas others confessed that they fail to provide necessary information about their products [29].

2.2.2.2. Limited Scientific Validation of Traditional Treatments

Another challenge is the limited scientific validation of traditional treatments. In this regard, Payyappallimana [29] argued that the Lack of sound scientific evidence relating to safety and efficacy, problems in ensuring quality and rational use, inadequate understanding of socio-cultural context of their practice and usage, protection of intellectual property rights of knowledge holders, assuring sustainable natural resource use, regulation and capacity building of non-formal practitioners, developing appropriate methodologies for evaluation, resolving conflicts with mainstream medicine are some of the key challenges in the sector [30]. While traditional healers have a deep understanding of local flora and fauna's medicinal properties, many traditional remedies lack scientific evidence to support their efficacy and safety. This knowledge gap hinders the wider acceptance of traditional medicine within the formal healthcare system. Bridging this gap requires investments in research to assess the safety and efficacy of traditional treatments,

harmonizing traditional knowledge with biomedical standards, and fostering collaboration between traditional healers and scientific researchers.

2.2.2.3. Resistance and Skepticism from Some Healthcare Providers

According to Smith [31], resistance and skepticism from some healthcare providers present another significant barrier to integration. Some biomedical practitioners may be hesitant to collaborate with traditional healers, viewing their practices as unscientific or lacking credibility. This skepticism can hinder effective interdisciplinary collaboration, limiting the potential benefits of integrated healthcare. Addressing these attitudes and fostering mutual respect and understanding between healthcare providers from both systems are essential steps in overcoming this barrier. Previous studies suggest that one of the challenges experienced in the integrative efforts of traditional health practices into primary healthcare are linked to limited insight into local understandings of health [31].

A study among primary health care workers in Ghana on the integration of traditional healers into health care system revealed that often, health workers staffing rural health facilities are not natives of the area/region they serve [32]. The study further unacquainted staff with local cultural beliefs and practices that influence health choices, which hinders effective integrative efforts of traditional health practices into primary healthcare space. Instead, such insufficiency most of the time lead to discriminatory approach towards traditional medicine.

Advancing that argument, in their study Homsy, et al [33] claimed that some biomedical health care workers linked traditional medicine and practices with being underdeveloped or “backward.”, while patients also experience insults and the denial of care at biomedical facilities in case of exhibiting signs that they have used such medicines. Homsy, et al [33] further argued that such poor treatment results in reluctance to seek help and therefore complicates diagnoses and increases the risk of complications from interacting (traditional and biomedical) medication/treatment.

In summary, the integration of traditional medicine is not without its challenges and barriers. These include the lack of standardized practices and regulation, limited scientific validation of traditional treatments, complex ethical and legal considerations, and resistance and skepticism from some healthcare providers. Addressing these challenges requires a concerted effort from policymakers, healthcare providers, traditional healers, and researchers to develop clear regulations, promote research, and facilitate collaboration to ensure that the integration of traditional medicine contributes positively to Namibia's healthcare landscape while safeguarding patient well-being.

2.2.2.4. Policy and planning

Obijiofor, [39] argued that the ability to prevent and treat diseases at minimal cost is fundamentally dependent on the integration of Western medicine and traditional ethnomedicine. Obijiofor expounded that integration of the two health practices requires setting up of integrative medicine courses in medical colleges; training of the

complementary medical alternative; training of physicians, nurses and other health workers; recognition and identification of traditional treatments; traditional healer recording and documenting and others dictate that Government should have economic, political, and legal framework national policy in place. In support of Obijiofor's argument, Jong, [40] asserted that it is imperative to formulate policies concerning the relationship between general practitioners and providers of complementary medicine and referral between them in order for integration into primary healthcare.

In addition, Krah, [25] insisted that appreciating the value of traditional health practices facilitates successful integration. Krah argued that traditional health practices are rooted in sociocultural principles of respect and reciprocity to enhance healers' status and prove a strong motivator. Furthermore, Krah recommended that status-building/appreciation of traditional health practitioners should be considered in integration strategies. In addressing the related challenges, Payyappallimana [30], suggest that standardization of several aspects such as nomenclature of medicinal plants and other resources, their collection practices, semi processes and final processing, packaging, preservation, storage, product life, labeling and modes of distribution including clinical application are needed to ensure quality, safety and efficacy of traditional complementary and alternative medicine.

In the same vein, Ampomah, et al [29], identified good traditional medicine operational processes (proper certification, packaging, and storage of traditional medicine, products and constant supply of approved traditional medicine) as a fundamental strategy required to standardize traditional medicine practice and promote its integration.

2.2.2.5. *Financial support*

Integration of traditional health practices into primary healthcare require financial resources. Therefore, another essential identified in the literature is the need for financial support for the integration of services. According to Thomas, et al [41], financial issues can be considered as one of the contributors to the integration of complementary medicine into primary healthcare. In support of Thomas assertion, a study into the Integration of African ethnomedicine into primary healthcare in Nigeria suggests that financial support from the government, NGOs, and other stakeholders in the developed countries for integration of traditional medicine into primary healthcare [39]. In addition, Thomas' assertion is further supported by Joos, Berthold & Szecsenyi [42] in that they proposed for the increased funding for research, training, and rewarding physicians for access to integrated medicine in the primary healthcare.

2.2.2.6. *Education and training*

Another essential element which literature recommend for considering in integrative efforts of traditional health practice into primary health care is the issue of education and training. Consideration of such element is necessary to increasing the knowledge of primary care professionals concerning complementary medicine in order to ensure a successful integration. Augmenting the importance of education and training in integrative efforts, Anastasi, Capili & Schenkman [43] argued that while integrated therapies are being applied by the general public, health service providers are not aware of the bases

and resources that provide safe and effective treatments. In the same vein, Negahban, Maleki & Abbassian [44] noted that the role of professionals in both fields of medicine is highly important for establishing collaboration between, and providing education to, other stakeholders of the healthcare system. Without this, integration will not be strongly implemented.

2.3. Conceptual framework of health

As stated by Crawford [11], a conceptual framework is of importance in research as it serves as a guiding tool, integrating various aspects of a study to unveil the contextual influences shaping the research environment. Hence, this section established a theoretical foundation for this study, tapping from established theories and concepts to maneuver the research process.

The exploration of health, particularly in public health, viewed health as a fluid concept encompassing multiple interpretations contingent upon both the context of its usage and the individuals using it. Initially, health was defined by the World Health Organization (WHO) in 1948 as a state of complete physical, mental, and social well-being, health was understood not merely as the absence of disease but also as the capacity to lead a productive life, both socially and economically [12].

In an effort to embrace a more comprehensive perspective, the WHO expanded the definition of health to include spiritual health as a fourth dimension. As outlined by Dhar

and Nandan [13], spiritual health is characterized as a state where individuals manage daily life challenges in a way that fosters the realization of their full potential, as well as the meaning and purpose of life, deriving fulfillment from within. This holistic approach to health care integrates both alternative and conventional medicine to address the entirety of an individual, rather than focusing solely on symptoms. Patwardhan, Mutalik and Tillu [14], highlighted that holistic health often involves the convergence of traditional and complementary medicines (T&CM).

The conceptual framework applied to this research was guided by the Rodgers' Diffusion of Innovation (DOI) theory, which explains the process for adoption of new innovations within any society.

The DOI theory explains the process commonly followed by the society to adopt change to be comprised of the four elements; the innovation/new idea, the communication channels utilized by the society to exchange/share the new idea, the time it takes for the idea to be understood and adopted, and the social system involved in the innovation process [39]. The Rodger's DOI theory is applicable to the research topic in this case because it will take time for the society to understand the need and importance of integrating the traditional healthcare practice into PHC services (innovation), and that will require the involvement of different role players (health workers/nurses and medical officers, the state through the Ministry of Health and Social Services, the Health Professions Council of Namibia etc.).

2.4. Summary

In essence, studying the integration of traditional medicine in any given context is driven by a combination of cultural, healthcare access, and holistic health considerations. Integration reflects the commitment to preserving cultural heritage, improving healthcare equity, and providing patient-centered care. This research contributes not only to Namibia's healthcare landscape but also to the broader global discourse on healthcare practices and cultural preservation. Understanding the rationale behind this integration is pivotal to appreciating its potential impact on healthcare outcomes and cultural continuity in Namibia.

CHAPTER THREE

RESEARCH METHODS

3.0. Introduction

In this chapter, the research philosophy that shaped the approach to this work was discussed. The population of the study was also examined. The sample and sampling procedures were also explained. The data collection process, the way the data was analyzed together with the reliability, validity and ethics of the study were presented.

3.1. Research Design

A research design is defined by Cohen, Manion, & Morrison, (2018, p. 173) as a research plan or strategy [47]. This study used an ethnographic research design through which nurses and doctors from the Primary Health Care facilities in Khomas region were engaged to give insight into the research topic. As stated by Yin [46]., a qualitative method used an inductive approach in answering the research questions starting by collecting data as opposed to testing a hypothesis for the purpose of building up a theory

As noted by Emerson et al [45]. Ethnography is a qualitative research method for collecting data often used in the social and behavioral sciences. In this study the researcher was involved in the community of interest, that is, the Khomas Regional healthcare environment to observe, participate in, and record the nurses and doctors' perceptions of daily life, beliefs, and interactions of patients. This immersive approach allowed the researcher to gain a deep, understanding of the community's culture, values, and social dynamics. Therefore, ethnography was particularly effective in uncovering the

meanings people ascribe to their actions and their world, the social rules that guide behavior, and the symbolic and material elements of the culture Emerson et al [53].

3.1.1 Population

The total number of nurses and doctors in Khomas Region (which has only one region with one health district) were approximately 197. Out of these were; 172 nurses (82 registered nurses and 90 enrolled nurses) and 25 doctors respectively.

3.1.2 Study setting

The study was conducted in Windhoek District, Khomas Region, in the primary healthcare facilities, i.e. clinics and health centres in Windhoek. The study setting was an ideal environment for nurses and doctors to give their perceptions on how the community currently utilizes primary healthcare and traditional healthcare services, including preferences, barriers to access, and the possible integration level of these systems from the community's perspective.

3.2. Sample and Sampling

A total of thirty-eight (38) participants comprised of; twenty-nine (29) nurses (12 Registered Nurses and 17 Enrolled Nurses), and nine (9) Medical Officers took part in this study. The participants were selected using purposive heterogeneous sampling method to participate in the study. The inclusion criteria for the people to participate in the study involved all the people who served as a nurse or medical doctor for a minimum period of five years [45]. The exclusion criteria were that; anyone who was a student

nurse or medical student/intern, or who had served for a period of less than five years would not be allowed to take part in the study [44].

The health facilities' in-charge of the clinics and health centres assisted the researcher with the selection and availing of the nurses and medical officers to participate in the study. Purposive sampling was therefore chosen because it was a sampling method that only targeted participants who were information rich and possessed the relevant attributes and experiences necessary to address the research questions of this study. The nurses were engaged through focus group discussions in groups ranging between 6 and 8 participants each, consisting of a mixture of registered and enrolled nurses, within their PHC facilities. Six focus group discussion were conducted at five different clinics and one health centre, while the nine medical officers were interviewed individually, in their consulting rooms within the same facilities. The sampling size was determined by data saturation.

3.3. Research Instruments

A focus group discussion guide for the nurses as well as a semi-structured interview guide for the medical officers with open-ended questions covering various topics to address the research questions were the research instruments used to direct the data collection (Appendix C). A set of pre-designed semi-structured questions form these instruments were used to gather in-depth views from interviews with the medical officers to elicit their perspectives in relation to the integration of traditional healthcare practice and healing methods into primary healthcare services. A tape recorder was used to record the focus group discussions and interviews, complemented by the notes taken during the research assistant to gather the detailed discussion points.

3.3.1 Tool Development

The development of the research instruments was guided by the Rodgers' Diffusion of Innovation (DOI) theory, which explained the process for adoption of new innovations within any society. The researcher developed the research tools (interview and focus group discussion guides) through the guidance from the research objectives and literature review. The guides consisted of a list of topics and open-ended questions to explore the participants' perceptions on the research topic. This approach allowed for flexibility in responses. The researcher also included prompts in the interview guide to encourage deeper discussions on specific points of interest about the topic under investigation. Moreover, the researcher familiarized himself with the interview guide in order to gain confidence on how to use the guide and on techniques for encouraging open and honest communication. The research tools were further reviewed by the experts in the research field, i.e. the research supervisors, and the ethics committees for the University of Namibia and the Ministry of Health and Social Services. Finally, the researcher piloted the interview and focus group discussion guides with a small number of participants (nurses and medical officers), in order to check on the meaning for the wording and test the guides' effectiveness in assessing the perceptions of nurses and doctors on the topic. Based on feedback and observations from the pilot the tools were adjusted accordingly.

3.4. Data collection procedure

Permission to conduct the research was first sought from the Ministry of Health and Social Services' Research Ethics Committee, from which the permission to conduct research was

granted. (Appendix b). The actual data collection took place in November and December 2022. Key informant interviews and focus group discussions were conducted by the researcher himself to collect data on the perceptions of medical officers and nurses on the integration of traditional healthcare practices into primary health care in Khomas region. Each key informant interview with the doctors did not take more than 30 minutes while focus group discussions with the nurses did not exceed one hour.

Interviews are found to be useful when participants cannot be directly observed, through which they can provide historical information, and allows the researcher to have control over the line of questioning. Moreover, focus group discussions are recommended to strengthen studies which are more firmly based on other methods such as surveys and interviews, and can therefore strengthen data collection by complementing the in-depth interviews [47].

The collection of data through interviews with medical officers, and focus group discussions with the nurses in this case would therefore provide detailed information on the research subject.

Medical Officers' Interviews: Key informant Interviews consisted of doctors with extensive knowledge and expertise in the healthcare field and were based in Windhoek District Khomas region. The interviews were scheduled at a time convenient for the participants, considering their clinical duties and availability. The researcher started the interview process by explaining the purpose of the interview, ensuring confidentiality, and getting informed consent from each participant. A set of pre-designed semi-structured questions was utilized to direct the interview process. During interviews, participants were

encouraged to elaborate on their responses and follow-up questions were asked by the researcher to gain in-depth understanding of participants' perspectives. With the consent from the participants, the researcher recorded the interviews to ensure that data would be accurately captured.

Nurses' Focus Group Discussions: Focus group discussions were conducted by the researcher himself with the assistance from a moderator. The focus group discussions were conducted in the PHC facilities where the nurses are stationed, in the meeting rooms or any other available space. The nurses were engaged in groups of 5-8 nurses. Six (6) focus group discussions were conducted, one at each of the clinics and health centers, namely; Robert Mugabe Clinic, Khomasdal Clinic, Wanaheda Clinic, Katutura Health Center, Donkerhoek Clinic and Otjomuise Clinic. The focus group discussions were scheduled at a time that was agreed upon and found to be convenient for the participants and the researcher, especially during their scheduled breaks or early morning before the patients were ready for the health care services. As the standard, the focus group discussions started by explaining the purpose of the focus group discussions and the research, ensuring confidentiality of the responses, and getting informed consents from each participant. The researcher guided the discussion in an inclusive and respectful environment by ensuring that all participants had equal opportunities to express their views on the topic under investigation. A discussion guide with open-ended questions was used to direct the process. The researcher assigned an assistant moderator to lead the discussions while the notes were being taken and record the sessions for accurate data

collection. Finally, the focus group discussions were transcribed and results were organized according to the common themes.

3.5. Data Analysis

A direct content analysis was applied through the use of Roger 2003's DOI theory on adoption processes of a new innovation: i.e.; compatibility, relative advantage, trial ability, observability, and complexity.

Compatibility; the degree to which traditional health care practice is perceived to be consistent with the existing values, past experiences, and health care needs of the public.

Relative advantage; the degree to which the integration of traditional health care practice into PHC is perceived as being better than current status quo, where it is standing alone, with no collaboration with the modern health care system.

Trial ability; the degree to which the integration of the two-health care system may be experimented with on a limited basis.

Observability; the degree to which the results which may arise from this integration of the two health care systems will be visible to others.

Complexity; the degree to which the two systems' integration is perceived as relatively difficult to understand and use.

These were applied to the process of adopting traditional health care services as a new/innovative idea for incorporation into the modern health care system (PHC services). These attributes have an advantage of explaining the relevance of the integration of the Traditional Health care Practice into PHC due to their ability to have this innovation fully explained in details from all the five angles.

In this study, data was first transcribed and then materials that related to the same themes were placed in the same category. Due to the smaller size of the data, coding was done manually and themes generated from the data according to the research objectives in order to provide direction to the compilation of the report.

3.6. Trustworthiness

In this study, the four criteria proposed by Lincoln and Guba, [36] to enhance the quality and rigor of a research study was applied as follows:

Credibility: To establish credibility, the researcher used multiple data sources and methods and involved the collection data from key informant interviews with doctors and focus group discussions with nurses. After data collection, the researcher would present preliminary findings to the participants for validation. This would allow them to confirm the accuracy of the data collected.

Transferability: To enhance transferability, the researcher provided a detailed description of the context (Windhoek District, Khomas Region), its healthcare system, cultural context, and the integration efforts. This would assist readers to assess ascertain the applicability this study's findings to similar contexts.

