

**Reconstruction of Health Care System in Africa: Exploring the Medical Pluralism
Approach in the Prevention and Treatment of Clinical Illnesses in Zambia**

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ABSTRACT

The nature of this study was basically to establish the extent to which traditional medicines sometimes referred to as alternative or complimentary medicines, complement the biomedical medicines in the modern world, taking Zambia as a unit of study. The main objective was to establish how best Medical Pluralism could be effectively implemented using the conventional and African traditional medical systems with the view of improving the healthcare system in Zambia. The focus on examining how best Medical Pluralism could be implemented yielded explicit suggestions for understanding the challenges involved in the application of traditional medicines side by side with biomedicine.

In an attempt to explore the medical pluralism approach in the prevention and treatment of clinical illnesses in Zambia, the researcher employed an exploratory design which is a feature of qualitative research method. A target sample of 18 participants was selected purposively and data was collected through in-depth interviews and document review. Due to the COVID-19 pandemic, the interviews were conducted via cell phones, skype, and zoom applications.

The findings revealed that medical pluralism in Zambia is very weak due to the fact that traditional medical healthcare system has not been fully tested to complement the biomedical healthcare system except in the area of HIV and AIDS treatment. This is due to the perception that traditional healthcare system has been regarded as unsafe since its medicines have not been subjected to scientific clinical trials and the traditional healers have not undergone a formal education like the biomedical doctors. Therefore, traditional medicine cannot be considered to be effective in the treatment of clinical diseases.

The study has further revealed that, despite approval of the use of traditional medicines by WHO, the government of the Republic of Zambia, through its Ministry of Health, has not put in place a clear policy to enforce the use of traditional medicines side by side with conventional medicine. The study has further revealed that Traditional Health Practitioners' Association of Zambia (THPAZ) has relentlessly engaged government through dialogue, to incorporate the traditional healers in the health system of the country.

The study has also revealed that social workers in Zambia have not played any role in the sensitisation of the local people on the merits and demerits of the holistic approach to healthcare system. This is due to the fact that the Social Welfare Department falls under the Ministry of Community Development and Child Health instead of the Ministry of Health and there is no collaboration when it comes to the implementation of healthcare programs in the community. Erratic funding by Government for such programs would also be a challenge since government has been greatly relying on donor funding for such projects.

Finally, the study has revealed that despite the inertia in implementing Medical Pluralism, the Government of the Republic of Zambia has shown the political will to implement Medical Pluralism as noticed by the opening of an office for the coordinator from THPAZ at the Ministry of Health Headquarters, by incorporating the traditional healers in the homecare of the HIV patients, and by their inclusion in the training on COVID-19 management organised by the WHO for biomedical practitioners.

The researcher recommended that government should protect the rights of patients by putting in place a policy that would officially allow the traditional healers to operate side by side with biomedical practitioners and organise formal trainings for traditional practitioners to raise them on a par with biomedical doctors. Government should also realign social workers from the Ministry of Community Development and Child Health to the Ministry of Health so

as to enhance their participation in the sensitisation of the community on health issues. Finally, government, THPAZ, Social workers and Human Rights activists' organisations are encouraged to step up the campaign to implement Medical Pluralism healthcare system in Zambia.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ATM	African Traditional Medicine
CAM	Complementary and Alternative Medicines
CSO	Central Statistics Office
FBHs	Faith-Based Healers
HIV	Human Immunodeficiency Virus
MP	Medical Pluralism
MM	Modern Medicine
NCCAM	National Centre for Complementary and Alternative Medicine
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
STIs	Sexually Transmitted Infections
SW	Social Worker
SWW	Social Welfare Workforce
TB	Tuberculosis
TC	Therapeutic Continuum
THPAZ	Traditional Health Practitioners' Association of Zambia
TI	Therapeutic Itinerary
TM	Traditional Medicine
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UTH	University Teaching Hospital
WHO	World Health Organisation

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CHAPTER 1: KEY CONCEPTS

1.0. Introduction

This chapter presents the background to the study highlighting the need for holistic approach for the advancement of health among all the people of the world without any form of discrimination. The chapter also presents the concept of Medical Pluralism (MP) and the characteristics of African Traditional Medicine (ATM) in relation to the Modern Medicine (MM) as background to the study.

1.1. Introduction to the Study

Access to decent health care system is one of the basic human rights of all the peoples of the world. It is for this reason that the United Nations (UN), through the World Health Organisation (WHO), has been mandated to promote and protect healthcare systems throughout the world for the benefit of mankind regardless of race, colour, religion, and region. The main objective of WHO is to ensure that all the people attain the safest and the highest possible level of health (WHO, 1946).

In this regard, the organisation has made efforts to establish and maintain effective collaboration with all specialized agencies, governmental health administrations, professional groups and other organizations including the traditional medicines organisations as may be deemed appropriate to the advancement of health.

In order to address health challenges and achieve a holistic approach to the prevention and treatment of clinical illness such as HIV and AIDS, cancer, TB, and malaria, WHO has encouraged and promoted collaboration between the biomedical and traditional health systems especially in Africa where the use of traditional medicine (TM) is a common practice. For example, in December, 2020, with the support of WHO, the Ministry of Health organised training for members of the Traditional Health Practitioners' Association of Zambia (THPAZ) to raise their knowledge and understanding on COVID-19 in order to promote prevention practices ([https://www.afro.who.int/news/who-supports-ministry-health-train memberstr](https://www.afro.who.int/news/who-supports-ministry-health-train-memberstr)).