Conformability: Ensure conformability the researcher maintained a clear audit trail of the research process and involved documenting data collection and analysis procedures.

The use of research diary to record own thoughts and biases throughout the study was applied by the researcher. Also, the researcher acknowledged and addressed own biases during the research process.

Dependability: To ensure dependability, the researcher clearly outlined the research methodology, including data collection techniques, analytical approach, and any modifications made during the research process. Additionally, the researcher spent sufficient time in the field to build rapport with participants. This prolonged engagement helped to enhance the reliability of the data collected.

3.7. Research Ethics

The design of the research and the quality of academic writing attempted to avoid plagiarism as per the academic policy of the research committee at University of Namibia. The Ethical Clearance Certificate was obtained from the University of Namibia's Decentralized Ethics Committee (Appendix A), followed by the Clearance Letter from the Ministry of Health and Social Services' Research Committee (Appendix B), and the clearance letter to conduct research in the Khomas Region which was obtained from the MoHSS Khomas Regional Health Directorate (Appendix C).

In addition, the following ethical considerations were taken into account during the research:

Consent - The researcher took time to explain to the participants the reasons for the study and sought their cooperation in taking part in the study. As evidence that the participants agreed to take part in the study a consent forms were issued to them and were signed. Informed consent where participants were fully aware of the reasons for the research and their right to withdraw at any time if they were unhappy was followed in this study.

Confidentiality and anonymity - The participants were assured that their identity would remain anonymous research process.

Non-Maleficence - The participants in this study were not exposed to any harm during the process.

Ensuring objectivity - In this research efforts were made to ensure that the researcher bias was carefully managed in a way that it did not interfere with the data collection process. The researcher took time to record all the participants' perceptions even those he may not concur with. The duration of the interview did not go beyond the time agreed upon by the participants (Appendix A).

3.8. Summary

In this chapter the research philosophy was discussed. The research approach was also looked at. The population of the study was noted as nurses and medical doctors in Khomas Region. Data analyses was mentioned and would be done in a thematic way. The tools for data collection were highlighted as key informant interviews and focus group discussions. The next chapter looked at data presentation.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.0. INTRODUCTION

The results from this study were gathered from the interviews and focus group discussions with the nurses and medical officers from the primary health care facilities (clinics and health centers) in Windhoek, Khomas Region.

The primary aim of this study was to understand the perceptions of nurses and medical officers on the relevance of integrating the traditional healthcare practices into the context of mainstream primary healthcare services in Khomas Region. The study also sought to identify the underlying obstacles, benefits and strategies related to this integration. Additionally, the study attempted to unravel available literature to shed light on the initiatives, accomplishments, and areas that could benefit from the prospects of integrating traditional medicine into Namibia's primary healthcare system. In this chapter, the collected data was presented and the findings were discussed based on literature and the stated research objectives.

The results from the study were presented in this chapter following the identified themes under the study topics. The results were further analyzed in relation to the literature to draw conclusions and relevant recommendations.

4.1. Study Respondents

Table 4.1. List of respondents

Code	Age	Gender	Position	Years of Experience
P1	28	M	RN	6
P2	32	F	EN	7
P3	37	F	EN	7
P4	35	M	EN	6
P5	45	F	EN	11
P6	42	F	MO	6
P7	39	F	RN	12
P8	36	M	RN	10
P9	49	M	MO	12
P10	52	M	RN	24
P11	45	M	EN	19
P12	36	M	EN	9
P13	41	M	RN	16
P14	29	F	EN	5
P15	55	F	EN	31
P16	39	M	RN	13
P17	35	F	RN	7
P18	35	F	EN	11

P19	32	F	EN	6
P20	32	F	RN	5
P21	30	F	EN	5
P22	34	F	RN	9
P23	39	M	RN	14
P24	31	F	EN	5
P25	45	F	RN	20
P26	37	F	RN	11
P27	43	F	EN	12
P28	33	F	EN	6
P29	35	F	RN	9
P30	40	F	EN	13
P31	34	F	EN	8
P32	49	M	MO	19
P33	46	M	MO	6
P34	53	F	MO	17
P35	51	M	MO	15
P36	55	M	MO	27
P37	56	M	MO	29
P38	58	F	MO	28

Table 4.2 Summary of study respondents

Position	Total number	Age Range	Mean Age	Average years of experience
EN	16	26-55	37	10
RN	13	28-52	40	12
MO	9	42-58	51	18

The key informant interviews and focus group discussions featured a diverse set of healthcare practitioners from the PHC facilities around the Windhoek District, namely nurses and Medical Officers. This diversity provided a wide range of viewpoints and experiences to be considered during discussions. These healthcare practitioners consisted of 29 nurses and 9 Medical Officers. The nurses participated in focus group discussions consisting of 5-8 participants each, while the nine (9) medical officers were individually interviewed. Both the in-depth interviews and focus group discussions were scheduled for approximately 30 to 40 minutes. The nurses' ages ranged from 28 to 55 years, with a mean age of 37 and 40 years respectively for Registered and Enrolled nurses. On average, they had 10-12 years of experience in the healthcare field. The medical officers' ages ranged from 42 years to 58 years. The most senior medical practitioner had over 28 years of experience. All the participants, both nurses and medical officers, had tertiary education qualifications, with the majority, especially nurses, having bachelor's degrees. Their

qualifications and years of experience were relevant to their better understanding of the health system and enabled them to participate in the study.

4.2. Presentation of Study Results

Based on the outcome from key informant interviews and focus group discussions the following results were generated and categorized into common themes and are hereby presented under according to the following themes:

Table 4.3 Summary of themes and subthemes

Theme	Sub-theme	Key participants comments
<p>1. Compatibility.</p>	<p>Traditional health care services' landscape.</p>	<p>Management of Hemorrhoids:</p> <p><i>“I haven't really been in the health system for a long time, but I heard people saying for hemorrhoids they trust to go to traditional healers” (P1).</i></p> <p><i>“People believe because traditional healers remove hemorrhoids effectively” (P3).</i></p>
		<p>Traditional circumcisions:</p> <p><i>“When we talk about traditional healthcare, we refer to traditional healers and their remedies. For example, circumcisions performed by a traditional healer has shown positive outcomes” (P4).</i></p> <p><i>“If you believe in traditional healers, and then we've seen sometimes a healer doing a very good job, for instance, I've seen circumcisions done by the traditional healers, which is working very, very well. So, where people believe all those, they can still go, but we have to formalize all the things as a state, and to know which candidate can be treated by the traditional healer, they cannot treat everything, like they cannot do surgery like in the big hospitals. So, you have</i></p>

		<p><i>to categorize the type of the diseases which the traditional healers can treat. Otherwise, it will be chaos, they going to take to you to the big diseases like hypertension, diabetes, all those things, you have to be careful, but you have to formalize it in the state” (P34).</i></p>
		<p>Traditional deliveries by Traditional Birth Attendants (TBAs):</p> <p><i>“Some traditional healers assist in deliveries, especially in remote areas where healthcare facilities are distant. After the birth, the mother might then seek medical care at a clinic.” (P28).</i></p> <p><i>“Because some of the communities are very far from the health facilities, but the traditional people assist them to give birth, then they will go to the clinic” (P14).</i></p>
		<p>Treatment of ailments using traditional medicine/herbs:</p> <p><i>“Yes, I’ve seen some patients, they were suffering the back pain many times, and the headache, who said; when I went to see that healer, he gave me that plant, herbal medicine, that I get healed immediately” (P5).</i></p>

		<p><i>“Some of the plants they use can be turned into medicine; their knowledge could be valuable, especially during medication shortages, sometimes, in emergencies, if they can treat a condition, involving them could be helpful when medication is scarce” (P36).</i></p> <p><i>“I’ve witnessed patients with back pain and headaches who found relief through herbal remedies provided by traditional healers. Many patients believe in these practices” (P21.)</i></p> <p>Management of snake bites:</p> <p><i>“For snake bites, especially in remote villages, there’s a belief that certain individuals, often elders, possess knowledge on first aid for snake bites. This belief leads people to seek their help before going to hospitals”.(P26)</i></p> <p><i>“And also, snake bites. Sometimes especially those people who stay in deep of villages they have beliefs that they have those grandpas, or those big people who know how to treat snake bites before the people go to the hospital” (P24).</i></p>
<p>2. Relative advantage</p>	<p>Respect for Cultural beliefs,</p>	<p><i>“The community’s belief also contributes. People trust in these practices, making it hard to discourage them” (P6).</i></p> <p><i>“When it comes to their cultural beliefs, ethical values and beliefs, It has respect for their values and morals. It will satisfy their beliefs” (P22).</i></p>

	norms and practices:	<i>“Some people believe in traditional practices, and we can't discredit their beliefs. We should allow individuals to choose what aligns with their beliefs, integrating traditional health care practices into primary healthcare can respect diverse beliefs and offer training for traditional healers to improve patient care”.(P26)</i>
	Distances and transport to facilities.	<i>“It's nearby, compared to the distance of going to the health facility, maybe that traditional healer is just next to your house, so distance” (P4).</i> <i>“Okay, it's accessible. It has a respect for their values and morals, beliefs” (P7).</i>
	Medicines.	<i>“Sometimes we just don't have medication. So, when we don't have medications and then we know there are herbs, you can go to the other side, and then you come back later when we have supply” (P25).</i> <i>“I believe both derive medicines from natural sources, creating a similarity in their origins, Yes, because some of those plants they are using, they use them to make medicine, but they're using it in their facility, so I think it's going to be helpful” (P31).</i>

		<i>“When we run out of medications, knowing about available herbs can serve as an alternative until we restock” (P9).</i>
3. Trial ability	Communication and collaboration between the two health care systems.	<p><i>“Collaboration, yes, I think so, because both of us need each other, so we need to collaborate, we are sharing some information that will benefit our target, which is the patients” (P6).</i></p> <p><i>“I saw a case of the patient who was treated by a traditional healer, due to hemorrhoids, She gave the service, but it didn’t work, when she saw it didn’t work, she referred” (P15).</i></p> <p><i>“Some of the plants they use can be turned into medicine; their knowledge could be valuable, especially during medication shortages...Sometimes, in emergencies, if they can treat a condition, involving them could be helpful when medication is scarce” (P22).</i></p>
	Training of traditional health practitioners.	<i>“To effectively integrate traditional healers into primary health care, training is crucial. They should understand what conditions they can manage and when to refer patients to the health facilities. Some healers believe they can treat everything, but educating them about proper referrals is key” (P31).</i>

		<p><i>“There are traditional healers that feel that they can treat everything. They need to be trained that some of the conditions, they don't need to attend, they need to refer straight to the health facilities” (P19).</i></p> <p><i>“If integrated, these healers, herbalists, also receive training. It's not things that are not there, these are things which are there, we cannot stop it, but we need to come together, meet halfway then we teach these people how to understand medications and all the these things. In that way, we can also save the patients” (P24.)</i></p>
	<p>Patient centered practice.</p>	<p><i>“I encountered a case where a patient was treated by a traditional healer for hemorrhoids, but it didn't work. The healer then referred the patient. In my view, the traditional healer acted honestly by referring the patient to a health facility. Most healers tend not to do that. I appreciate the healer's honesty in seeking proper help for the patient.” (P8).</i></p> <p><i>“Maybe to also provide some equipment such as gloves” (P23).</i></p> <p><i>“Maybe addition to cleaning, you can also add provision of materials and pharmaceuticals, and supplies, not pharmaceuticals” (P21).</i></p>

<p>4. Observability</p>	<p>Registration of traditional health practitioners.</p>	<p><i>“Yes, and then they can have a paper that they are traditional healers” (P17).</i></p> <p><i>“Like us we register at the Council, are they registered? No, they don’t” (P36).</i></p> <p><i>“I feel like if the traditional healers have a council, then they can also get licenses to practice” (P37).</i></p>
	<p>Strategies required to ensure the integration of Traditional Health Care Services into</p>	<p><i>“They can be connected with Health Professions Council of Namibia who can regulate all those things” (P11).</i></p> <p><i>“Even the Ministry of Health can also be involved or regulate all those things” (P34).</i></p> <p><i>“Since on our side here we have our council, known as the Nursing Council, traditional healers on their side, should also have their own council, and also we should advise the Ministry of Health that it should also come up with an act which will guide the traditional healers, which will be relevant to them when they are conducting their sessions with their patients” (P32).</i></p>

	Primary Health Care.	
5. Complexity.	Lack of knowledge sharing between the two health care systems.	<p><i>“The disadvantage is we don't know the dose of all those medications, and their side effects, they're not dosed most of the time. They don't know even the side effect after three years, after two years, after one years, they don't know those things. This is the bad side of those things” (P34).</i></p> <p><i>“I believe it's primarily a knowledge gap. We're unfamiliar with the medications they use, and likewise, they lack knowledge about our medications” (P36).</i></p> <p><i>“The difference is, as I've told you before, is related to the dose of the medication and the side effects. This is difference, he can give the cup of ginger, but he doesn't know that If you take more ginger it can start to hurt you then you start getting the heartburn, which is very, very dangerous for the patient. It is related to the knowledge of the side effects of the medication, and after how many times it's working in the body, and everything” (P34).</i></p>

4.3. Discussion of Results and literature control

The main findings from the study were listed as follows under the guidance from Roger 2003's DOI theory on adoption processes for a new innovation:

4.3.1. Compatibility

Traditional health care services' landscape.

Traditional health care practitioners provide the following health care services in Namibia:

Management of hemorrhoids (hemorrhoidectomy), Traditional Male circumcisions, Treatment of ailments using traditional medicine/herbs, home deliveries conducted by traditional birth attendants, Treatment of snakebites, and many more. Most of the participants echoed on the same type of services provided by the traditional health practitioners, such as the first responded who said; *"I haven't really been in the health system for a long time, but I heard people saying for hemorrhoids they trust to go to traditional healers"*. (P1). This was further supported by the 3rd participant by saying; *"People believe because traditional healers remove hemorrhoids effectively"* (P3). Some were of the view that; both traditional and modern healthcare practices have their strengths and unique approaches to healing and could be compatible since they both target improved healthcare of patients.

There were however, sentiments from participants on the importance of categorization of the types of services which were provided by the traditional health care practitioners; *"If you believe in traditional healers, and then we've seen sometimes a healer doing a very good job, for instance, I've seen circumcisions done by the traditional healers, which is working very, very well. So, where people believe all*

those, they can still go, but we have to formalize all the things as a state, and to know which candidate can be treated by the traditional healer, they cannot treat everything, like they cannot do surgery like in the big hospitals. So, you have to categorize the type of the diseases which the traditional healers can treat. Otherwise, it will be chaos, they going to take to you to the big diseases like hypertension, diabetes, all those things, you have to be careful, but you have to formalize it in the state (P34) ”.

“When we talk about traditional healthcare, we refer to traditional healers and their remedies. For example, circumcisions performed by a traditional healer has shown positive outcomes” (P4).

Other health care services provided by the traditional health care practitioners include the assistance with home deliveries as was stated by the participants; *“Some traditional healers assist in deliveries, especially in remote areas where healthcare facilities are distant. After the birth, the mother might then seek medical care at a clinic.” (P28),* and *“Because some of the communities are very far from the health facilities, but the traditional people assist them to give birth, then they will go to the clinic”. (P14).* These could be helpful in cases of uncomplicated deliveries, as long as the mother and newborn baby are transferred to the health facility for the required professional health care services.

Traditional health care practitioners also make use of traditional herbs and remedies to treat ailments as stated in the almost similar statements by these participants; *“Yes, I've seen some patients, they were suffering the back pain many times, and the headache, who said; when I went to see that healer, he gave me that plant, herbal medicine, that I get healed immediately” (P5), “Some of the plants they use can be*

turned into medicine; their knowledge could be valuable, especially during medication shortages, sometimes, in emergencies, if they can treat a condition, involving them could be helpful when medication is scarce” (P36), “I’ve witnessed patients with back pain and headaches who found relief through herbal remedies provided by traditional healers. Many patients believe in these practices” (P21), while some possess knowledge on the management of snake bites as echoed by the following; “For snake bites, especially in remote villages, there’s a belief that certain individuals, often elders, possess knowledge on first aid for snake bites. This belief leads people to seek their help before going to hospitals”. (P26), “And also snake bites. Sometimes especially those people who stay in deep of villages they have beliefs that they have those grandpas, or those big people who know how to treat snake bites before the people go to the hospital” (P24).

The compatibility between traditional and modern healthcare practices depends on various factors. While there can be challenges due to differences in approach, knowledge, and techniques, collaboration between the two systems is increasingly recognized as beneficial. Traditional methods might provide culturally relevant care, while modern practices often excel in evidence-based treatments. Integrating these strengths can enhance overall patient care.

Mutale [18] supported that traditional health practices play an important role in treating a wide variety of illnesses, improving quality of life, and supporting patients living with incurable chronic diseases. This is in support of the sentiments echoed by a number of participants, therefore indicating the need for the recognition of traditional health practitioners’ services up to a certain extent.

2.1.1. Relative advantage

Respect for cultural beliefs, norms and practices

Namibia's commitment to preserving its rich cultural heritage is a driving force behind the integration of traditional medicine. Traditional healing practices have deep historical roots within Namibian communities, representing a valuable aspect of the nation's cultural identity. These were the same feelings expressed by the participants such as these two who said; *“The community's belief also contributes. People trust in these practices, making it hard to discourage them” (P6)*, and *“When it comes to their cultural beliefs, ethical values and beliefs, it has respect for their values and morals. It will satisfy their beliefs” (P22)*.

By integrating traditional medicine into the healthcare system, Namibia seeks to ensure the continued existence and vitality of these cultural traditions. It recognizes that traditional medicine is not merely a collection of healthcare practices but a repository of indigenous wisdom, customs, and rituals that connect people to their ancestors and heritage. This is in line with the participants statements such as the one who said; *“Some people believe in traditional practices, and we can't discredit their beliefs. We should allow individuals to choose what aligns with their beliefs, integrating traditional health care practices into primary healthcare can respect diverse beliefs and offer training for traditional healers to improve patient care” (P26)*.

Majority of the participants particularly from the focal group discussions also highlighted the advantages of utilizing traditional healthcare services, encompassing accessibility and immediate assistance; *“It's nearby, compared to the distance of going*

to the health facility, maybe that traditional healer is just next to your house, so distance” (P4), and “Okay, it’s accessible. It has a respect for their values and morals, beliefs” (P7).

However, concerns about the lack of standardized dosages and limited knowledge of potential side effects raise questions about the safety and effectiveness of some traditional treatments. [14] observed that towards the end of 19th century traditional medicine production shifted from a home level production to cottage industry and subsequently to large industrial mass production, however, claimed that even though the percentage of large industries is less, quality control is a major challenge. In support of this notion, [25] argued that the Lack of sound scientific evidence relating to safety and efficacy, problems in ensuring quality and rational use, inadequate understanding of socio-cultural context of their practice and usage, protection of intellectual property rights of knowledge holders, assuring sustainable natural resource use, regulation and capacity building of non-formal practitioners, developing appropriate methodologies for evaluation, resolving conflicts with mainstream medicine are some of the key challenges in the sector.

Use of medicines and herbs

Participants noted similarities in the use of natural sources for medicines in both traditional and modern healthcare practices. For instance, both may perform procedures like the removal of hemorrhoids, male circumcisions, and treatment of ailments with medicines. This was also highlighted by the statements from the research

participants. It is noteworthy that all the participants agreed that both traditional and modern healthcare practices have a common medicinal origin.

One participant mentioned that; *“I believe both derive medicines from natural sources, creating a similarity in their origins, Yes, because some of those plants they are using, they use them to make medicine, but they're using it in their facility, so I think it's going to be helpful” (P31)*. Others further stressed that; *“Sometimes we just don't have medication. So when we don't have medications and then we know there are herbs, you can go to the other side, and then you come back later when we have supply” (P25)*, and *“When we run out of medications, knowing about available herbs can serve as an alternative until we restock.”(P9)*, indicating the need for an alternative source of medicines in cases of the events when the PHC facilities are experiencing medicine stock outs.

There is however an indication for the need for a clear distinction in the level of professionalism, adherence to scientific protocols, formal education and knowledge base of practitioners in these two systems as well as the nature of environment in which these two health delivery systems provide their interventions. For example, there is equipment sterilization in modern healthcare, and unmeasured dosages in traditional healthcare. In order to overcome this challenge, [24] suggested the following good traditional medicine operational processes namely; proper certification, packaging, storage of traditional medicine, products and constant supply of approved traditional medicine as a fundamental strategy required to standardize traditional medicine practice and promote its integration.

The primary distinction therefore lies in the depth of understanding and knowledge surrounding medication and treatment protocols. Traditional methods, while effective in some cases, may lack the scientific backing and detailed understanding of modern medicine, leading to potential risks associated with improper dosages and unawareness of adverse effects. Conversely, primary healthcare systems emphasize a more researched, measured, and informed approach to treatment, prioritizing patient safety and well-being. There is therefore a need to harmonize the two health care systems with a focus on ensuring safe management of health care needs while ensuring that the treatment procedures are safe and effective.

These feelings are in line with the recommendations from the World Health Organization through its Traditional Medicines Strategy [14], in which the emphasis has been placed on the promotion of safety, efficacy and quality of traditional medicine through training and provision of guidance on regulatory and quality assurance standards.

While traditional and modern healthcare systems are seen as different in several aspects, the commonality between the two systems is the shared goal of providing healing and relief to patients.

2.1.1. Trial ability

Communication and Collaboration between the two health care systems

Participants expressed opinions similar to [28] who claimed that some biomedical health care workers linked traditional medicine and practices with being underdeveloped or “backward.”, while patients also experience insults and the denial of care at biomedical facilities in case of exhibiting signs that they have used such

medicines. [28] argued that such poor treatment results in reluctance to seek help and therefore complicates diagnoses and increases the risk of complications from interacting (traditional and biomedical) medication/treatment.

The results from the interviews and focal group discussions indicated that none of the participants had encountered clinical conditions that required the services of a traditional doctor. Instead, patients self-refer to traditional health care practitioners. This indicates a level of trust and belief in the effectiveness of traditional healers within the community. Similarly, it was notable that traditional healthcare providers do not commonly refer patients to medical doctors. Instead, patients tend to approach them directly for their services. There was however a common understanding that the two systems need to work in partnership and collaboration for the benefit of the common factor, which is the patient as stated by one participant, who said; *“Collaboration, yes, I think so, because both of us need each other, so we need to collaborate, we are sharing some information that will benefit our target, which is the patients” (P6).*

[37] argued that the relations of the professionals and the referral networks have a major role in effectiveness of the integrated medicine clinics and therefore sharing the philosophy and common beliefs about integrated medicine and holistic medicine, personal and professional relations between providers show mutual trust and respect can greatly enhance integration of the two practices. These sentiments were echoed by a number of participants, e.g. one said; *“I saw a case of the patient who was treated by a traditional healer, due to hemorrhoids, She gave the service, but it didn’t work, when she saw it didn’t work, she referred” (P15),* emphasizing on the need for the mutual communication and collaboration between the two health care systems. [38]

further stressed that the type of integrated service should be selected from the complementary or conventional medicine services according to the patient's conditions as decided and agreed by the healthcare team members. The participants added that the modern healthcare system emphasizes on evidence-based treatments and technological advancements, while traditional practices often focus on holistic approaches and natural remedies. According to most of the participants, with the integration and collaboration of the two systems; *“We could learn from them (traditional healers) about traditional herbs, their uses, and preparations. It might benefit our healthcare system”*. The participant further stressed that, *“Some of the plants they use can be turned into medicine; their knowledge could be valuable, especially during medication shortages...Sometimes, in emergencies, if they can treat a condition, involving them could be helpful when medication is scarce”* (P22).

Studies have found that communication and collaboration between traditional medicine and modern groups are among the most important elements of integrating traditional health medicine into primary health care. A qualitative study which sought to explore integrative of traditional health practices with primary health care in Canada concluded that communication and collaboration are essential elements in ensuring the successful integration of the two health care systems. In their study, [33] argued that communication and collaboration need to be pursued by an interested professional to ensure the successful integration of the two practices. The importance of such elements is further described by Ben-Arye and Visser [34], as an essential part of medical anamnesis, while citing the importance of establishment of a triangular active and open dialogue between patients, conventional health care providers, and complementary practitioners. In addition, [35] argued that the relations of the professionals and the

referral networks have a major role in effectiveness of the integrated medicine clinics and therefore sharing the philosophy and common beliefs about integrated medicine and holistic medicine, personal and professional relations between providers show mutual trust and respect can greatly enhance integration of the two practices. The duo further argued that collaboration between the two groups can result in better efficacy of the integrated medicine.

The participants unanimously agreed on the need for collaboration, guidance and training of traditional healers to ensure standardization, professionalism and that they could identify cases that should be referred to modern healthcare facilities. The participants also suggested that the responsible parties for ensuring collaboration include the Ministry of Health, Traditional Healers Association, Councils, and the National and Regional Councils. The doctors emphasized the importance of collaboration between traditional and modern healthcare systems, which can lead to a more comprehensive healthcare approach. However, they also acknowledge that successful collaboration may be challenging due to differences in research methodologies and knowledge bases. As an intervention, [39] argued that the integration of the two health practice; Western medicine and traditional ethnomedicine requires setting up of integrative medicine courses in medical colleges; training of the complementary medical alternative; training of physicians, nurses and other health workers; recognition and identification of traditional treatments; traditional healer recording and documenting and others dictate that Government should have economic, political, and legal framework national policy in place.

Training

To facilitate the integration of traditional healthcare into the modern healthcare system, training and education for traditional healthcare providers are suggested. Bridging the knowledge gap between traditional and modern practitioners is essential. Education programs and open communication can facilitate mutual understanding and encourage sharing of expertise. Establishing common standards, guidelines, and regulations can ensure safety and quality in collaborative efforts. This includes addressing issues like sterile equipment and standardizing treatments where possible. Ultimately, the focus should remain on improving patient outcomes. If a combined approach leads to better health results and patient satisfaction, collaboration becomes more feasible and beneficial.

The importance of training the traditional health care practitioners was stressed by a number of participants, saying; *“To effectively integrate traditional healers into healthcare, training is crucial. They should understand what conditions they can manage and when to refer patients to health facilities. Some healers believe they can treat everything, but educating them about proper referrals is key”* (P31). Another participant further emphasized that; *“There are traditional healers that feel that they can treat everything. They need to be trained that some of the conditions, they don't need to attend, they need to refer straight to the health facilities”* (P19). This will prevent the health complications which result from the treatment of conditions which may not be manageable by the traditional healers.

[44] noted that the role of professionals in both fields of medicine is highly important for establishing collaboration between, and providing education to other stakeholders of the healthcare system. The same was stated by another participant, saying; *“If integrated, these healers, herbalists, also receive training. It's not things that are not*

there, these are things which are there, we cannot stop it, but we need to come together, meet halfway then we teach these people how to understand medications and all the these things. In that way, we can also save the patients” (P24).

Without this, integration will not be strongly implemented. Learning from countries with a strong tradition of traditional medicine, such as China and India, can provide valuable insights and practices that can be incorporated into the Namibian healthcare system.

Patient-Centered Practice

Patient-centered practices are considered to be an essential element in integrating traditional health services into primary healthcare. [36] noted that the type of integrated service should be selected from the complementary or conventional medicine services according to the patient’s conditions as decided and agreed by the healthcare team members. Some participants mentioned cases where patients were initially treated by traditional healers but later referred to healthcare facilities, primarily in cases of hemorrhoids. Instances of patients being referred from traditional healers to modern healthcare facilities were noted especially when things went wrong while under the care of traditional healer, such as this one who said; *“I encountered a case where a patient was treated by a traditional healer for hemorrhoids, but it didn't work. The healer then referred the patient. In my view, the traditional healer acted honestly by referring the patient to a health facility. Most healers tend not to do that. I appreciate the healer's honesty in seeking proper help for the patient.”(P8).* The patient needs to always be the priority/at the center of the management process between the two health care system in such a way that whatever decision is made, must be for his/her benefit.

Moreover, [37], two models are proposed for the integration of the type of complementary medicine service: a model where experience-based complementary medicine is integrated with the conventional medicine, and a model that builds only on evidence based complementary medicine.

The decision to seek traditional healthcare services is often initiated by the patients themselves. This notion agrees with the [17] findings that more than 80% of the world's population in over 170 of its 194 Member States currently use some form of traditional medicine, such as herbal medicine, yoga, Ayurveda, acupuncture and acupressure, and indigenous therapies. According to the participants, the decision to seek traditional healthcare services is often initiated by the patients themselves. This suggests that traditional medicine is a patient-driven choice and is usually considered when modern medical procedures are either financially out of reach or unavailable. While in other cases, traditional healers refer patients to healthcare facilities. These referrals could be due to a range of reasons, including the inability of traditional healers to manage certain health issues effectively sometimes. This view recognises the importance of a holistic approach to patient care as argued by [39]. A holistic approach to health care integrates both alternative and conventional medicine to address the entirety of an individual, rather than focusing solely on symptoms. [39] Highlighted that holistic health often involves the convergence of traditional and complementary medicines (T&CM). For instance, some participants mentioned situations where traditional birth attendants referred patients when their remedies did not work and patients starting to experience health complications due to failed intervention.

Some participants also indicated the need for the traditional health care practitioners to be provided with the clean and surgical supplies to utilize in their practice in order

to prevent infections; “*Maybe to also provide some equipment such as gloves*” (P23), and “*Maybe in addition to cleaning, you can also add provision of materials, pharmaceuticals, and supplies*” (P21). These are crucial to the improvement of the quality of care provided by the traditional health care practitioners.

2.1.2. Observability

Registration and Regulation of Traditional Health Care Practitioners

While there were some feelings that traditional and primary health care services are compatible and need to work in close collaboration due to their proximity to each other, as well as their accessibility and affordability to the patients which is in line with the PHC principles, there were also some disadvantages of the traditional health care services highlighted, such as; inadequate cleanliness and hygiene, lack of measurement of doses for the traditional medicine and herbs, and lack of registration and regulation of the traditional health care practitioners. These indicate the need for the establishment of a regulatory framework which will provide guidance towards the practice of the traditional health care practitioners. [37] indicated that the growth and viability of integrated medicine will depend on evidence-based practices, non-hierarchical integrative medicine practices, and identifying the successful influences on the integration of complementary and alternative medicine and conventional medicine for recognition of its inherent value in PHC.

Defining a clear scope of practice for traditional healthcare providers is crucial. This would involve determining what types of conditions can be treated by traditional healers and ensuring that they do not attempt to address complex or life-threatening medical issues. The participants highlighted the importance of recognizing the value

of traditional healthcare practices, even if they differ from modern practices; *“Yes, and then they can have a paper that they are traditional healers” (P17),*

“Like us we register at the Council, are they registered? No, they don’t” (P36). As such, licensing and guidelines for traditional healers are seen as essential steps toward integrating their practices into the healthcare system.

Furthermore, the participants expressed that the registration and regulation of traditional healers vital in ensuring accountability and adherence to standards. *“I feel like if the traditional healers have a council, then they can also get licenses to practice” (P37).* Regulation is seen as a critical component in bringing traditional healthcare into partnership with modern healthcare. Organizations like the Health Professions Council and the Ministry of Health would play a significant role in overseeing, regulating, and standardizing traditional healthcare practices to ensure safety and effectiveness.

Strategies required to ensure the integration of Traditional Health Care Services into Primary Health Care

The WHO (2014) [11] noted that like in other parts of the world, the successful integration of traditional healing practices into Namibia's healthcare system relies on a combination of strategies aimed at fostering collaboration, enhancing the capabilities of traditional healers, and raising public awareness. A literature search suggests the following elements to be essential in ensuing an effective integration of traditional health practices into primary healthcare services as communication and collaboration, patient-centered practice, policy and plan, financial support, education and training well as patient-centered.

Participants express diverse opinions on integrating traditional healthcare into primary healthcare services. They suggest that this integration should be selective and carefully considered. Not all diseases or conditions should be managed through traditional medicine. Therefore, defining a clear scope for traditional healthcare practice is crucial. The advantages of integrating traditional healthcare practices into primary healthcare services were highlighted. These benefits of integration include; respecting diverse cultural beliefs and values, proximity to patients, minimal wait times, and accessibility of traditional healing methods in some communities. The [14] noted that like in other parts of the world, the successful integration of traditional healing practices into Namibia's healthcare system relies on a combination of strategies aimed at fostering collaboration, enhancing the capabilities of traditional healers, and raising public awareness.

In addition to the collaboration and training being some of the strong factors which may contribute towards the successful integration as discussed earlier, strategies identified as requirements for integration also include the registration and regulation of traditional health practitioners; *“They can be connected with Health Professions Council of Namibia who can regulate all those things” (P11)*. Participants indicated the importance of having the traditional healers registered by the Health Professions Council, and even stressed on the need for the need for the establishment of their own traditional health practitioners’ council and have them regulated through an act of parliament. *“Since on our side here we have our council, known as the Nursing Council, traditional healers on their side, should also have their own council, and also we should advise the Ministry of Health that it should also come up with an Act which*

will guide the traditional healers, which will be relevant to them when they are conducting their sessions with their patients” (P32).

They further emphasized on the need for the Ministry of Health and Social Services to oversee the regulation of the traditional health practitioners’ practice; *“Even the Ministry of Health can also be involved or regulate all those things” (P34).*

Enforcement of the regulations on the traditional health care practice by the Ministry of Health and Social Services and the Health Professions Council of Namibia to protect the public and strengthen public health is the overall identified ultimatum required to ensure the registration and regulation of the traditional health care practitioners. This will close the loopholes within the field by preventing the practice of unregistered traditional health care practitioners.

4.3.2. Complexity

Lack of knowledge sharing between the two health care systems

The idea of traditional healers sharing their knowledge of herbs and remedies was acknowledged by all the participants, most of who felt that there is a limited sharing of knowledge, especially from the side of the traditional health practitioners. *“I believe it's primarily a knowledge gap. We're unfamiliar with the medications they use, and likewise, they lack knowledge about our medications” (P36).* Knowledge sharing through training and continuous collaboration is vital for the effective patient management between the two health care systems.