This has created a division among medical practitioners concerning the use of traditional or alternative medicine in the treatment of clinical diseases (Olsen and Sargent, 2017). Reasons cited for the rejection of traditional medicine are that it is not amenable to science and is grossly less advanced than modern medicine. But more importantly, it has been argued that traditional medicine conforms to the belief and cultural system of the community, making it more speculative than evidence based (ibid.). The difference in opinion by the medical practitioners has led to the debate on the possibility of achievement of Medical Pluralism (MP) in order to attain a holistic health care system globally.

The following section looks at the concept of MP, drawing the line between modern and traditional medicine.

1.2. The Concept of Medical Pluralism (MP)

Many scholars have defined MP as the “adoption of more than one medical system in terms of health beliefs, behaviours or treatment; an integration of both conventional biomedicine and complementary or alternative medicine for health and illness” (Gabe et al., 2004:183). It has been argued and established that the MP strategy gives patients an opportunity to have a

choice of drawing upon a therapeutic continuum (TC) and therapeutic itinerary (TI), which is rich in medical modalities. TC is based on the premise that every person should be treated with great care especially during his or her infancy, in order to attain the highest physical, emotional, and cognitive health, while the TI refers to the journey patients experience in the search for treatment in which individuals or social groups choose, evaluate, and adhere to certain forms of assistance.

The concept of modern medicine or conventional biomedicine is derived from the scientific knowledge and is associated with professionalism as practiced by those who are formally trained in biomedical science such as physicians, pharmacists, nurses, and other allied health professionals such as physical therapists and psychologists (Amzat and Razum, 2014).

On the other hand, traditional medicine or complementary / alternative medicine is associated with historical and cultural knowledge, a system which is devoid of systematic and scientifically verifiable evidence (ibid). According to the National Centre for Complementary and Alternative Medicine (NCCAM, 2012), complementary and alternative medicines (CAM) are defined as a group of diverse medical and health care systems, practices, and products that are not generally considered part of the conventional medicines. Since it is associated with the cultural worldviews of the people it serves, CAM is usually specific to particular ethnic and religious groups, and it is for this reason that the conception of health and illness often varies within the cultural system with the multiplicity accounts for variety of alternative medicines (Han, 2002). Though it is considered to have outlived modernisation with the domination of modern medicine, alternative medicine has been long in practice and claims to fill the gap of medical possibilities which modern medicine has not been able to resolve (Amzat and Razum, 2014). Alternative medical practitioners often lay claim of expertise on various illness and conditions and are closer to community members than the modern medical practitioners. This explains why all societies still have complementary and alternative health systems besides the modern. It has also been argued that alternative medicine is popular in most societies which have limited access to modern healthcare institutions (ibid.).

However, it can be concluded that there is constant tension in most countries between traditional and modern medicine especially as an alternative health care system. This is because it is argued that alternative medicine conforms to the belief system of the local people instead of science.

The following section looks at the characteristics of African traditional medicine in view of the allegations that it is unscientific and conforms to the historical and cultural belief system of the local people.

1.3. Characteristics of African Traditional Medicine as an Alternative Healthcare System

There are as many TM as there are societies in Africa (Alves and Rosa 2007) and are passed from one generation to the next and could be preserved in writing or passed on orally. In 1976, WHO recognised TM as a part of the healthcare system in global healthcare during a meeting of African regional experts held in Brazzaville. During this meeting, traditional African medicine was summed up as the sum total of all

practices, measures, ingredients, and procedures of all kinds, whether material or not, which from time immemorial had enabled the African to guard against disease, to alleviate his [or her] sufferings and cure himself [or herself] (WHO 1976: 3–4).

Later, an operational definition of traditional medicine was coined as

the sum total of the knowledge, skills, 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 (WHO 2000:1).

In 1977, another meeting was held in Geneva which aimed at fashioning strategies to promote traditional medicine and since then, there have been several WHO reports on traditional medicine (WHO, 1976). The WHO African regional experts also define a traditional medical practitioner or traditional healer as a person

who is recognised by the community in which he/she lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural, and religious backgrounds as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental, and social well-being and the causation of disease and disability in the community (WHO, 1976: 4).

In African traditional society, specialists in medicines are usually referred to as herbalists or medicine-doctors. These are people with knowledge of herbs, roots or even fruits with the power to prevent or cure disease or other afflictions. Unlike biomedical doctors, they have no formal training, but their extensive medicinal powers and knowledge are generally inherited, acquired through friendship or kinship, or purchased (Magesa, 1997).