This was supported by [23] who mentioned that, indigenous knowledge can be a valuable resource in emergencies or when conventional medications are unavailable. For example, the importance of sharing traditional medical knowledge was put to test

during the COVID -19 pandemic where communities the world over started to appreciate traditional herbs like Zumbani, Eucalyptus leaves and others for steaming.

The interviews further provided a comprehensive view of the complex interplay between traditional and modern healthcare practices in Namibia. The non-dosage of the traditional medicines coupled with lack of understanding on their side effects continued to be expressed by the majority of the participants. *“The disadvantage is we don't know the dose of all those medications, and their side effects, they're not dosed most of the time. They don't know even the side effect after three years, after two years, after one years, they don't know those things. This is the bad side of those things, the difference is, as I've told you before, is related to the dose of the medication and the side effects. This is difference, he can give the cup of ginger, but he doesn't know that If you take more ginger it can start to hurt you then you start getting the heartburn, which is very, very dangerous for the patient. It is related to the knowledge of the side effects of the medication, and after how many times it's working in the body, and everything” (P34).*

Furthermore, some participants also expressed lack of trust and confidence in the safety and quality of traditional healing methods and the potential for exploitation of patients by dubious traditional doctors whose motive is to reap money from desperate patients hence, these medical officers and nurses opposed the formal recognition of traditional practices. For instance, most medical officers felt that traditional health care practitioners should not be recognized for the reason that many traditional healers lack scientific validation of their effectiveness and may even be detrimental to patient care. The participants therefore believed that healthcare should be entrusted to qualified

professionals who respect and observe established medical standards and ethics for the benefit of the patient's health concerns.

The opinions and experiences of the healthcare professionals highlighted the need for the collaboration, regulatory framework, and the respectful acknowledgment of diverse healthcare practices in the country. The findings underscore the importance of balancing tradition and modernity in the context of public health and improving patient care and safety, facilitate referrals, and enhance the competence of traditional health care practitioners through training.

4.3.10. Future clinical implications for Namibia, Africa and Global public health sphere

The strengthening of the collaborative relationship between traditional health care and primary health care systems in Namibia is long overdue. The World Health Organization, in its Traditional Medicine Strategy for 2014-2023 [53] p.17, emphasized on how herbal medicines, traditional treatments, and traditional health practitioners are the main source of care and sometimes the only source of health care available, which is close to homes, accessible, affordable and culturally acceptable and trusted by the majority of the community members. While there can be challenges due to differences in approach, knowledge, and techniques, collaboration between the two systems is increasingly recognized as beneficial. Traditional methods might provide culturally relevant care, while modern practices often excel in evidence-based treatments. Integrating these strengths can enhance overall patient care. Acknowledging and respecting the differences between the two systems is crucial.

Collaborative efforts should focus on understanding and learning from each other's practices without undermining cultural beliefs or scientific advancements.

The strategy therefore calls for the establishment of country-specific collaborative relationships between modern health care systems and traditional health care practitioners in the provision of health care. Namibia is no exception to this recommendation and therefore needs to put mechanisms in place on how the two health care systems will collaborate. This implies the need to for more research on the available traditional medicine, herbs and health care services in all the other regions of Namibia in order to come up with a strong and responsive integrated health care system.

More research is also required to determine the efficacy of the traditional medicines and herbs as well as the actual treatment regimes. There is also a need for the same research to be conducted with the focus on the recipients of the traditional and modern health care services to determine their views on the relevance of integrating the two health care services.

Summary

This chapter highlighted the results of this study, the results presented and categorized into common themes on the perceptions of medical practitioners on integration of traditional medicine into primary healthcare in Khomas Region. The findings highlighted the potential benefits of this integration which include increased patient trust, improved health outcomes, and cost-effective healthcare delivery and the overall well-being of the Namibian population. The interviews from both the key informants

and focus groups provided a detailed snapshot of the complex interplay between traditional and modern healthcare practices in Khomas Region. The participants expressed the importance of respecting traditional healthcare practices and professionalizing them. Integration, collaboration, and regulation were seen as essential for enhancing healthcare services and meeting the diverse healthcare needs of the population. Furthermore, the findings emphasized the need for regulatory frameworks to ensure the safety and effectiveness of traditional healthcare services when integrated into the primary healthcare system in Khomas Region.

The discussion of the findings revealed a complex healthcare landscape in Windhoek District, where traditional and modern healthcare systems coexist. While traditional healthcare has a role and trust within the community, integrating it into the modern healthcare system requires careful consideration, regulation, training, and collaboration to ensure the safety and efficacy of healthcare practices for the benefit of the population. The doctor's closing comments emphasize the value of traditional healers and the need to approach them with respect and collaboration. They highlight that traditional healers can offer solutions when modern medicine may not be sufficient, reinforcing the potential benefits of integrating both systems.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.0. Introduction

This research explores the perceptions of nurses and medical practitioners on the relevance of integrating traditional health care practices into primary healthcare services in Khomas Region. The study aims to understand the role of traditional medicine in the healthcare system and the potential advantages and disadvantages associated with their integration. A qualitative research design was chosen for this study as it uses an inductive approach which was deemed appropriate in answering the research questions; starting by data collection to elicit the perceptions of nurses and medical doctors on the topic under investigation.

Conclusion

This research was aiming to respond and meet the following objectives:

Objective 1:

To explore the perception of nurses and medical practitioners on the relevance (advantages and disadvantages) of traditional health practices to primary health care:

The nurses and medical practitioners who participated in the research explained the relevance of traditional health care practice to primary health care with reference to its advantages and disadvantages. The advantages were mostly related to the availability and accessibility of the traditional health care services, as well as their affordability to

the community members, and the respect for the patients' cultural norms, beliefs and practices. There were however also disadvantages on the utilization of traditional health care services listed by the participants, such as; lack of proper hygiene and sterility of the equipment used by the traditional healers, and lack of measurement of the traditional medicines and herbs to determine their dosage.

Objective 2:

To investigate the nurses and medical practitioners' perceived compatibility (similarities and differences) of traditional health practices to primary health care.

The research participants therefore indicated that the compatibility of the traditional health care and primary health care systems will depend on the implementation of specific actions such as; the registration, training and regulation of the traditional health care services providers in the country.

The interviews and focus group discussions provided a detailed insight into the intricate interconnectedness between ancient healing interventions and modern healthcare practices in Namibia. The participants expressed the importance of embracing and respecting traditional healthcare practices and professionalizing them. Integration, collaboration, and regulation were seen as essential for enhancing healthcare services and meeting the diverse healthcare needs of the population. Additionally, the findings emphasized the need for regulatory frameworks to ensure the safety and effectiveness of traditional healthcare services when integrated into the primary healthcare system in Namibia. Furthermore, these findings echoed the significance of interdisciplinary dialogue and cooperation regarding the relevance of traditional healthcare practices to primary healthcare services in Namibia.

Based on the findings of this study, it is recommended, inter alia; that policymakers and healthcare authorities consider developing clear regulatory frameworks, create comprehensive, holistic regulatory guidelines and standards for the integration of traditional health practices into the primary healthcare system, with a special focus on patient safety, efficacy, cultural sensitivity and the preservation of traditional knowledge and healing practices tapped from Namibia's diverse ethnic groups.

Based on the findings from the extensive interviews and focal group discussions with the participants, it became apparent that traditional medical healthcare practices hold a significant place in the lives of many Namibians, serving as a cornerstone of their cultural identity and health-seeking tendencies. Taking cognizance of and respecting these diverse practices and values regarding health delivery is not only a matter of cultural sensitivity but also a strategic endeavor towards creating a more holistic, inclusive and effective healthcare system.

Furthermore, the collaboration and mutual understanding between healthcare professionals, both traditional and modern, are pivotal in achieving a seamless integration. The insights gathered from the participants emphasized the importance of ongoing education and training programs that promote dialogue and collaboration between these two vital components of the healthcare system.

It is evident from the research findings that, as we move forward, it is inevitable to advocate for policy changes that acknowledges and support the integration of traditional healthcare practices into the overall healthcare infrastructure of Namibia. However, this noble move will demand a much-concerted effort from key stakeholders

at all levels, not limited to government organizations, healthcare institutions, and community leadership.

Most importantly, the incorporation of traditional healthcare practices into modern primary healthcare systems in Namibia has the potential embrace the diverse cultural divides within the country as well as significantly improving the general health and well-being of the population. Indeed, the integration of the two delivery systems is a remarked move towards a more holistic, patient-centered approach to healthcare that acknowledges and values the multi-culturalism from which Namibia derives her uniqueness of a vibrant rain-ball nation.

5.1. Limitations of the study

The major limitation of the study was the limited scope, specifically focusing only on Windhoek District in the Khomas Region, focusing specifically on primary health care facilities within this area, leaving out the experiences from other regions of the country. Findings confined to a specific region like Khomas might have limited the scope of the research, and the findings may not be generalizable or directly applicable to other regions within Namibia or other countries, due to unique cultural beliefs, norms, traditions, and healthcare system dynamics that affected the integration process differently. Also, a study limited to a single region, such as the Khomas region, could result in a smaller sample size compared to a national study, which might limit the representativeness of the results. With these in mind, the research participants were encouraged to express themselves openly considering the fact that they represented a larger group of potential participants who could not partake in the research.

The researcher however allowed for flexibility whereby the appropriate time when the research participants would be having adequate time to fully participate in the interviews/focus group discussions was mutually agreed upon.

The healthcare practitioners who were part of the sampling frame might not have been openly willing to share all their experiences with various traditional healthcare systems and practices due to the sensitivity of the topic. Additionally, time constraints posed a limitation in carrying out the research, as the researcher was employed on a full-time basis at the Ministry of Health and Social Services (MoHSS).

It was however a mandatory requirement for students pursuing a Master's degree in Public Health at the University of Namibia to conduct a thesis in their area of study, despite juggling work schedules and academic work simultaneously. The busy schedules of participants, especially the Primary Health Care (PHC) workers (Nurses), also constituted barriers in data collection. With these limitations in mind, the researcher submitted a permission request letter to the MoHSS so that the concerned authorities would grant permission to collect data from the participants. The letters of permission to conduct the research, received from the MoHSS' Research Ethical Committee and the Khomas Regional Health Directorate, were utilized when the researcher sought appointments to conduct key informant interviews with doctors and focus group discussions with nurses in the PHC facilities. This enabled the participants to meet the researcher at a mutually agreed time during the study.

In multicultural settings like Namibia, language and communication barriers can be significant barriers to quality data collection. Therefore, to avoid misunderstandings or misinterpretations of responses and/or incomplete data collection, the researcher used the English language, which tends to be widely spoken or understood in the region. The incorporation of traditional healthcare practices is often influenced by

existing policies and regulations, which may differ notably between regions or countries, hence affecting the feasibility and success of integration endeavors.

5.2. Recommendations

Based on the findings from the interviews regarding the relevance of integrating traditional healthcare into primary healthcare services in Namibia the following recommendations are made and aim to bridge the gap between traditional and modern healthcare practices, ensuring that both systems work together to provide comprehensive and culturally sensitive healthcare services to the population in the Windhoek District, Khomas region and beyond:

1. The government should consider creating a regulatory council or association specifically for traditional healers. This would help standardize their practices, ensure safety, and provide guidelines for their services.
2. Collaborative training programs should be developed to enhance the skills and knowledge of traditional healers. These programs should focus on modern medical standards, including the proper use of sterile equipment, standardized dosage forms, and referral processes.
3. The Ministry of Health should take a leading role in facilitating collaboration between modern healthcare providers and traditional healers. They should provide guidance, support, and resources for integration efforts.

4. Parliament should consider drafting legislation that regulates the practice of traditional healers. This legislation would ensure adherence to certain standards and protect the rights and health of patients who seek traditional healthcare services.
5. Regional councils, as local governing bodies, should advocate for the integration of traditional healthcare within their regions. They can play a role in promoting collaboration and ensuring that traditional healthcare services are accessible to the local population.
6. Efforts should be made to promote the collaboration between traditional healers and modern healthcare providers. Sharing knowledge and information could lead to improved patient care and outcomes.
7. Further research and data collection should be conducted to assess the effectiveness and safety of traditional health care practices when integrated into the modern healthcare system. This will help in making evidence-based decisions.
8. Regular monitoring and evaluation mechanisms should be put in place to assess the progress of the integration of traditional healthcare services. This ensures that the collaboration is effective and safe for patients.

Identifying gaps in the research on the integration of traditional healthcare practices into primary healthcare, particularly focusing on the perceptions of nurses and doctors

in the Khomas region, is crucial for directing future studies. Below are some potential gaps and areas for further research:

This study focused on a single region, Khomas Region hence limiting generalizability. It is therefore prudent to conduct comparative studies across different regions of Namibia or between urban and rural areas to understand how context influences perceptions and implementation strategies.

This study's focus on healthcare providers namely; nurses and doctors might lead to underrepresentation of patient views. Hence the need to conduct further research studies to understand patients' experiences, preferences, and satisfaction with integrated healthcare services.

Since this research predominantly focused on the perspectives of nurses and doctors, overlooking traditional healers. Further Research would be necessary to explore the views of traditional healers on integration, including their willingness to collaborate, perceived challenges, and needs for training and support.

There may be limited research on how the integration of traditional practices affects patient outcomes. Therefore, further research is necessary to investigate the impact of integrated healthcare models on patient health outcomes, satisfaction, and overall well-being.

There may be insufficient understanding of specific barriers to integration from a healthcare system perspective. Hence the need for research to identify and analyze systemic barriers to integration, including policy, legal, and logistical challenges, and propose solutions.

The effectiveness of existing educational programs for healthcare professionals regarding traditional practices may be unclear. Therefore, further research is essential

to assess the current state of educational and training programs for modern healthcare professionals about traditional practices and identify areas for improvement.

This research might not adequately address how cultural competence among healthcare providers affects the integration process. Further research is vital to investigate how cultural competence training for healthcare providers influences their perceptions and effectiveness in integrating traditional practices.

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APPENDICES:

a) UNAM Ethical Clearance Certificate



UNAM
UNIVERSITY OF NAMIBIA

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: DIC OSH 0019 **Date:** 27/07/2022

This Ethical Clearance Certificate is issued by the University of Namibia Ethics Committee (REC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the ethics committee.

Title of Project: INTEGRATING TRADITIONAL HEALTH CARE PRACTICE INTO PRIMARY HEALTH CARE SERVICES FROM THE PERSPECTIVES OF NURSES AND MEDICAL OFFICERS IN WINDHOEK DISTRICT, NAMIBIA

Principal researchers: LUZAKIEL TUUTALENI SHILYOMUNI (STUDENT NO. _____)

Staff Number/Student number: 9700102


Remarks: Low Risk Approved with corrections


Centre for Research Services

Take note of the following:

1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the ethics committee. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported in the ethics committee.
3. The Principal Researcher must report issues of ethical compliance to the ethics committee (through the Chairperson) at the end of the Project or as may be requested by the ethics committee.
4. The ethics committee retains the right to:
 - i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected.
 - ii) Request for an ethical compliance report at any point during the course of the research.

The ethics committee wishes you the best in your research.


Prof. Hans J. Amukugo (Oshana Campus Chairperson: Decentralized Ethics Committee)


Prof. Davis Mumbegegwi (Head, Multidisciplinary Research)

b) Research Permission Letter, MoHSS' Ethical Committee.



REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

Ministerial Building
Harvey Street
Private Bag 15198, Windhoek.

OFFICE OF THE EXECUTIVE DIRECTOR

Tel: No: 061-203 2597
Fas. No: 061-222 558
An.chous.Shipanga@mohss.gov.na

Ref: Ref: 22/3/1/1

Enquiries: Mr. A. Shipanga

Date: 02 September 2022

Mr. Heseckiel T. Shilyomunhu
PO Box 8952
Bruchbrecht
Windhoek

Dear Mr. Shilyomunhu

Re: Integrating traditional health care practice into primary health care services: From the perceptions of nurses and medical officers in Windhoek District, Namibia

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
 - 3.1 The data to be collected must only be used for academic purpose;
 - 3.2 No other data should be collected other than the data stated in the proposal;
 - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;
 - 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
 - 3.5 Preliminary findings to be submitted upon completion of the study;
 - 3.6 Final report to be submitted upon completion of the study;
 - 3.7 Separate permission should be sought from the Ministry for the publication of the findings.
4. All the cost implications that will result from this study will be the responsibility of the applicant and not of the MoHSS.

Yours sincerely,



BEN VANCUMBER
EXECUTIVE DIRECTOR

All official correspondence must be addressed to the Executive Director.



C)Research Permission Letter, Khomas Regional Health Directorate.



**REPUBLIC OF NAMIBIA
MINISTRY OF HEALTH AND SOCIAL SERVICES**

OFFICE OF THE REGIONAL DIRECTOR

Private Bag 13322
Windhoek
Namibia

Khomas Directorate
Florence Nightingale Street
Windhoek

Tel: (061) 203 5029
Fax: (061) 235997
International: (264 61 235997)

Enq: Mrs. M. Tunchi

Ref: S-429

Date: 10 November 2022

STAFF MATTER: CONFIDENTIAL

**MR. HESEKIEL SHILYOMUNHU
P. O. BOX 22571
WINDHOEK
NAMIBIA**

**RE: THE ACADEMIC RESEARCH PROPOSAL, UNIVERSITY OF NAMIBIA, THE
MASTER DEGREE IN PUBLIC HEALTH.**

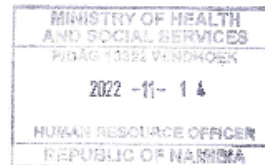
Dear Mr. Shilyomunhu

I have pleasure to inform you that on recommendation of the Executive Director, permission has been granted for you to conduct a study on "Integrating traditional health care practice into primary health care services: From the perception of nurses and medical officers in Windhoek District, Namibia" at the Regional Clinics, for a period of five (5) days from 14 November 2022 until 18 November 2022.

The office wishes you success with your research.

Yours sincerely


**TOMAS UKOLA
DIRECTOR: KHOMAS REGION**



All Official Correspondence must be addressed to the Regional Director



d) Data collection Instruments

UREC Annex 5F: Informed Consent for Qualitative
Studies



INFORMED CONSENT FORM

Informed Consent for Health Care workers (Medical Officers) in the Primary Health Care Facilities of Windhoek District, who will be invited to participate in the research titled; *Integrating traditional health care practice into Primary Health Care services: from the perceptions of nurses and medical officers in Windhoek District, Namibia.*

Name of Principal Investigator:	Hesekiel Tuutaleni Shilyomunhu
Name of Sponsor:	Self-sponsored (student)

This Informed Consent Form has two parts:

- **Information Sheet (this section, to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form.

PART I: INFORMATION SHEET

Introduction

My name is **Hesekiel Tuutalen Shilyomunhu**, a student presently pursuing a Masters' Degree in Public Health at the University of Namibia. I will give you more information and invite you to be part of this study looking at the integration of Traditional Health Care Practice into Primary Health care services. You have the right to withdraw from participating in this study.

First before we start, you may talk to someone you feel comfortable with about the research. Please ask me to stop as we go through the information sharing process so that I can make time to explain some of the concepts. If you have questions you may ask me at any time.

Purpose of the Research

Namibia has two main types of health care systems, traditional and modern health care. Only one of the two systems (modern health care system) is recognized and formalized despite the fact that the community members are still making use of the services from both systems. The country is still having a lot of traditional health care practitioners practicing without any regulatory framework/guidance from the health authorities.

The purpose of this study is to understand the views and perceptions of the nurses and medical officers on the integration of traditional health care practice into primary health care services, focusing on the nurses and medical officers in Windhoek District, Namibia.

Type of Research Intervention

The research will require your participation in this in-depth interview, which will take

us about 25-30 minutes.

Participant Selection

You have been selected to take part in this study because of your involvement in the provision of health care services at the primary level (in primary health care facilities), which makes you the first point of contact with the patients. You may therefore have a better exposure to the traditional health care practice and the patients who seek the traditional health care services.

I therefore feel that your experience as a medical practitioner will be able to contribute to our understanding in this regard.

Voluntary Participation

Your participation in this study is entirely voluntary, even if we really need the information which you can provide to us. You may also withdraw from participating in the study without being stigmatized, and may also decide to stop participating at any time. Please feel free to decide if you will participate or not.

Procedures

You will be participating in this study through an in-depth interview. I will ask you some questions, guided by a prepared questionnaire on health care (traditional and/versus modern), with the aim of understanding the possibility of integrating the two.

The interview will be guided by the researcher (myself). I will also be probing questions based on your responses. Make sure you respond articulately and confidently.

The interview will be recorded for the purposes of being able to listen to them over again later when writing the report, just to ensure that everything is captured. The records will only be used for the study purposes.

Duration

The research will take place over a period of one to three weeks involving the researcher's visits to different health facilities within the Windhoek Health District. You will be allocated time slots to partake in the study. Every interview will take place for about 25-30 minutes.

Risks

The research questions may require you to share personal or confidential information. You will be requested to share information related to personal experiences, of which some of you may regard as sensitive or too personal. You are at liberty not to answer any question if you feel uncomfortable. Rest assured that the shared information will only be utilized for study purposes.

Benefits

There will be no direct or immediate benefits to you from this research but your participation will provide us with more information on integrating traditional health care practice into the existing Primary Health Care. The information collected will better inform the policies and frameworks of the authorities and contribute to the betterment of the health care system.

Reimbursements

There are no reimbursements involved in your participation in this study. I will be coming to your workplace during your most convenient time to conduct the interview.

Confidentiality

The focused group discussions will be conducted in the boardrooms or enclosed space within the health facilities where there is less noise. The information obtained from the focused group discussion will be anonymous. No names will be requested from you as participants at any time during the study. The information provided will only be utilized for research purposes.

Sharing the Results

The study findings will be disseminated among health care workers at various health care facilities within Khomas district. Nothing you tell me in this study will be shared with anybody outside the research team and no information will be attributed to your name.

Right to Refuse or Withdraw

You are free to refuse to participate in this study and may withdraw from this study at any time without being victimized or subjected to any penalties.

Who to Contact

If you have further questions please feel free to contact me, the researcher at any time at my contacts below:

Hesekiel Tuutaleni Shilyomunhu

Cell: +264 811466485

Email: tutalahs@yahoo.com

This research has been reviewed and approved by the relevant Ethics Review Committee at the University of Namibia, which is a committee whose task it is to make sure that research participants are protected from harm. The committee reports to the University's Centre for Research Services. If you wish to contact this Centre, please call +264 61 206 4673 or send an e-mail to research@unam.na.

You can ask me any questions about any part of the research study if you wish to. Do you have any questions?

PART II: CERTIFICATE OF CONSENT

I have read the foregoing information, and it has been well explained to me. I have had the opportunity to ask questions about it and any questions I have been asked, have been answered to my satisfaction. I consent voluntarily to be a participant in this study

.....

Name of Participant (print)

Signature of Participant

.....

Date (day/month/year)

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Thumb print of Participant.....

Name of Witness (print).....

Signature of Witness.....

.....

Date (day/month/year)

Statement by the Researcher/Person taking Consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. The in-depth interviews.
2. The audio recording of the discussion for later transcription.
3. Anonymity and confidentiality of the information given and the sharing of the information collected.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

.....

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Name of Researcher/Person taking Consent (print)

Signature

.....

Date (day/month/year)

If Assisted by an Interpreter: Statement by Interpreter

I have accurately interpreted the information sheet to the potential participant in (Insert name of target language), and to the best of my ability made sure that the participant understands that the following will be done:

1. The in-depth interviews.
2. The audio recording of the discussion for later transcription.
3. Anonymity and confidentiality of the information shared and the sharing of information collected.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been interpreted correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

I declare that I will not divulge any information that I interpret during this research intervention to a third party outside this study.

.....
Name of Interpreter (print) Signature

.....
Date (day/month/year)

UREC Annex 5F: Informed Consent for Qualitative Studies



INFORMED CONSENT FORM

Informed Consent for Health Care workers (Nurses) in the Primary Health Care Facilities of Windhoek District, who will be invited to participate in the research titled; *Integrating traditional health care practice into Primary Health Care services: from the perceptions of nurses and medical officers in Windhoek District, Namibia.*

Name of Principal Investigator:	Hesekiel Tuutaleni Shilyomunhu
Name of Sponsor:	Self-sponsored (student)

This Informed Consent Form has two parts:

- **Information Sheet (this section, to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form.

PART I: INFORMATION SHEET

Introduction

My name is **Hesekiel Tuutaleni Shilyomunhu**, a student presently pursuing a Masters' Degree in Public Health at the University of Namibia. I will give you more information and invite you to be part of this study looking at the integration of Traditional Health Care Practice into Primary Health care services. You have the right to withdraw from participating in this study.

First before we start, you may talk to someone you feel comfortable with about the research. Please ask me to stop as we go through the information sharing process so that I can make time to explain some of the concepts. If you have questions you may ask me at any time.

Purpose of the Research

Namibia has two main types of health care systems, traditional and modern health care. Only one of the two systems (modern health care system) is recognized and formalized despite the fact that the community members are still making use of the services from both systems. The country is still having a lot of traditional health care

practitioners practicing without any regulatory framework/guidance from the health authorities.

The purpose of this study is to understand the views and perceptions of the nurses and medical officers on the integration of traditional health care practice into primary health care services, focusing on the nurses and medical officers in Windhoek District, Namibia.

Type of Research Intervention

The research will require your participation in the group discussions together with your peers, which will take about 40 mins.

Participant Selection

You have been selected to take part in this study because of your involvement in the provision of health care services at the primary level (in primary health care facilities), which makes you the first point of contact with the patients. You may therefore have a better exposure to the traditional health care practice and the patients who seek the traditional health care services.

I therefore feel that your experiences as healthcare workers will be able to contribute to our understanding in this regard.

Voluntary Participation

Your participation in this study is entirely voluntary, even if we really need the information which you can provide to us. You may also withdraw from participating

in the study without being stigmatized, and may also decide to stop participating at any time. Please feel free to decide if you will participate or not.

Procedures

You will be participating in a focus group discussion together with your professional peers (nurses/medical officers). Each focus group discussion will consist about 3 to 8 participants with similar experiences. I will ask you a few questions on health care (traditional and/ versus modern), with the aim of understanding the possibility of integrating the two.

The focus group discussion will be guided by the researcher (myself). I will start the group discussion as your moderator. I will also be probing questions based on your responses. Make sure you respond articulately and confidently.

The focus group discussions will be recorded for the purposes of being able to listen to them over again later when writing the report, just to ensure that everything is captured. The records will only be used for the study purposes.

Duration

The research will take place over a period of one to three weeks involving the researcher's visits to different health facilities within the Windhoek Health District. You will be allocated time slots to partake in the study. Every focused group discussion will take place for about 40 minutes.

Risks

The research questions may require you to share personal or confidential information.

You will be requested to share information related to personal experiences, of which some of you may regard as sensitive or too personal. You are at liberty not to answer any question if you feel uncomfortable. Rest assured that the shared information will only be utilized for study purposes.

Benefits

There will be no direct or immediate benefits to you from this research but your participation will provide us with more information on integrating traditional health care practice into the existing Primary Health care. The information collected will better inform the policies and frameworks of the authorities and contribute to the betterment of the health care system.

Reimbursements

There are no reimbursements involved in your participation in this study. I will be coming to your workplace during your most convenient time to conduct the focus group discussions.

Confidentiality

The focused group discussions will be conducted in the boardrooms or enclosed space within the health facilities where there is less noise. The information obtained from the focused group discussion will be anonymous. No names will be requested from you as participants at any time during the study. The information provided will only be utilized for research purposes.

Sharing the Results

The study findings will be disseminated among healthcare workers at various health care facilities within Khomas district. Nothing you tell me in this study will be shared with anybody outside the research team and no information will be attributed to your name.

Right to Refuse or Withdraw

You are free to refuse to participate in this study and may withdraw from this study at any time without being victimized or subjected to any penalties.

Who to Contact

If you have further questions please feel free to contact me, the researcher at any time at my contacts below:

Hesekiel Tuutaleni Shilyomunhu

Cell: +264 811466485

Email: tutalahs@yahoo.com

This research has been reviewed and approved by the relevant Ethics Review Committee at the University of Namibia, which is a committee whose task it is to make sure that research participants are protected from harm. The committee reports to the University's Centre for Research Services. If you wish to contact this Centre, please call +264 61 206 4673 or send an e-mail to research@unam.na.

You can ask me any questions about any part of the research study if you wish to. Do you have any questions?

PART II: CERTIFICATE OF CONSENT

I have read the foregoing information, and it has been well explained to me. I have had the opportunity to ask questions about it and any questions I have been asked, have been answered to my satisfaction. I consent voluntarily to be a participant in this study

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Name of Participant (print)

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Signature of Participant

.....

Date (day/month/year)

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

.....

Name of Witness (print)

Thumb print of Participant

.....

Signature of Witness

.....

Date (day/month/year)

Statement by the Researcher/Person taking Consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. The focused group discussions.
2. The audio recording of the discussion for later transcription.
3. Anonymity and confidentiality of the information given and the sharing of the information collected.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

.....

Name of Researcher/Person taking Consent (print)

Signature

.....

Date (day/month/year)

If Assisted by an Interpreter: Statement by Interpreter

I have accurately interpreted the information sheet to the potential participant in
..... (Insert name of target language), and to the best
of my ability made sure that the participant understands that the following will be
done:

1. Focused group discussions.
2. The audio recording of the discussion for later transcription.
3. Anonymity and confidentiality of the information shared and the sharing of
information collected.

I confirm that the participant was given an opportunity to ask questions about the
study, and all the questions asked by the participant have been interpreted correctly
and to the best of my ability. I confirm that the individual has not been coerced into
giving consent, and the consent has been given freely and voluntarily.

I declare that I will not divulge any information that I interpret during this research
intervention to a third party outside this study.

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Name of Interpreter (print)

Signature

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Date (day/month/year)

Interview guide, face to face interviews (Medical Practitioners)

My name is Heseziel Tuutaleni Shilyomunhu, a final year student at the University of Namibia's School of Public Health. I am conducting this research as an academic requirement for the completion of the course towards the Masters of Public Health.

My research aims to investigate the relevance of integrating Traditional Health Care Practice into Primary Health Care Services, from the perception of Nurses and Medical Officers in Windhoek District. This research is being conducted purely for academic purposes as it is a pre-requisite for the completion of my Master's degree course. The interview will consist of formulated questions whereby follow up questions may be asked where necessary in order to solicit further clarifications. The information that will be obtained through these interviews will be kept confidential and only be used for the purposes of the study. The interview will take approximately 30 to 40 minutes of your time.

Thank you in advance

RESEARCH/INTERVIEW QUESTIONS

Demographic Characteristics

Gender

Male	
Female	

Age

Less than 30 Years	
30-40 Years	
41-50 Years	
51-60 Years	

Occupation

Medical Doctor	
Others (<i>specify</i>) 	

Professional qualification

Bachelor's Degree	
Honours Degree	
Master's Degree	

Work experience (number of years)

<5	
5-10	
>10	

Section B

1. Do you think traditional health practice needs to be regarded as a formal type of health care service delivery in the society?

Yes	
No	

Justify your answer

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2. Which conditions or diseases do you believe or think needs to be managed through traditional health practice? Explain further.

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3. In a clinical situation, have you ever come across a condition that required services from traditional healers?

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3.1 Who identified the need for the traditional health care services?

Professional health Practitioners	
Patient	
Patient's relatives	

4. Have you in any clinical set-up come across a condition which was referred from traditional health care provider?

Yes	
No	

Kindly explain further.

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5. What is your perception on the integration of traditional health care practice into primary health care?

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6. What do you consider to be the advantages and disadvantages of utilization of traditional health care services?

Advantages

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Disadvantages

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7. What do you consider to be the similarities and differences between traditional and primary health care systems?

Similarities

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Differences

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8. Do you feel there is a need for a collaboration between modern health care providers (Nurses and Medical Doctors) and traditional health care providers?

Yes	
No	

9. If your answer to question 8 is yes, please explain further in which way(s) the two types of health care providers can collaborate?

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10. Do you believe that the traditional and primary health care systems are compatible?

Yes	
No	

Kindly justify your answer

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11. Do you think the two health systems need to work in partnership?

Yes	
No	

12. What do you suggest needs to be done for the two health systems to work in partnership?

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13. Who do you think should bear the responsibility of ensuring that the two health systems work in partnership?

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Interview Guide, Focus Group Discussions (Nurses)

My name is Heseziel Tuutaleni Shilyomunhu, a final year student at the University of Namibia's School of Public Health. I am conducting this research as an academic requirement for the completion of the course towards the Masters of Public Health.

My research aims is to investigate the relevance of integrating Traditional Health Care Practice into Primary Health Care Services, from the perception of Nurses and Medical Officers in Windhoek District. This research is being conducted purely for academic purposes as it is a pre-requisite for the completion of my Master's degree course. The interview will consist of formulated questions whereby follow up questions may be asked where necessary in order to solicit further clarifications. The information that will be obtained through these interviews will be kept confidential and only be used for the purposes of the study. The interview will take approximately 30 to 40 minutes of your time.

Do you give me permission to proceed with this discussion?

Yes	No

Thank you

RESEARCH/INTERVIEW QUESTIONS

Demographic Characteristics

Gender (indicate number in attendance)

Male	
Female	

Occupation (indicate number in attendance)

Enrolled Nurse	
Registered Nurse	
Others (<i>specify</i>)	

Section B

1. Do you think traditional health practice needs to be regarded as a formal type of health care service delivery in the society?

Yes	
No	

Justify your answer

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2. Which conditions or diseases do you believe or think needs to be managed through traditional health practice? Explain further.

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3. In a clinical situation, have you ever come across a condition that required services from traditional healers?

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3.1 Who identified the need for the traditional health care services?

Professional health Practitioners	
Patient	
Patient's relatives	

4. Have you in any clinical set-up come across a condition which was referred from traditional health care provider?

Yes	
No	

Explain further.

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5. What is your perception on the integration of traditional health care practice into primary health care?

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6. What do you consider to be the advantages and disadvantages of utilization of traditional health care services?

Advantages

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Disadvantages

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7. What do you consider to be the similarities and differences between traditional and primary health care systems?