Generally speaking, African medicine doctors are usually categorised into three: diviners, sorcerers, and herbalists. From a religious point of view, the distinction among the three is quite significant: divination seeks to right wrongs and enhance the vital life force; sorcery diminishes the force of life by the use of medicine, while herbalism also uses medicine to protect or restore life. Unlike biomedical doctors, practitioners of herbal medicines usually depend on spirits for their knowledge, and they must make sacrifices and offerings to those spirits from time to time. However, it is important to note that of late, there has been recognition of faith-based healers (FBHs). Faith-based healers are those who use religious principles in healing. Basically, African societies are religious, and while traditional medicine is rooted in cultural beliefs, there has been a gradual shift of religious beliefs with the advent of Christianity and Islam when many Africans converted to these modern religions (Amzat and Razum, 2014).

The following are the characteristics of traditional medicine which makes it variant to the biomedicine (Amzat and Razum, 2014).

1.3.1. Herbs and Animal Components

Most African medicine comprises herbs and animal parts (ibid.). Herbal materials usually include crude plant material such as leaves, flowers, fruit, seeds, stems, wood bark, roots, and other plant parts which may be fragmented or powdered, boiled, or consumed raw. Apart from herbal materials, animal parts such as bones, horns, skin, feathers, snake bile, tusks, hooves, testicles, and penis are used as ingredients in preparation of curative, protective, and preventive medicine (Alves and Rosa, 2005). Other physical materials that could be used includes and, stone, water, and a number of derivatives from plants and animals.

1.3.2. Spiritual Aspects

TM is associated with the supernatural or ancestral world and traditional healers are believed to be in communication with the ancestral spirits through incantations. Incantation or enchantment is a form of verbal invocation backed by spiritual powers, which can be used to create a spell or inject efficacy into a charm and can also be used for magical transformation of material and immaterial events with the use of metaphysical powers (Amzat and Razum, 2014). Through invocation of the gods, spiritual revitalisation, and supplications, traditional leaders are able to draw their healing powers. As observed by Magesa (1997), all spirits are capable of causing suffering, disease and even death. Therefore, ancestral spirits need to be worshipped, pleased, or atoned, sometimes with ceremonies or sacrifices in order for the medicine to be effective. But from the scientific perspective, such activities are illogical and do not make any sense at all.

1.3.3. Unscientific

To some extent, the physical aspect of TM can be explained scientifically. For example, some of the herbs used as medicine naturally contain some curative ingredients such that when in contact with a sick person, healing may take place. However, the spiritual aspect of TM is less amenable to science because it consists of illogical actions and events which in most cases cannot be empirically explained. For example, the efficacious power of incantations and prayers in healing cannot always be empirically explained because there is no physical contact between the sick and the medicine. Actions such as trespassing in the graveyard or placing a sacrifice at a crossroad can cause bad luck or sickness to a victim is illogical and unscientific.

1.3.4. Methods are derived from the Worldview of a Society

It is believed that in Africa, the popularity of traditional healers is attributed to the fact that they take full account of the sociocultural background, historical events, beliefs of the people, and their implications for health and well-being (Tella, 1979). In the African worldview, it is believed that most of the ancestors and gods are believed to have existed at a point in time and their influence still continues on the physical world. Therefore, the living persons are able to relate with them to resolve the unknown, seek protection, or to gain additional powers. Even though the power of medicine seems obvious, it is important to note that from an African worldview, such medicine underlines the interconnectedness of humanity with the rest of other living beings such as plants and animals. In applying them to the human body, the link between nature and humanity is established in a very intense way and it generates the power to protect and heal (Magesa, 1997). This linkage is also implied in the use of charms and amulets which are medicines that protect (Evans-Pritchard, 1937).

1.3.5. Knowledge and Practices are passed from one Generation to the next

In African tradition, all forms of knowledge, skills, and values, are transmitted orally and is preserved by the art of memory, from one generation to another. Therefore, medical knowledge is also orally passed on from the practitioner to the trainee, and it is for this reason that traditional medical practitioners are well versed in the names, eulogies, attributions, proscriptions, prescriptions, atonement patterns, and requirements of the ancestors and gods (Amzat and Razum, 2014).

1.3.6. Based on Experience, not Experiments

It should be noted here that expertise in TM is derived from experience, not formal training as the case in biomedicines. To be recognised as traditional medical practitioner, no specific competency is required apart from being recognised within the community as man/woman of experience in traditional medicine. This also involves the amassing of spiritual or metaphysical powers apart from having knowledge of the herbs.

1.4 Summary

The objective of this study was to explore the merits of the alternative therapy or TM and explore strategies on how it could be incorporated into the conventional or biomedical therapy. The generated information from this study could facilitate integrated and collaborative universal health coverage, without leaving out any group of people, regardless of their geographical positions locations. Further, it could help Africans to develop self-confidence in managing their own health system and appreciate their own indigenous medical system knowledge and, hence, decolonise their inferiority complex self-perception towards the western culture, knowledge, and practices.

The following chapter looks at the theoretical framework and literature review as well as the research problem.

CHAPTER 2: THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.0 Introduction

This chapter presents the research problem and the theoretical framework which were used in the understanding and analysis of the findings of the study as the researcher explores the concept of medical pluralism approach in the prevention and treatment of clinical illnesses in Zambia. In the literature review, the chapter also looks in details at concepts of biomedical and traditional medicine practices especially as administered in Africa. The chapter further looks at Literature concerning the contribution by the THPAZ in complementing the biomedical system in Zambia with focus on the factors hindering the attainment of a medical plural medical system in Zambia. Finally, the chapter will bring to light role of the social workers, both private and public, in the sensitisation of the local people on the merits and demerits of both biomedical and traditional therapies.