Similarities

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Differences

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8. Do you feel there is a need for a collaboration between modern health care providers (Nurses and Medical Doctors) and traditional health care providers?

Yes	
No	

9. If your answer to question 8 is yes, please explain further in which way(s) the two types of health care providers can collaborate?

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10. Do you think the traditional and primary health care systems are compatible?

Yes	
No	

Justify your answer

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11. Do you think the two health systems need to work in partnership?

Yes	
No	

12. What do you suggest need to be done for the two health systems to work in partnership?

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13. Who do you think should bear the responsibility of ensuring that the two health systems work in partnership?

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14. What other comments/suggestions do you have?

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d) Any other relevant data such as supplementary information, raw data etc.

Audio file: [REC008.WAV](#)

Transcript

Speaker 2	<p>Alright, no, good afternoon Doc, afternoon. My name is Tuutaleni Shilyomunhu. I'm a final year student doing my masters' in public health with the University of Namibia's School of Public Health. My student number is 9700102. As a requirement for fulfilling my course requirements for graduation I'm supposed to conduct research, but also to contribute towards the body of knowledge with regard to science and public health. So my topic of research is to investigate, or my research aims to investigate the relevance of traditional healthcare practice Into primary healthcare services.</p> <p>I want to get the perception of the nurses and medical officers in Windhoek District, Which is where you are stationed, so this is for academic purposes only, So I have some formulated questions which are going are going to lead our discussion. So the information will be kept confidential and only used for the purpose of this study. So this interview will be about 30 to 40 minutes of your time. So do you give it any mission to go ahead? Go ahead.</p>
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	Maybe if you can tell us your occupation and how long you have been in service.
Speaker 1	You mean as a doctor or the fact I'm working in Otjomuise Clinic? As a doctor. As a doctor I have been working more than 30 years old. Yeah. So I'm in practice, really in general medicine. OK.
Speaker 2	Tell me about the healthcare practice or traditional healthcare practice in Namibia. Would you think the practice could be regarded as a formal type of healthcare services delivery?
Speaker 1	What do you mean formal type? Can you explain your question?
Speaker 2	Formal like is it formalised? Do you think it is formalised, like is there a possibility for it to get formalised. What is your view?
Speaker 1	Explicit your question. You know when you're working in the primary health care, you have to know what are you doing? When are you doing which kind of the person are you dealing with, especially the, the people who don't have enough for resource. So you have to formalise everything according the care of our population.

Speaker 2	Which conditions do you believe, could be managed through traditional healthcare practice?
Speaker 1	What do you mean condition?
Speaker 2	Diseases or conditions of the patients, by traditional healthcare practise we are referring to traditional healers, traditional medicine.
Speaker 1	OK. You see. If you believe in traditional healer and then we've seen sometimes a healer doing a very good job for, for instance, I've seen the circumcision done by the traditional healer, which is working very, very good. So where people believe all those, they can still go, but we have to formalise all the things as a state, and to know which candidate can be treated by the traditional healer, they cannot treat everything, like they cannot do surgery like in the big hospital. So you have to categorise the type of the disease which the traditional healer can treat. Otherwise it will be a, they going to take to you to the big disease like hypertension, diabetes, all those things, you have to be careful, but you have to formalise the thing in the state.
Speaker 2	OK. In in your clinical situation, have you ever come across a condition that required services from traditional healers?
Speaker 1	Yes, I've seen some patients, they were suffering the back pain many times, and the headache, Who said ‘no when I went to see that healer, he gave me that plant, herbal medicine, that I get

	healed immediately''. So I've seen, I've seen a lot of patients like that, they believe in traditional healer, and I kept treating.
Speaker 2	Who identified the need for those traditional health care?
Speaker 1	They need most of the time is coming from the patient themselves. Yeah. Because you see the patient maybe doesn't have enough money for doing something like CT Scan or whatever, but. From him, says Doc I've seen that healer, traditional healer have done to my friend, my father, and then it's working well, than I say; just go, If he can help you. It's not a problem.
Speaker 2	OK. Have you, In any clinical setup come across a condition which was referred from traditional healthcare providers.
Speaker 1	I remember I've seen the traditional healer cutting the small piece in the buttocks of the father or the mother because the child was having diarrhoea, and there is the way they can stop the diarrhoea, if the child is not getting well, it means they have to cut off this piece of skin between the buttocks and then it can stop. Yes, I've seen many cases like that, yeah. But even though, they come with the consequences, because imagine, the people are coming with the small piece of skin cut off, but bleeding a lot and then the bleeding cannot even stopped so they have to run to the hospital, yeah.
Speaker 2	So in that case they are not referred, but they came running due to the bleeding.

Speaker 1	Yeah, they came here because of the consequence coming from the healer.
Speaker 2	But are the instances when the traditional healers probably say let me refer this patient to the clinic?
Speaker 1	No, that people, they are very stubborn. They cannot refer the patient to the medical doctors. They mean they know everything.
Speaker 2	So what is your perception on the integration of traditional healthcare practice into primary health care in Namibia?
Speaker 1	You can do it as the Chinese people used to do in their country. You can choose which kind of medication can be integrated into our modern medicine, but not all disease, or we really have to choose which kind of medicine can be integrated, yeah.
Speaker 2	What do you consider to be the advantages and the disadvantages of using traditional health care services?
Speaker 1	Advantage is it will be cheaper for the patient. The disadvantage is we don't know the dose of all those medications, and the side effect, These are the disadvantages, yeah.
Speaker 2	So meaning that there are medicines are not dosed.
Speaker 1	They're not dosed most of the time. They don't know even the side effect after three years, after two years, after one years, they don't know those things. This is the bad side of those things.

Speaker 2	What do you consider to be the similarities and differences between traditional and primary healthcare systems?
Speaker 1	Similarity, there is nothing, if the patient is sick, he can be seen by the traditional healer and then you get well. The difference is, as I've told you before, is related to the dose of the medication and the side effects. This is difference, he can give the cup of ginger, but he doesn't know that If you take more ginger it can start to hurt you then you start getting the heartburn, which is very, very dangerous for the patient. It is related to the knowledge of the side effects of the medication, and after how many times it's working in the body, and everything.
Speaker 2	Do you feel there is a need for a collaboration between the two healthcare systems that is between the modern healthcare providers, nurses and doctors, and the traditional healthcare providers?
Speaker 1	My dear. The collaboration is very, very important because all those medicines we are using today have been started by traditional people and then when they come with the modern system, they try to amend and then to try to modernise all the things. So the collaboration is really very important because they can bring up some admiration in our healing, of people. We have to collaborate with those people. They knows a lot of things, yeah.
Speaker 2	So what is your perception on the two systems? Do you think they are compatible?

Speaker 1	Say compatible no, because the modern system has a lot of research which can drive us to know the side effects of the medication, how is the healing, all those things but with the traditional things, there's still a lot to do and to know about the plants they're using.
Speaker 2	Do you believe or think the two systems could work in partnership?
Speaker 1	If they try to formalise the things they can work in partnership, yeah.
Speaker 2	OK. When you say formalise?
Speaker 1	The regulation, yeah. They cannot cross over the things, they need to know their scope. They cannot cross over their scope.
Speaker 2	So Doctor is suggesting that they should get a scope of practice?
Speaker 1	Yes, it is like the nurses they have scope also, there is a specialty, me, I cannot do a big surgery in neurosurgery, they have the scope obviously. Each and every practice or practitioner should know his limit.
Speaker 2	OK, you have. Spoken about the scope of practice required. You have spoken about regulation, Uhm, what else do you suggest needs to be done for the two health systems to work in partnership apart from those?
Speaker 1	They have to learn more, to get into a lot of conference and to integrate with the pharmacists so that they can learn more.

Speaker 2	OK, we have heard about scope of practice, we've heard about regulation, you have spoken about training.
Speaker 1	Yeah, they have to get training from other countries the ones who knows that practice that medication like the Chinese, the Indian people.
Speaker 2	So who do you think should bear the responsibility of ensuring that the two health systems work in partnership?
Speaker 1	They able to be connected with HPC Namibia who can regulate all those things?
Speaker 2	That is the Health Professions Council?
Speaker 1	Health Professions Council yeah.
Speaker 2	Meaning that,
Speaker 1	Even the Ministry of Health can also be involved or regulate all those things. Health Professions Council, yeah.
Speaker 2	Any other views or suggestions or comments that you have on the topic of discussion.
Speaker 1	No, my comment is you don't need to underestimate the traditional healer because they always bring us some solution when we are getting stuck because of medication.
Speaker 2	OK. Yeah, no, that.

Speaker 1	Don't underestimate. Those people, but we have to, to approach them.
Speaker 2	Alright, we have moved towards the end of our interview.
Speaker 1	Thank you very much.
Speaker 2	Thank you so much. I value your inputs, your contributions, your suggestions. We will compile a report as we finalise this research. And make sure that the findings, the final findings, are also shared with the participants.
Speaker 1	Thank you very much. I'll be waiting.
Speaker 2	Thank you so much.

Audio file: [REC009.WAV](#)

Transcript

Speaker 1:	Well, my name is Tuutaleni Hesekei Shilyomunhu, I am a student with the University of Namibia, School of Public Health. As we all know that we are all trying to improve the public health in the Namibia, not only Namibia but also globally, so hence we are continuously improving our knowledge, but also with regard to the improvement of the knowledge, we also need to do research to just try
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	<p>to improve our understanding with regard to public health related issues. So as part of that, it's part of my requirement for the studying, I am now required to conduct a study in any field of public health interest. OK, so my study in this case is on Understanding the relevance of traditional healthcare practice to primary health care services in Namibia. And the focus is on Windhoek District. My study group is nurses and medical officers in the Primary Health Care facilities in the district of Windhoek, Khomas Region. So I'm now required to engage through focus group discussions, a number of nurses from the primary health care facilities, as well as a number of medical officers from the Primary Health care services, just to discuss around traditional healthcare practice, how you perceive it as nurses in the PHC settings. I came here two days ago, or three days ago with some informed consent forms, for those who will be participating in the study. I would like to understand that the sister in charge briefed all of you? Right? OK. So I have here the consent forms still, for you to go through.</p>
Speaker 1:	Some people. OK, here is one, who has not seen it?
Speaker 5:	Just to go through.
Speaker 1:	<p>Through and understand before, you need to give consent. It's not, it's not forced. It's against one's own will. OK, I think you can, you can go through while I'm going to get some more copies for everyone. Because we need to sign before we start.</p>
Speaker 6:	What does it mean?
Speaker 5:	No, I have a question before we start because.

Speaker 3:	We are receiving them or how we treat them or what now?
Speaker 5:	How we are receiving them? We don', and if they are coming, they don't say that they are from there.
Speaker 5:	The question is like you are talking about how the, I don't understand exactly. Do you want us to participate in how they are coming, like patients? Which way, and how we are receiving them coming to the issue of..
Speaker 1:	How do you perceive the traditional healthcare practice as such? Traditional healthcare practice is when you have, you have a modern healthcare system right, under which you are working as nurses. This is the formalized healthcare system. But we also have traditional healers in the communities.
Speaker 6:	Yeah, we have.
Speaker 1:	The patients, some of them are also utilising those traditional healers. So what we would like to understand is how do you perceive that?
Speaker 9:	How do you, how are I?
Speaker 1:	What do you think about the traditional health care practice in the country? Traditional healers as such. What do you think? I do have some focus group discussion guide which we are going to follow, it's a few questions that we are going to follow. And that can also lead our discussion. So this is going to be an anonymous sort of data collection, meaning that whatever information you are going to give is not going to be linked to you. Because we are not taking up any of the names, all you do is just sign without indicating who you are. The signature is just for us to indicate that, yes we have consulted people.

	Rather than going to just say, you know, we have consulted people, but we just cooked data, yeah. And that is also the main reason why we are recording the session. Not to say that this is the session which was conducted where. So I would like to get your go ahead, if we can proceed?
Speaker 5:	I do understand for me myself but.
Speaker 2:	To me, this is too broad. Uh-huh.
Speaker 5:	Like what do you? Can I just say the way I say it, I mean, I see especially any medication just to you say how they.
Speaker 1:	Like I said, there's a guide that we are going to follow, which is going to be leading our discussion. Yeah. So is it fine? Can we start?
Speaker 7:	No, like the solution is.
Speaker 2:	What will? Be causing that.
Speaker 1:	All right. Can we start?
Speaker 2:	For the sake of time, yeah. But can we not see the questionnaire first?
Speaker 1:	It's just the questions, not a questionnaire as such, because I'm not expecting you to write down the answers, the answers are being recorded.
Speaker 8:	So we're not supposed to just.
Speaker 7:	Just to go through, maybe to check.
Speaker 1:	It's a qualitative form of study. Which we are not going to, kind of, OK, we are going to analyse the data of course, but we are not going to Analyse it in a quantitative manner. So these are the questions. Alright. Is it fine? Can we go ahead?
Speaker 2:	Maybe that's right.

Speaker 1:	We are going to be very brief, the discussion itself is supposed to be taking, maybe 30 to 35 minutes maximum. Yeah, but we also don't want to limit your feelings and your expressions. Ok, Thank you for accepting to participate in this study, and by agreeing to that, also indicate that you are going to sign that consent form. Just your signature on that relevant page. OK, I would like to understand that we, you are all nurses right?
Speaker 2:	Registered or Enrolled?
Speaker 1:	Or are you are all registered nurses. OK. Thank you for how long have you been in service?
Speaker 2:	Some months, some years, two months, three months.
Speaker 1:	OK, maybe by starting with you, how many years?
Speaker 7:	Five to six months.
Speaker 1:	Five to six months, sister?
Speaker 7:	Three years.
Speaker 8:	Three to four months.
Speaker 2:	Four months, one year, one year.
Speaker 1:	Five months. OK. But in addition to those months, you have also been student nurses right? For four years.
Speaker 1:	First, I would like us to talk about the traditional health practice in Namibia. Would you think that practice would be regarded as a formal type of healthcare service delivery in the society?
Speaker 1:	Traditional healthcare, traditional healers practice. Do you perceive it to be formal in the society?
Speaker 4:	Right.

Speaker 2:	In the society.
Speaker 6:	Maybe some of their some of their, Some of their practices, not all of them.
Speaker 1:	Some of them, their practices can be regarded as formal. OK, so which conditions or diseases do you believe can be managed through traditional healthcare practice, by traditional healers?
Speaker 2:	Haemorrhoids
Speaker 1:	Haemorrhoids, as we are stating them we can also state some of the reasons as to why we believe in them?
Speaker 3:	Because those people cut off those haemorrhoids, and then the haemorrhoid is gone.
Speaker 2:	And then the population, the community people also believe in those things, so we cannot say don't go there to be cut,
Speaker 1:	Yes, Sister
Speaker 5:	And also snake bites. Sometimes especially those people who stay in deep of villages they have beliefs that they use/take as first aid, they have those grandpas, or those big people who know how to treat snake bites before the people go to the hospital.
Speaker 1:	Snake bites.
Speaker 5:	But those big people who knows how to before they reach, they knows how to. Do that but. They live also that themselves and.
Speaker 1:	OK. Are there any other conditions that we want to add to the haemorrhoids and snake bites?
Speaker 6:	Some of them assist in deliveries,

Speaker 6:	Because some of the communities are very far from the health facilities, but the traditional people assist them to give birth, then they will go to the clinic.
Speaker 6:	After they have given birth.
Speaker 1:	OK. So we also have traditional birth attendants, is that what you to mean?, Ok, Any other condition or disease that you want to add?
Speaker 1:	OK, in your clinical situation while you are working now in the clinic as nurses, have you ever come across any condition or disease which required the services of the traditional healers? If you come across patients that you think maybe their conditions should rather go to traditional healers?
Speaker 5:	No, no,
Speaker 1:	Have you also come across any conditions or patients who were referred to the health facilities from the traditional healers? Anyone who came to the clinic to say no, I'm coming from traditional who, who, I was referred?
Speaker 6:	We just came, we just came across with the one that we went for, to be cut, yeah, I don't know if the traditional healers failed or maybe that haemorrhoid was too big for the traditional healer. We just find out that people are coming from the traditional healer to the hospital because the bleeding is not stopping.
Speaker 1:	OK. So some conditions are self-referred or automatic referral because they went to traditional healers and they couldn't get a proper management, So they came to the health facilities.

Speaker 6:	Yes
Speaker 1:	So what do you think or what is your perception on the integration of traditional healthcare practice in the primary health care? Integration means that we have traditional healers working together in collaboration with the modern healthcare practitioners like nurses and doctors.
Speaker 10:	Having to work together.
Speaker 2:	At the clinic or?
Speaker 7:	Like at the clinic or where?
Speaker 1:	Not specifically. They can where they are, but working together as in referring from there to here and from here to there and collaborating.
Speaker 9:	Maybe just them referring to us but not us referring to them.
Speaker 1:	What do you think are the advantages and disadvantages of using traditional healthcare services? We may start with the advantages first.
Speaker 2:	Its nearby, compared to the distance of going to the health facility, maybe that traditional healer is just next to your house, so distance.
Speaker 1:	Okay, it's nearby to the patients themselves OK that is one of the first advantage.
Speaker 8:	Maybe there are no long queues.
Speaker 7:	You don't need to book, they are always available.
Speaker 1:	There are no congestion. You don't need to make appointments. Always available.
Speaker 2:	OK. We can go to disadvantages.