2.1. The research problem

For many decades now, there have been calls for the collaboration between traditional and biomedical health systems in order to address health challenges people are facing globally such as cancer, HIV and AIDS, diabetes, pulmonary illnesses, TB, and the latest COVID-19 (WHO, 1978). Despite different opinions by medical practitioners regarding the use of unconventional therapy in the curing of the above-mentioned illnesses, there has been a global realisation that there is need for both the traditional and western medical systems to collaborate and harmonise in order to cure the illnesses. Traditional healers in Africa have proven to cure HIV and AIDS including cancer and even COVID-19. For Example, the Sondashi Formula (SF-2000) is one of the popular traditional medicines used to cure HIV and AIDS in Zambia supported by clinical trials performed in South Africa (<https://www.africandoctor.net/store/others/hiv-herbal-treatment-1.html>).

However, despite this call for mutual collaboration between traditional and biomedical health systems, and in spite of a United Nations publication on the best practice examples or ways on which traditional healers could collaborate with biomedical providers, very few countries (e.g., India, China, and Japan), have an integrative health care system that recognises both traditional and biomedical approaches (Moshabela, Zuma and Gaede, 2016). Therefore, this study explored the concept of medical pluralism in the prevention and treatment of clinical illness in Zambia with the view of strengthening health care systems not just in Africa but globally. Supported by practical experiences of medical practitioners and users, the researcher focused on how the indigenous African medical system could be integrated into the conventional or biomedical system. The researcher was of the view that once the collaboration is implemented, the health care system in Africa would be consolidated. This collaboration or integration should include issues of funding, collaborative research, and mutual respect amongst stakeholders.

2.2. Theoretical Framework

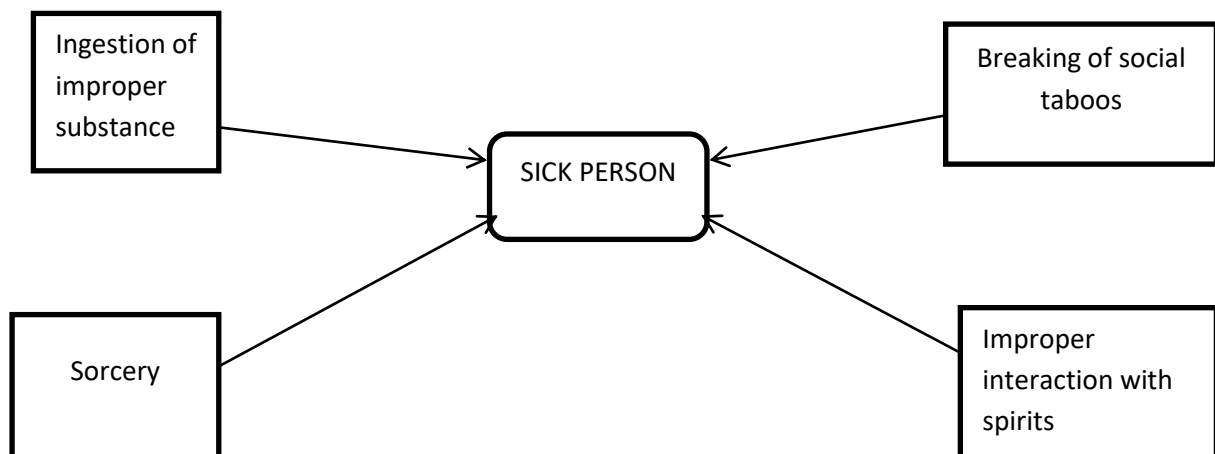
This study was guided by the *Local Theories of Causation* of illness among African communities (Samuelsen, 2004). In order to understand the African concept of illness, notions of causality, transmission and contagion of illnesses should be perceived from an anthropological view rather than medical science. The term causality is key to the understanding of the concept of illness among African society. It refers to the traditional explanations of the origin or causes of the disease or calamity. It focuses on why and not how

the disease occurred. In his study, *Illness Transmission and Proximity: Local Theories of Causation among the Bissa in Burkina Faso*, Samuelsen (2004) brings to light four (4) different modes that play an important role in the local theories of illness transmission among most African communities. These are:

- Ingestion of improper substance
- Breaking of social taboos
- Sorcery
- Improper interaction with spirits

It should be noted that proximity and improper sharing of space play an important role in the all the above four types of causes of illnesses, and as observed by Green (1999), understanding these two notions may be more useful for medical practitioners in the understanding of the African therapeutical itineraries. Among African societies, illness is usually attributed to either natural or supernatural causes, depending on one of the four modes involved as illustrated in the below diagram.

Diagram 1: Model



2.2.1. Ingestion of Improper Substance

Ingestion of improper substance happens when improper substances enter the body, either through direct or intentional way. Improper substance could be food, dirty water, poison, or stepping on the left-over medicine that had been used in treating another person. Illnesses of stomach such as constipation and diarrhoea are usually related to the ingestion of improper food or some dirty substance. However, it is not always the quality of food but the nature or constitution of one's body. For example, all members of one family can consume the same food but only one of them may fall sick. It should also be noted that the notion of proximity and improper sharing of space is involved in the transmission of the illness, whether caused by the intake of improper substances or by stepping on a contagious substance; physical contact between the person and the improper substance is involved.

2.2.2. Breaking of Social Taboos

In African tradition, it is believed that a person might fall ill if she/he breaks a taboo or a basic rule of social relationships. For example, stealing is prohibited in African society and therefore, in order to protect their property, many people use protective medicine and attach it to the item to protect it. If somebody steals some of these protected items, she/he will fall ill with a sickness. The protective medicine has come into contact with the thief.

Cases in which social taboos are transgressed are common in issues of sexuality. It is not considered appropriate for a woman to have many sexual partners. For example, in Burkina Faso, it is believed that women might fall ill from a certain sickness if they have had several husbands or too many relationships with men. Another transgression of social rules happens if respect and honour towards the dead is not given. For example, in Zambia, it is believed that if a widow starts a sexual relationship before all her late husband's burial rituals are completed would go mad.

In some of these cases, the disease transmission process is initiated by some kind of inappropriate behaviour that creates a state of pollution which develops into an illness in the person herself she may transmit it to another person. Transmission occurs when the polluted person shares physical and social space with someone else and a look may be enough to initiate the transmission process.

2.2.3. Illness Transmission through Sorcery

In Africa, it is strongly believed that sorcery is used to transmit illness. Sorcerers are categorised in different groups: some kill their victims immediately; others provoke various kinds of suffering that eventually kill the victim. It is further believed that sorcerers do not attack enemies but only friends and family members, and sorcery is always about envy or jealousy. Sorcerers operate at night, especially around midnight and they leave their physical bodies, which stay in the hut. Illnesses caused by sorcery cannot be treated in hospitals but by special consultants also provide people with protective medicines against sorcerers. It is believed that the sorcerer and the victim usually share the same social space, and the sorcerer is usually a relative, friend, or acquaintance of the victim. In this case, the process of transmission is not about transference of substance but about overpowering the soul of the victim*.

2.2.4. Improper Interaction with Spirits

The last category of illness transmission involves sicknesses brought about by improper interactions with spirits. It is believed that there are a number of different spirits living in the bush who are able to transmit sickness if human beings inappropriately interact with them except for the small children. Little child are believed to have a special relationship with these spirits; therefore, they cannot be harmed. A gradual detachment from the world of the spirits only begins when the children begin to teeth (Badini 1994; Samuelsen 1998). It is further believed that the spirits are like open spaces and if a person walks in such places, he/she is likely to meet them, and it is during such encounters that spirits bring about sickness.

However, it is not every spirit which is harmful. It is believed that there are those who do no harm but to protect the person. In short, there are evil and good spirits; evil spirits are there to cause sickness while good spirits provides protection. Human beings are supposed to respect the domains of the spirits: violating its space disturbs the spirit world and this may lead to illness no matter how innocent one maybe.

This theoretical framework helped in the analysis of data collected from the participants. The following section looks at literature related to the study.

2.3. Literature Review

According to Amzat and Razum (2014), Africa faces the majority of public health problems, especially malaria, HIV/AIDS, and maternal and child related morbidities which are part of the Millennium Developmental Goals set to achieve considerable alleviation of disease burden. These morbidities are preventable through effective healthcare systems. While there has been progress over the years at global level, there is still insufficient progress in Africa more especially in sub-Saharan Africa where the disease burden adversely affects the development process thereby accounting for a vicious cycle of underdevelopment (ibid.). The prevalence of medical problems in Africa has been attributed to the interplay of social, political, cultural, and medical factors and it is believed that more focus on social cultural barriers could reduce the disease burden in Africa. Therefore, in order to account for a holistic perspective, the social and cultural dimensions of human health must be adequately considered, and the alternative or traditional medical system is one of such considerations.

For more than 30 years, there have been calls for collaboration between the traditional and biomedical health systems in order to address the health problems and disparities of people especially in sub-Saharan Africa (Kaboru et.al, 2006). By collaboration, it implies increased dialogue and communication between the two health sectors. It should be noted here that most of the collaborative efforts between the two groups for the past decades have been in the prevention of HIV infection and provision of care for people living with HIV (PLHIV) in Africa. According to statistics, Africa, especially the sub-Saharan, has been the most hit by HIV and as of now there is no official proclaimed cure for HIV and AIDS.

Relationships between traditional and biomedical health practitioners in Africa has been characterised by tensions, denial, and repugnance since the colonial times. This situation has been partly caused by the superiority complex portrayed by the biomedical health practitioners, and it is this attitude which has retarded the collaborative efforts between the biomedical and traditional health practitioners. However, according to UNAIDS, 60% patients with sexually transmitted infections (STIs) including HIV and AIDS consult traditional health practitioners and has called for a reconsideration of the interface between the traditional and biomedical health practitioners.