Speaker 5:	So we can go to disadvantages. It's a delay to the patient. To get the proper service it can delay the patient from getting the proper treatment to some cases, let me say for example the patient is HIV positive.
Speaker 5:	For example, but they didn't believe that they are HIV positive, patient can deny the result, but still believe like no, I'm witched, so patient will spend the time going to that traditional doctor until that patient gets opportunistic infections like diarrhoea or whatever then the patient delays the treatment, which can lead to death.
Speaker 1:	A delay in seeking professional services. Which may lead to complications, sometimes death.
Speaker 2:	Lack of materials also, which can lead to infections. Sometimes there's no gloves and there's no proper sterilized equipment.
Speaker 1:	Lack of proper materials and clean equipment, which leads to infection.
Speaker 2:	Also patient can be overdosed by those healers, because the medicines are not measured.
Speaker 1:	The doses are not determined. They just give any to any type of patient.
Speaker 8:	It's expensive, You need to have money to access the traditional healers.
Speaker 1:	unlike the modern health services where they can go for free. Do we have any similarities Between the two types of healthcare systems?
Speaker 8:	Haemorrhoids We both cut.
Speaker 1:	Okay, differences?

Speaker 10:	I think it's just the knowledge as we don't know the medication that they use and then they also don't know the medication that we use.
Speaker 7:	You will see it's just that.
Speaker 1:	They know it. Is very much different. Thank you.
Speaker 1:	us we went to school, but then they never went to school.
Speaker 1:	But maybe they were also trained? OK. Do you feel there is a need for a collaboration between the modern healthcare practitioners, primary healthcare? And the traditional healers. Sister said Yes, you?
Speaker 6:	Yes, what we need is just to train them.
Speaker 1:	Why does sister think that they need to be trained?
Speaker 6:	They need to be trained on what to refer
Speaker 6:	There are traditional healers that feel that they can treat everything. They need to be trained that some of the conditions, they don't need to attend, they need to refer straight to the health facilities.
Speaker 1:	Right. Training so that they can be told as to what to manage and what to refer, any other form of collaboration?
Speaker 2:	Thank you. Maybe to also provide some equipment such as gloves.
Speaker 1:	OK. Maybe addition to cleaning, you can also add provision of materials and pharmaceuticals. And supplies, not pharmaceuticals, but materials and supplies, right?
Speaker 5:	Because sometimes you don't know, Let me say the, if something was used and it was not sterilized.
Speaker 7:	By someone.
Speaker 4:	Sterilised and do.

Speaker 1:	You think the two systems are compatible. There's additional healthcare practise and the modern healthcare practise. Do you think they can work together?
Speaker 7:	Yes, yes, because some people believe in traditional and we cannot like. Show them you cannot believe that. So we can change that belief or what they have just like change.
Speaker 1:	OK, because you said this and that. We should allow them to. To choose what they want to follow. OK. Now we need. To have the traditional healthcare practitioners provided with those supplies, we need them to be playing. We think the patients should have the choice.
	Speaker 9: What do you?
Speaker 1:	Think should have the responsibility of ensuring that the two systems work in partnership. OK, the government through Ministry of Health.
Speaker 7:	They also dealing with people's lives, they need to know what they are doing.
Speaker 1:	Any other comments that you want to make? With regard to our topic of discussion?
Speaker 7:	They also do, where do they register?
Speaker 5:	Like us we register at the Council, are they registered? No, they don't. They don't?
Speaker 1:	Come again? Mm-hmm. OK. You think there is a need also for them to be registered?
Speaker 5:	Yes, And then they can have a paper that they are traditional healers...
Speaker 7:	Then they can be accountable for whatever happens. Because some problems come from them, Problems or something.

Speaker 1:	So you are suggesting registration as well? And have their Council?
Speaker 5:	Yes, and also to share also with us just, the medications they use, you know, then I can also do this for my first aid, laughs... We don't hide our panados, so they should share information.
Speaker 1:	OK. You talked about the registration, for regulation purposes, and then you also talked about the sharing of their knowledge and also there, you said medicines, their herbs, so that we also know what they are using. OK. Do you think that maybe we can also learn something from them? Like what?
Speaker 6:	Oh, yeah, yes, Types of the traditional herbs and what they use them for, and how you mix them. How to cure...
Speaker 8:	It makes it work.
Speaker 1:	OK. Do you? Think that would be that would be helpful to our health care system. In what way?
Speaker 10:	Yes, Because some of those plants they are using, they use them to make medicine, but they're using it in their facility, so I think it's going to be helpful.
Speaker 2:	For emergency purposes, Sometimes we are running out of medication but if you that they can cure the condition, you just call them with the patient and then...
Speaker 3:	Okay
Speaker 2:	We are good to go.
Speaker 1:	OK. We call that indigenous knowledge, practice. So you are also suggesting that we need to know the type of herbs that we have in the country? Do you think that would be a system or how would that be of

	assistance to our healthcare services development? How do you think that would be essential to our health care system in the country, if we get to know the type of herbs they are using, the type of medicines they are having...
Speaker 2:	Purchasing them.
Speaker 2:	When you're running out of, sometimes we just don't have medication. So when we don't have medications and then we know there are herbs, you can go the other sides, and then you come back later when we have.
Speaker 1:	All right.
Speaker 1:	I think that was basically it that we wanted to learn from each other. I would like to thank you for your participation and also for availing yourselves during your busy schedule.
Speaker 1:	We, and I would also like to.
Speaker 1:	Request for permission to, if at any time when I want to hear more from you, am I free to come back to you, to get more information, not to an individual person, but just to say maybe I can go back to that health facility, and see if I can hear more, OK?
Speaker 7:	Welcome.
Speaker 1:	Thank you so much. I think we will end up here for now. Please make sure that you give me those forms. And I thank you so much.

Audio file: [REC010.WAV](#)

Transcript

Speaker 1	<p>All right, so my name is Hesekiel Tuutaleni Shilyomunhu, my student number is 9700102. I am a final year student with the University of Namibia's School of Public Health, and like said, I am conducting a research as an academic requirement for the completion of the course towards my Masters' degree in Public Health. So we are going to be discussing the topic on the relevance, basically I am trying to investigate the relevance of integrating traditional health care practice into primary health care services. Sir, We were just starting with the introduction of the session. Like I said, my name is Hesekiel Tuutaleni Shilyomunhu, I am a final year student under the University of Namibia, School of Public Health, and I'm conducting this research for study purposes, as well as to improve and increase our indigenous knowledge on matters related to public health. My topic is to investigate the relevance of traditional health care practice into primary health care services and we are trying to get the perceptions of nurses and medical officers, with the focus being on the Windhoek District, Khomas Region.</p>
Speaker 1	<p>So, like I said this is going to be conducted for academic purposes. It's prerequisite for the completion of the course and the interview will consist of formulated questions which are going to lead our group discussion, but follow-up questions can also be asked, and we can always give additional views that we might feel necessary, and the information obtained from this interview will be kept</p>

	<p>confidential. We are only recording it for analysis purposes so that we can come up with a good research report. The interview will take about 30 to 40 minutes of your time. I would like to agree that you haven't given me consent to go ahead, so we can get right into the discussion. I would like to understand that you are all nurses right?</p>
Speaker 2	Yes
Speaker 1	How many registered, and enrolled?
Speaker 2	2 Registered and 3 Enrolled
Speaker 1	2 Registered Nurses and 3 Enrolled Nurses, uhm, for how long are you in service?
Speaker 2	3 years
Speaker 3	More than 3 years
Speaker 4	6 years
speaker 5	Some months
Speaker 6	4 years
Speaker 1	OK. Tell me about the traditional health care practice in Namibia, and would you think the practice could be regarded as formal type of health care service delivery in our society?
Speaker 2	Ok, traditional healers, they are not. Surely depends on how the society believes, It's kind of, depending on individuals, some people like their services, that people, only some just people believe it, but other people, they believe use in science, rather than

	<p>traditional, they consult hospitals, rather than traditional healers.</p> <p>From my opinion, that's from my experience.</p>
Speaker 1	Okay, any other opinion?
Speaker 3	I think also, from my opinion, some people prefer to consult the traditional healers before they go to hospitals.
Speaker 1	OK. So you think it's not a formal type of service delivery, but the people are still consulting the traditional healers before they go for the modern health care services delivery. OK, which conditions or diseases do you believe could be managed through traditional healthcare practise? And what would be some of the reasons?
Speaker 3	In my opinion, as a health professional, I believe there is none.
Speaker 1	OK, she's saying none. Any other of view?
Speaker 2	Okay, from my perspective, there are certain things which they do right, through which even when we were growing up in the village, which we have seen that, even when the person is suffering from toothache, they will give you the medicines to stop the pain. Yeah, so, only on certain other condition that I don't believe in, but the cough, there are medicine or herbs which they will give you for flu.
Speaker 1	OK. Yes, he has mentioned about the toothache, he has mentioned the cough, basic pain relief, and medicines and some herbs which can be utilised. Do we have any other views?
Speaker 3	In addition, they cut the haemorrhoids, people believe that they manage it better than the hospitals.
Speaker 1	Haemorrhoids, ok. Uhhh, In the clinical situation, when you are in practice, have you ever come across a condition that required the

	services of a traditional healer? Or could you please explain who identified the need for the traditional healthcare services? During your practice? Are there times when you have come across a condition or disease which required the services of the traditional healers?
Speaker 2, and the whole respondents	So far, no.
Speaker 1	Have you come across in your clinical practise any condition which was referred from traditional health care providers? To your facility, or to you?
Speaker 2	As in referred from health facility?
Speaker 1	No, from the traditional healers to the health facility?
Speaker 2	aa, as in the patient referred from other facility, No
Speaker 4	Maybe, uhm, when they fail there, when the patient's treatment failed, they come. Traditional birth attendants.
Speaker 5	I saw a case of the patient who was treated by traditional healer, due to haemorrhoids, She gave the service, but it didn't work, when she saw it didn't work she referred.
Speaker 1	Okay, you in the case of haemorrhoids so saw that right? What was your experience?
Speaker 5	I feel like the experience was, in terms of seeing the patient or is in terms of?
Speaker 1	It in terms of the situation, the situation as such?

Speaker 5	For me, I felt like the person that did, the traditional healer was honest, enough to, send this patient to a health facility, because most of them, they don't, or majority don't. The patient was like the same, from maybe finding an alternative, but you can't. I feel like she was really hones to refer this patient, so that he could really get the help that he needed.
Speaker 1	All right. Thank you. You what is your decision? What do you think of integration of traditional healthcare practise into primary health care services? You are working as nurses in the modern healthcare system under primary health care. There are traditional healers in the community, being it traditional birth attendants, or being it any other type of traditional healers, from the other side. What do you think or what is your perception of integrating them into primary health care system?
Speaker 5	Right. I feel like It's going to be very important to do that. Because remember that people have different religion, different beliefs. So we cannot say that we cannot integrate it, as a health setting in Windhoek we have people with different backgrounds. Unless who's in a rural area or a health professionals in the outskirts will be able to see that they do help. But for us, we realise don't see the benefits, but integrating it is important in the fact that we integrated especially for then the groups like the traditional birth attendants, they can also receive training to also protect themselves. So if it is integrated, these are the people who will receive trainings, these will

	also encourage them to refer patients when they see the need, so we are Africans, and we see a lot of people, it is good to integrate it.
Speaker 2	So it also goes back to. In as much as we try to integrate them into the system, these concussions they give to the patients as herbs, there's no measurement on them to determine how much to give.
Speaker 1	OK, because whatever they give. Is not the dosage form. It's not measured so to say.
Speaker 5	That's why I mentioned that if integrated, these healers, herbalists, also receive training. It's not things that are not there, these are things which are there, we cannot stop it, but we need to come together, meet halfway then we teach these people how to understand medications and all the these things. In that way, we can also save the patients.
Speaker 3	Meet halfway.
Speaker 2	These traditional healers, there are point when they reach a deadlock with the patients but then they fear to advise the patient to go to the health facility, but if we integrate them, it will give them the freedom to advise the patient and send them to the health facility.
Speaker 1	Thank you. So what would you consider to be the advantage and the disadvantages of utilising the traditional healthcare services by the patients or clients? We can start with the advantages.
Speaker 2	I think it's the cheap and fair.
Speaker 3 and the group	It's not cheap! OK. Yeah. Yeah. OK. In terms of what, what?

Speaker 3	<p>It won't be cheap. When it comes to their cultural beliefs ethical values and beliefs, It has respect for their values and morals. It will satisfy their beliefs.</p> <p>Can also be in terms of accessibility of the herbs within their area most of the time. In that case, it saves time.</p>
Speaker 1	<p>Okay, it's accessible. I has a respect for their values and morals, beliefs.</p>
Speaker 5	<p>Can also receive first hand help within the community, there is someone to attend to the patient, first hand.</p>
Speaker 1	<p>Availability of first aid, All right, The disadvantages?</p>
Speaker 2	<p>There's no dosage or measurement.</p>
Speaker 1	<p>There is no standardization of the dosage.</p>
Speaker 4	<p>They are very expensive those people.</p>
Speaker 2	<p>They are very expensive and also prone to infection.</p>
Speaker 3	<p>OK. And then I probably also delay the patient to seek help in a very early stage, because the patient will be going back and forth, couldn't seek help at an early stage, but at the end of the day, will only come later when it's worse.</p>
Speaker 1	<p>OK, what do you consider to be similarities and differences between traditional healers and modern health care services providers?</p>
Speaker 3	<p>I think the similarities are on the origins of the medicines, from nature.</p>
Speaker 1	<p>OK, similarities in terms of the medicines, and where they come from, Also talked about the foundation, any other similarities?</p>

Speaker 1	Thank you. The differences? How do they differ from you, as nurses and doctors?
Speaker 3	The other one went through formal education, while the traditional healers get their knowledge from beliefs, or through someone, like mother or grandmother, through family trends or inheritances. It needs a synoptic someone, not just everyone.
Speaker 4	And again, they don't use sterile equipment, and for us we use sterile.
Speaker 1	OK, their equipment are not sterile, they are not free of germs, and do you feel there's a need for a collaboration between the two systems, that's now between the modern health care system and traditional healers?
Speaker 2	Collaboration, yes, I think so. I think so, because both of us need each other, so we need to collaborate, we are sharing some information that will benefit our target, which is the patients. So if you're collaborating so it's. OK
Speaker 1	I think you have already indicated in what ways we can collaborate by sharing the knowledge and also information on how they are providing care to the patient. Do you think that the two systems are compatible?
Speaker 1	You are saying yes, by nodding.
Speaker 2	I think, like what he said, they need to work together.
Speaker 1	There is a need for coming together because you are both serving one patient. So for the two systems to work together, what do you

	suggest should be done, for the two systems to work in partnership, like you said, to collaborate, in a two way system?
Speaker 2	I don't know if there is a Traditional Healers Association? The two can collaborate through the association.
Speaker 3	There is,
Speaker 2	But I am not so sure if it is that much active. And also the traditional healers, for it to come together there should be platforms.
Speaker 1	The question is, what do you suggest should be done for the two systems to work in partnership?
Speaker 2	Since on our side here we have our council, known as the Nursing Council, traditional healers on their side, should also have their own council. And also we should advise the Ministry of Health that it should also come up with an act which will guide the traditional healers which will be relevant to them when they are conducting their sessions with their patients.
Speaker 1	Any addition? Who do you think should bear the responsibility of ensuring that the two systems work in partnership?
Speaker 4	The Ministry of Health.
Speaker 3	Ministry of Health, since it is the one rendering services in the country. Ministry of Health should be number one.
Speaker 1	Okay, you said Ministry of Health should be number one in ensuring that the two systems work in partnership. Okay, number 2?
	What about Parliament, the members of parliament should come up with an act, just like they came up with the Nursing Act that the

	<p>traditional healers. The two houses of parliament, such as the National Council. The Regional Councils, since the traditional healers are practicing within the borders of specific regions, so the regional councils should be the one to advocate for this.</p>
Speaker 1	<p>Okay, Do we have any other addition, any other additional information that you want to share or to discuss here?</p>
Speaker 3	<p>In my own opinion, in as much as we can look down upon these traditional way of medicine, I don't know we can professionalize it like the modern practice, it is really helpful.</p>
Speaker 5	<p>I feel like if the traditional healers have a council, then they can also get licenses to practice, like I watch this program and this lady from Katima, she asks for license, because if you get a license you fall under a specific category and then we can provide some guidelines. For me the importance is big. Like I said we all come from views, we came from different regions, different backgrounds, so it is important.</p>
Speaker 1.	<p>All right, we are coming to the end of our discussion. I don't know if we can take that as the last point. Now let me take you this opportunity to thank you for participation in this very important discussion. I'm just seeking for your permission to contact you again anytime for further information. I really appreciate your participation. Thank you so much.</p>

Audio file: [REC012.WAV](#)

Transcript

Speaker 1	From the.
Speaker 2	Close the door. You can have different faces. Good morning everyone.
Speaker 4	<p>Can say that. Just waiting for you please. OK. My name is. It will say again is my first. Name this one. I am a student. At the University of Namibia School of Public Health. During my final year in the Master's degree in public Health. OK, it's a Requirement it's an academic requirement for completion of the course. I'm. Supposed to contact? Research in an area of public health interest. So I chose my. Study to be based on the traditional healthcare practise where I want to investigate the relevance of integrating traditional healthcare practise into Primary Health care. This is being conducted and sorry for academic papers. And it is. We are going to be following some preset questions which are just going to be. There to stimulate our discussion. So we are going to have a focus group discussion for iteration of about 25 to 30 minutes, but it also depends on how we are going to be engaging. OK, this is a qualitative type of study and with quantitative one is expected also to. Record the session. So I'm now is this moment asking for your permission. If we can. Go ahead with the research or with. Is going to be anonymous. I'm not going to take any of your names I have just given you that consent form. If you look on Page Six, I hope you made time to go through. If I left them here about 3-3 days ago on page four, there is space. Almost on top. When they. And the date. Please ignore the name, but I don't. I'm not going to be taking</p>

	any names and as we are discussing, we are also not going to. Be indicating by. In name or whatsoever. So to give me permission to go ahead.
Speaker 5	Thank you.
Speaker 4	All right. Thank you. I can see we are you. Are a group of messes, right? Do you have anyone who is not a nurse? Pharmacist. OK, unfortunately we have to leave you out.
Speaker 5	Good evening.
Speaker 4	OK. Can I? Just get my by indication of yes. For how long have you been in service? We have stepped.
Speaker 3	This is also.
Speaker 1	I'm retired.
Speaker 4	No, it's OK. You're retired, but you are still in service, right? Yeah. Nice, right?
Speaker 3	What is the question?
Speaker 4	For how long are we in service?
Speaker 1	Some of us, we have, you know, each team has.
Speaker 5	Some of us are just a few months.
Speaker 4	Two months. How many months?