However, despite the calls for collaboration, no country in Africa has yet achieved an integrated health care system that recognises both the traditional and biomedical approaches but continues functioning in a fragmented manner thereby exacerbating access barriers to healthcare (Kaboru, et.al, 2006). Studies have shown that in Africa when it comes to the prevention of HIV infection and provision of care of people living with HIV, medical pluralism involves swinging between multiple modalities of care which includes traditional and faith-based healthcare systems. In the following paragraphs, the researcher looked at some of the studies by various scholars on attempts to collaborate the two healthcare systems in Africa, Zambia included.

In 2006, a cross sectional study was carried out in two selected urban sites in Zambia by a combined team of biomedical and traditional healthcare providers (ibid.). The aim of this study was to explore biomedical and traditional health practitioners' experiences and attitude towards collaboration. This was with the view of identifying obstacles and potential opportunities of collaboration regarding the care for patients with sexually transmitted

infections (STIs) and HIV and AIDS. Using a structured questionnaire, researchers interviewed 152 and 144 biomedical and traditional health practitioners respectively, who were attending to STIs and HIV and AIDS patients.

This study has revealed that despite advocacy by WHO and UNAIDS, collaboration between the two health sectors in Zambia still remains weak. Findings indicated that 40% of biomedical health practitioners expressed an interest in working more closely with traditional health practitioners, and both groups of providers overwhelmingly acknowledged the potential role of traditional health practitioners in the fight against HIV and AIDS. The results continued showing a very low level of experience of collaboration with less common intersectional contacts in addressing STIs and HIV and AIDS, and lack of trust in the traditional health practitioners by individual biomedical health practitioners, as obstacle to enhance collaboration. Other obstacles to collaboration were also identified at the policy level in terms of legislation and logistics due to paternalistic approach of one group being taught by the other. As revealed by the findings of the study, traditional health practitioners are usually subjected to undergo certain trainings under the instructions of the biomedical practitioners, hence, making them feel inferior to the other.

From the above study, it can be concluded that medical pluralism in Zambia is still weak; collaboration between biomedical and traditional health practitioners was put to test only in during the HIV and AIDS pandemic.

In 2016, a similar study was done in the sub-Sahara Africa in six (6) countries namely Uganda, Kenya, Tanzania, Malawi, Zimbabwe, and South Africa. This study explored the contribution of medical pluralism to the bottlenecks occurring along the cascade-of-care for PLHIV in the six countries (Moshabela, et. al., 2016). Specifically, the study aimed at exploring the manifestations of medical pluralism throughout the HIV care continuum, and mechanisms through which medical pluralism influenced bottlenecks to care and treatment of PLHIV across multiple countries and health care system in eastern and southern Africa.

Using exploratory qualitative strategy, the study was conducted in seven (7) health and sites in six (6) countries in both eastern and southern of Africa. Using in-depth interviews, 53 health care workers, 48 family members of the deceased and 258 PLHIV were interviewed.

Results of this study indicated that three (3) thematic areas emerged through which medical pluralism contributed to the bottlenecks along the cascade-of-care for PLHIV:

1. Delays in accessing care and treatment: This was attributed to the pluralistic menu of options for healthcare which was available to PLHIV; biomedical, faith-based, or traditional. The process of making decision on a preferred source of healthcare by the patient was always slow which in itself caused delays. The choice of healthcare sources depended largely on the general beliefs as well as what was considered to be the type or the reason of their illness. The findings reveal that usually, most patients started with the traditional healers mostly because some of them believed that their sickness was not natural but from witches.
2. Interruption of care and treatment: Medical pluralism contributed to bottlenecks in HIV care and treatment through interruption of biomedical care and treatment. Results revealed that sometimes patient would abandon the biomedical care and treatment and instead go to faith-based or traditional healers. Again, PLHIV would abandon these healers and go back to the biomedical care. This type of behaviour in itself interrupted the biomedical care and treatment of patients.

3. Mixing of care and treatment options: the practice of combining sources of health care and treatment options contributed to the bottlenecks. The combination was usually employed for complementary purposes; for example, faith-based healing was used to complement biomedical care, especially when they believed that they were bewitched or cursed.

The researcher concluded that if not handled properly, medical pluralism could be an obstacle in the achievement of holistic and quality health care.

The following section looks at the Traditional Health Practitioners' Association of Zambia (THPAZ), with emphasis on its role and contribution towards the attainment of a Medical Pluralism system in Zambia.

2.4. The Traditional Health Practitioners' Association of Zambia (THPAZ)

The Traditional Health Practitioners Association of Zambia (THPAZ) is an organisation of all traditional healers in Zambia, and it has a membership of about 40,000 members across the country, and these include herbalists, spiritualists, bonesetters, and traditional birth attendants. The main aim of THPAZ is to lobby policymakers about the need to integrate traditional herbal medicine into Zambia's health care system and to educate traditional healers, as members of THPAZ, about ethical aspects of disease treatment and hospital referral for cases needing modern medical attention. The association further seeks to make herbal medicines available to scientists for clinical trials so as to ensure safety to the users or patients. THPAZ was formed basically to establish such a dialogue with the government of Zambia through the Ministry of Health.

In response to the gesture made by THPAZ, the government, through the Ministry of Health has attempted to co-opt traditional medicine in order to find a way in which modern and traditional medicine can work together. In order to achieve this goal, the ministry has opened an office at the Ministry of Health office with a full-time coordinator to facilitate the integration of the two health systems. THPAZ has also being given a sit on the country's Central Board of Health with the view of sharing ideas on how best they can enforce a holistic strategy in the area of health and medicine. The ministry has also allowed one member of THPAZ to operate from the largest hospital in Zambia, the University Teaching Hospital (UTH), as an "*alternative healer*" for HIV/AIDS.

According to research conducted by the University of Zambia (<https://www.thebewhumanitarian.org/fr/node/200011>), traditional medicine continues to play an important role in the provision of health services because it has proved reliable in the treatment of certain diseases, and the management of some psychosomatic cases. Therefore, there is need for government to come up with a clear policy on collaboration between scientists and traditional so as to check the safety and efficacy of herbal medicines, and to prevent people from taking medicines that are not appropriate for their treatment.

Furthermore, according to the same research by the University of Zambia, there is a strong cultural acceptance of traditional medicine in Zambia and traditional medicine has proved to be a reliable substitute for health provision in remote areas of Zambia where conventional medicine is difficult to access. Findings further revealed that people opt for traditional healers because they are generally receptive to their clients and have good counselling skills, something rarely provided by conventional medicine. In addition, most healers are accessible as they live in the same community as patients, speak a common language, and their diagnostic procedures are not as bureaucratic as in conventional medicine, and their medical

fees are far much affordable by the local people than those by the conventional medical practitioners. It is for this reason that most patients and other stakeholders advocate for the acceptance of traditional medicines to be part of the medical system in Zambia.

However, despite the above-mentioned collaboration between THPAZ and the Ministry of Health, there is no practical cooperation or coexistence between the two; although there are a number of positive aspects about traditional medicine, traditional healers still work in isolation and are considered to be inferior to the biomedical doctors, and problems of lack of standards and regulation have proved harmful.

Therefore, there is urgent need for THPAZ to work towards a code of practice to monitor ethical standards to shield the sector from fake healers who swindle money from innocent patients. During Zambia's annual National Science Forum held in Lusaka, for which the theme was '*science and technology for sustainable development*', the president of THPAZ made an appeal to all stakeholders to enhance serious collaboration between traditional healers, scientists and policymakers and develop a clear policy to guide the use of indigenous knowledge because current policy is unclear.

However, with the advent of COVID-19, the Ministry of Health, with support from the World Health Organization Country Office, has continued to collaborate with THPAZ. Traditional healers in Zambia are consulted by people in communities for health problems such as Malaria, Tuberculosis, HIV and AIDS, mental health and many others which put them at high risk of getting infected by COVID-19 and them also infecting others. It is for this reason that the Ministry of Health organized training for all members of THPAZ across the country in order to raise their knowledge and understanding on the disease and to promote prevention practices.

By this gesture, government still recognise the important role that Traditional health practitioners played in providing health services in their communities. During the workshop, the president of THPAZ recognised the support government had provided to the association for programmes such as HIV and AIDS and appealed to government to strengthen the practice of traditional medicine using models existing in other countries and strengthening of research in traditional medicines and training of the members of the association.

The following section highlights the role of social workers in sensitising local people on Medical Pluralism.

2.5 The Role of Social Workers in the Sensitisation of Local People on the Merits and Demerits of Biomedical and Traditional Therapies

For the health care system to be effective and responsive to the needs of the community there is need for collaborative work among the various disciplines involved in health care such as physicians, nurses, psychologists, and social workers (Rowe and Kahn, 1998). From their study, the authors concluded that for the health care system to run adequately and meet the people's needs there is need for the health fraternity to incorporate other disciplines and come up with an authentic interdisciplinary team. Therefore, in order to nurture skills needed for effective team care, there is need to develop and include in the training curriculum for students of nursing, social work, and medicine programs that would enhance partnership among all stakeholders (Fulmer et al., 2005).

History has proven that social work has been a part of public health activities and programs for over 100 years (Bracht, 1987). Social workers have been involved in the promotion health

and prevention of illnesses and they have been collaborative partners with other stakeholders in the prevention and control of many communicable diseases. The success of campaigns for health programs among the citizen requires the skills and expertise of a social worker to mobilise the citizenry. The following are some of the major objectives of social work in public health:

- Provision of psychosocial services for individuals and families,
- Provision of information and knowledge about community service networks to consumers and healthcare providers,
- Collaboration with professionals from other disciplines in delivering comprehensive care,
- Promoting social work values, such as self-determination, within health care system,
- Encouraging consumer participation in the planning and evaluation of services,
- Discovering systematic factors that prevent access or discourage use of services and,
- Documenting social conditions that interfere with the attainment of health and working for program or policy changes to address those conditions.

In conclusion, the basic role of a social worker is promotion of public health by encouraging community-wide health programs such as healthy behaviour and lifestyle changes so as to prevent or reduce the impact of chronic illnesses and increase the quality of life and health status of the citizenry.