Speaker 5	Six months.
Speaker 4	Six months. Two years, two months, two months. 7-7 years.
Speaker 3	All my life.
Speaker 4	48.
Speaker 3	Yeah, more than 50 years.
Speaker 4	More than 50 years.
Speaker 3	But not only government private.
Speaker 4	OK, so we have really quite an extensive. All right.
Speaker 2	I hope we.
Speaker 4	Understand what we're talking about. Traditional healthcare. A practise which involves traditional villas. Respect to what service they are providing. We all understand what that means, right? We all know what traditional healers are. OK. So tell me about the traditional healthcare practise in Namibia. Would you think it could be regarded as a former JFK services delivery in the society? Additional health care

	practise do you believe or do you think it could be regarded as a formal type of health care services delivered?
Speaker 5	Yes, I came from.
Speaker 1	This side, yes, some of them, yes, they do mixing for quite long. The Community are aware about them. Community goes to them and some of these when we are treating benefits at our hospital or the clinic. We also just consider. Also, traditional things like OK. If the patient come and complain. About second thing then you also be like OK, consider also that might be in traditional it could be this one or this one. So I think yes.
Speaker 4	OK. Any other view?
Speaker 5	I mean, I think. It's 5050. Some people believe in traditional, you know, some people do not believe in at all. So I think it will depend on how the person sees the importance of going to this traditional well because even if you, as the healthcare worker introduces this patient. If the health care system thank you, they are traditional workers that can help. But if the person does. Not believe in that. In this low weight, so I think. It's also 5050 cent.
Speaker 4	When 5050? Fifty. You think it should be. Regarded also as some format type of value.

Speaker 5	So that it can accommodate the ones that we need and the ones that don't believe.
Speaker 6	<p>Well, I think I will also add to the 5050 like she said. The other 50%, let me say to the traditional healers, I think they can also be brought in, be trained, and maybe also be given a scope of work so that you see to it as they treat. What is to be done and what is to be? Left out, just like the trained bath. Attendance in the community. I think it would be best if it's done that way, that they are also accredited, that is to avoid people from being scared to be treated, especially snake bites. Yes and other. Things out there. And the other 5050, like she has said, I would say. Most of the people let me say that have grown up into the modern world. They are not a way of traditional aspects of the traditional medicine. Because most of. Them they tend to believe if it's the traditional healer or herbalist, unless we chase is involved or witchcraft is involved, so that might scare. The modern people, from approaching a traditional healer in case something might have failed, especially deliveries when one is in. Bridged delivery so attended and stuck in and sort out the question for the bridge without the person being operated. The person can give back, so I think 5050 it will wait as if they are brought in the system and being accredited for their work.</p>
Speaker 4	<p>OK. Which conditions or diseases do you believe can be managed? Through traditional healthcare practise. And what are some of the reasons to why those conditions maybe should be treated there?</p>

Speaker 3	From my side, I think when it comes to traditional healing, I only trust the traditional. Who are? They helping and there. Best attendance, those I trust, but the others? I don't know. Not that I'm against it, but some of them did not get. Training at all. They give people medicine which they don't want to take. Themselves, so to me.
Speaker 4	Her sister is indicating traditional birth attendance or delivery.
Speaker 3	The deliverances.
Speaker 4	OK, so some of the conditions.
Speaker 3	Yeah, but when it comes to sicknesses, it's a big query from my side.
Speaker 4	Any other disease that we believe? Is managed through traditional healthcare practise.
Speaker 1	And yes, the way she said with the. Delivery. Yes, I think it's also being managed.
Speaker 4	OK. We have so far I mentioned. We have mentioned snake bites. Come again in fatality.
Speaker 5	I haven't really been in the health system for a long time, but I heard people saying for haemorrhoids they trust to go to traditional.
Speaker 4	Kim, alright. Any other condition? OK. In your clinical situation during your clinical practise, have you ever come across a condition? Which required citizens from traditional healers.
Speaker 3	Yeah. Like.
Speaker 1	You mean the? Patient comes to the hospital or something and then they go for the. Traditional, you know?
Speaker 4	You don't have to necessarily say go, but a patient comes to the hospital. Right. OK. That is doing your service. Or maybe someone

	<p>else or other health worker was providing care and. Was believed that that condition should properly require the services of traditional healers.</p>
Speaker 1	<p>These conditions they will come and tell you after the treatment was done and whatever they was going to treatment. So they went traditional like for instance when they are kids are getting. Diarrhoea or whatever. But now? Yeah, when the kids are having diarrhoea, the when they are small, like the way she saying. But yes, they it's the same way. Maybe with the haemorrhoids, but you still find them instead of maybe humour rates would be attended at the hospital. They do go to traditional.</p>
Speaker 6	<p>Then there's also this. Small kind of pimples. But at the clinical level for in. The health sector now. Talking of the healthcare provider, they we see. It was not outside of blisters. That's how they look. Like, but traditionally they believe if that thing passed because the local level it will be. Treated as well. And they will. Give dividend average or they started to treat but when the parents go home the child. Will still have fever. They have those things and I understand such things are supposed to be treated traditional because it makes it easier to pass the child dies. And we have seen some as who come from villages. We have seen some that have survived it and some that have died because of it. So don't know if it's. The very cause?</p>
Speaker 1	<p>Was the.</p>
Speaker 4	<p>OK. Any other addition to that or like, have you ever in your clinical setup come across a condition which was referred from traditional?</p>

	Childcare providers. Have you ever come across a patient who came to the hospital or clinic but they were deferred? Buy two additional healers to say. Go to the hospital and go.
Speaker 1	Yes, and like with.
Speaker 4	To the clinic.
Speaker 1	Well, the not, not actually the delivery, but with the pregnancy. Yes, there are some that goes tradition.
Speaker 3	Maybe for the check up?
Speaker 1	Checkup then later. Maybe the traditional? Doctor, you know whatever. Then you say, like, no, your child is separate. You need to go. To the hospital. This one can't tell anymore. Or something like that. And others are also attended, but I think those are they're not, they just come on their own, like there are some nice soup with the maybe. But it's. Also depend on the weight of what. They cut the thing, I think when they. Cut the Yammer. Rate and they didn't cut well. Some of those machines, they. Can't break up? They're not. Repaired. They're just coming on their own.
Speaker 4	OK, now we are moving towards the perceptions of integrating traditional healthcare practise in primary healthcare. We all know what integration is, right? So what is your vision? What do you think? On the integration of traditional health care. Practise into primary healthcare services.
Speaker 1	For me, I. Think it's needed from my own view. I think it's needed and I think it's gonna work. And it's gonna. Help a lot people like I think one thing that will focus. If we say. If these people that are doing the

	<p>composition and the community, if they are trained, or if it's.</p> <p>Integrated. And then they are. They go for. Through the training and then they will be shown. Other things and whatever, and then they'll practise also it with care and safety because now we don't know actually how it's being done. But yes, one of them is most important. One, the one that they are doing supposition.</p>
Speaker 1	<p>So I think. Yes, it's gonna work. And then the way. She was saying, like, if they.</p>
Speaker 6	<p>Are training.</p>
Speaker 1	<p>Like especially the delivery attendance, those one if. They are trained. They already know. They do manage to do so. Those kids coming being done that way, but the kids. Fine. So if they get more training and then integrated, that will work.</p>
Speaker 3	<p>I just want to add to our sister site. I also wanted to suggest training for the traditional class. Because I would give you a small example, there was a lady. She was also a nurse, was having a baby, was sick, you know, because he or she. One more tradition believes that if your child saving diarrhoea and committing the lady need to be checked on a very personal something. Skin that must be cut off, then this traditional healer cut off the ***** of this lake, and then the lady was leading profusely. They took the lady to casualty when the daughter saw that, he said no. I want the person who called this lady because I'm not going to treat this patient. So the family ended up. Taking the doctor, please. We are the ones who want to ask, so we cannot put him in</p>

	trouble, so they must be trained so they. Can know that this. Is something that God created? Yeah. Look for something. Thank you.
Speaker 4	What do we consider to be the advantages and disadvantages? Of their traditional healers' services.
Speaker 6	I'll see you when it comes to. The advantage some of the treatment. Works, especially the ones for the for the quality and the for mental illnesses of health. So we have seen that language. But to the disadvantage is let me say, when it comes to them, cutting haemorrhoids, they might not have certain precautions as class as there are sterilised equipment such. As blades or. The places where they actually do it. Because sometimes they can just do it and. Things are not sterile and so forth, so going to cross infection is very high and reinfection in case one is exposed and the other one is not. It's also very high. That's why they're supposed to be brought in for training and also for them to have a direct way of direct federal through traditional through. The health care services.
Speaker 4	Any other feeling? Advantage disadvantage.
Speaker 1	Maybe with the?
Speaker 3	Advantage, but it's more less the same.
Speaker 1	But it's with the advantage, yes, it's working, and it's helping. The community, but now they disadvantage it's. It's this one that, yes. If something goes. Wrong. Then who is to be blamed? Yeah. So that's why they need to be pretty, OK.
Speaker 4	So that they can also be. Maybe it would be responsible.
Speaker 2	Yes, do you think?

Speaker 4	Consider to be the similarities and difference. Between traditional healthcare practise and the modern healthcare practise.
Speaker 6	Now, say in traditional healthcare practise, there are medicines, strength is not measured like how the medication of the service health practise, because the strength it differs depending to the child is not measured in milk. Grammes or like that. So for them they give as long as you drink water today or you finish the whole 2 litre 5 litre. So it's not measured. Yes, yes. And their medication good is not certified since most of them is found in the bushes.
Speaker 4	That is one of the disadvantages. OK, any since not quantified, not mission, not certified. Me the similarities.
Speaker 3	And the differences? It's like most of the traditional less don't want their medicine. They hate the type of herbs, things that they are using. To make medicine. We don't want them to be no by other people. While the medical doctor will tell you no if another.
Speaker 4	Their treatment regimen are not disclosed, so we believe there's a need for them to also disclose what they are giving to the patients.
Speaker 3	All right, do you feel?
Speaker 4	That there is a need for a collaboration. I know we touched a little bit on this already. Do you feel there's a need of the collaboration between the modern healthcare practise and traditional healthcare practise? In the how? In what ways do we have to collaborate? I know you mentioned training. Any other way where we can collaborate?
Speaker 1	OK. Maybe also for them to be registered perhaps or 65?
Speaker 6	Thank you.

Speaker 1	If it. Could also be one of them that. Will help and then they. Then people will know like, OK, yes, there is that one. Mr Ho it's even a register. It's known by the ministry. It's having the certificate. You find the certificate that is saying this one is also at least. With this one.
Speaker 4	They need to be. Known because you start to be certified. Do you think that the two systems are contracted to? And how the modern healthcare system, the additional healthcare system, is there compatibility?
Speaker 6	I will say yes, because long break weather, long medicine people actually using traditional medicine before modern medicine, medication comes in. So in my point of view I would say if. The only compatibility? Which is there is treatment, yes, because they both treat so the compatibility is treatment.
Speaker 4	OK, they are compatible because they are both offering treatment. Any other view?
Speaker 3	Long time ago that it's been practised, traditional media and the doctors were waiting together in some one of the hospitals in South Africa.
Speaker 4	So you said that in South Africa the two systems are waiting together? So what do you think of Namibia?
Speaker 3	Yeah, it will be good actually.
Speaker 4	OK. So do you think the two systems should work in partnership? I think yes. So for the two systems to work in partnership. What do you suggest should be done?
Speaker 1	And the OK What I suggest? That it should. Be done it needs to be, not ready to say advertised. It's need to be. Knowing by the people, so perhaps maybe this traditional doctors. If it's. Maybe the ministry, for

	<p>instance, advertised or the ministry announced that. OK, so for all the traditional doctor that want to be registered, you can come where we. Like to the ministry. So then by that way, they will, they will come out and then they will. Be known otherwise. If it's not announced and informed that they should go somewhere to be registered to be, yeah. To be registered. Then they won't know. They won't come out. They will continue that way. And maybe they also pay. Give them an offer or something. If those ones that are really working like. We said the. Traditional the ones that are doing the delivery, if it's known also by the community, the community can also maybe give their suggestion or something that yes, this is the one that we know in the Community. It has been doing that job for 30 years now. We go there. Then maybe there also been given something.</p>
<p>Speaker 6</p>	<p>Because that some other. Countries have done it like in in Botswana. I'm talking out of experience when you get out of it because my grandmother, she's from there and she is a traditional herbalist. So she's accredited. She has her paper. Has the ticket like the ones we get from nursing Council, which is from the health sector of the Minister of Health in Person. She has her accreditation because they trained her and given her a cost, she can do deliveries, she can do haemorrhoids, she can treat snake bites poisoned. If someone is poisoned. So she does that, and then as soon as she does it, she writes A referral and she calls ambulance to pick up the patient to yes, she does that. So maybe if they can do that like I said for them to be brought in and for her, she does not hesitate to show messages or healthcare providers will tell you one</p>

	<p>level of distress while headache. And if you. Are feeling a headache.</p> <p>You want to try you. You can chew that leave or whatever it is. You tell the snake bite. It requires this. You drink half a cup of this. This we put this. And like that ensue also right this is. Maybe just the process now that they are trying to find the to quantify the amount of things he uses maybe so that it can match up. To the. Prescription of what the healthcare system does, yeah, but she actually does that.</p>
Speaker 4	<p>So who do you think should bear the responsibility of ensuring that the two systems work in partnership?</p>
Speaker 1	<p>Community so that the traditional, not the traditional. Or the hitmans plus the missing cancel.</p>
Speaker 4	<p>Mentioned the Ministry of Health. The traditional leaders and the Nursing Council. OK any other? Alright. Any other additional comments? We are moving towards the end. We have any other comment on the? Topic of discussion. Maybe something that?</p>
Speaker 1	<p>OK, if you need these things, it's just for the we know. Yes, it's gonna be considered or something. It's only that. Yes, they should consider it in the reality because this is the thing that is happening. It's being done even if it's not considered. So now it needs. To be considered and to look at it and then like the way maybe you are doing studio. If yes you so they need so then then to the minister. We just, they just need to prosecute for it because it's already happening.</p>
Speaker 3	<p>Yes, sister. No, no, I don't know.</p>
Speaker 5	<p>Yeah. And they get the and one.</p>

Speaker 3	Is in on the Sheila, I think. Those two are known by militia of town. I remember how they did it, but there's just a toy.
Speaker 2	OK. Thank you.
Speaker 3	Maybe they should do some come up with requirements. The things that they should know or should have, like some of the traditional healers can see spiritually, while the others cannot. Yeah, I think those things also need to be put in place. So the person. Can know when you are going to teach.
Speaker 4	So you are saying we need to know who they are, where they are, what they do.
Speaker 3	What they can do?
Speaker 4	No, thank you very much. I appreciate your time and your work and the inputs to the discussion we have come to the end. Of our focus group discussion, we are going to. Have this response. Analysed for the purpose of coming up with the. For academic purposes. But like you said, the perfect use of interest, right? We will also suggest that that feather probes feather research should be done on the. On the topic. I hope you can give me permission to contact you for further clarifications if possible. Is that OK with you? Alright. And then we will also try by all means to share the findings, the final findings of the study. With the participants, I know you are nearby so I can pop in anytime and say this is Lisa. Thank you very much. I know you have a busy day to go through. I think we can release you for now.
Speaker 2	OK.