However, in Zambia, there is a big gap between the Ministry of Health and the Department of the Social Welfare Workforce (SWW) under which social workers fall. This is mainly because the SWW falls directly under the Ministry of Community Development and Child Health instead of the Ministry of Health. As a result of this arrangement, most of the programs undertaken by SWW are oriented mainly towards protection of the orphans and vulnerable children (OVC). There are very few programs if any where the SWW collaborates with the Ministry of Health except on commemoration of certain world health days connected to diseases that frequently attack children such as malaria and pneumonia. Further, even if social workers in Zambia were to participate in the healthcare programs, the issue of funding such program would come in; is it the Ministry of Health or Ministry of Community development. Therefore, there is need for collaboration between the Ministry of Health and Ministry of Community Development and Child Health so that they work together in the promotion of community health care throughout the country.

2.6. Summary

This chapter presented the research problem and the theoretical framework which helped in the understanding and analysis of the findings of the study as the researcher explored the concept of medical pluralism approach in the prevention and treatment of clinical illnesses in Zambia. The literature review was presented in detail, looking at efforts on implementing Medical Pluralism especially in Africa, the contribution by the Traditional Health Practitioners' Association of Zambia (THPAZ) in complementing the biomedical system in Zambia with focus on the factors hindering the attainment of a medical plural medical system in Zambia, and the role of the Social workers, both private and public, in the sensitisation of the local people on the merits and demerits of both biomedical and traditional therapies.

CHAPTER 3: RESEARCH QUESTIONS, METHOD AND HYPOTHESES

3.0 Methodology

This chapter highlights the hypothesis, research questions and methodology which was used during the research process. This chapter seeks to put into context the research problem presented in chapter one. It endeavours to high light the research paradigm applied in the study, the research design and research instruments used in collecting data. Most importantly, it attempts to show how data, which was guided by hypotheses and research questions, was collected, and analysed. The limitations and ethical issues of the study will also be discussed.

3.1. Hypothesis

This study was guided by the following hypothesis: combining of the conventional and African traditional medical systems can accelerate the prevention and treatment of clinical illness globally.

3.1. Research questions

The main research question was: How can holistic medical approach be effectively implemented using the conventional and African traditional medical system?

The following were the specific research questions:

- How effective are the unconventional medicines in the healing or curing of clinical illnesses?
- What is the local people's perception of causes and transmission of illnesses?
- What contribution has THPAZ made in complementing the biomedical system in Zambia?
- What are the factors hindering the attainment of a medical pluralism system in Zambia?
- What role has the social workers, both private and public, played in the sensitisation of the local people on the merits and demerits of both conventional and unconventional therapies?

3.2. Methods

3.2.1. Research Paradigm and Design

In an attempt to explore the medical pluralism approach in the prevention and treatment of clinical illnesses in Zambia, the researcher employed an exploratory design which is a feature of qualitative research method. Most importantly, the qualitative approach was preferred due to its feature of understanding the social reality from the participants' experiences and interpretations. This application was used based on the realisation that the researcher was not going to intervene and would only assess and observe the experiences of participants by contrasting, comparing, replicating, cataloguing, and classifying the object of study, thereby giving a detailed description of it from the process (Miles and Huberman, 1994). Most importantly, the qualitative approach was preferred due to its feature of understanding the social reality from the participants' experiences and interpretations. Most importantly, the qualitative approach was preferred due to its feature of understanding the social reality from the participants' experiences and interpretations.

By employing the qualitative paradigm, the researcher tried to gain a deeper understanding of the experiences of both medical practitioners and the users or patients. This was attained by observing them in their respective clinics and homes which was their natural setting (White, 2008). This allowed researcher for a comprehensive understanding of the behaviour of especially patients or users as it occurred naturally.

3.2.2. Research Site

The research site was Zambia, specifically the region of the capital city Lusaka, and the choice of this country was largely based on the fact that the researcher is familiar with this country but also most importantly, the country Zambia is one of the nations in Africa where the promotion of the use of unconventional medicines in the treatment of clinical illness such as HIV and AIDS, and of late, COVID-19, besides conventional medicines, is being encouraged. Moreover, the Zambian government, through its Ministry of Health, has created the THPAZ whose main function is to promote the use of local medicines in the curing of clinical illnesses. Therefore, exploring the use of medical pluralism was not going to be out of context in this environment.

3.2.3. Target Population

According to Bryman (2004), a population can be defined as the universe of units from which the sample is to be selected. In this case, the target population was the medical practitioners both traditional and biomedical, as well as the patients who had tested and experienced both the conventional and unconventional treatment. These were selected from Lusaka, the capital city of Zambia, where the prevalence of the use of conventional and unconventional medicines is common due to the high population of the people.

3.2.4. Sample Size

The study sample included four (4) conventional medical practitioners from two major hospitals in Lusaka (Levy Mwanawasa and the University Teaching hospital). Four (4) traditional healers were selected from The Traditional Health Practitioners Association of Zambia (THPAZ). Six (6) users or patients were selected across the city of Lusaka. Finally, two (2) social workers were selected from the government's department of Social Welfare and (2) from Non-Government Organisations working with the local community in the area of health. The total sample came to 18 participants. The researcher was gender sensitive and therefore, ensured that each group of participants had equal numbers in terms of gender. For the purposes of identification participants will be coded by numbers according to the number of participants in each group.

3.2.5. Sampling Design

Sampling design refers "to that part of the research plan that indicates how cases are to be selected for observation" (Kombo, D.K., and Tromp, D.L.A., 2006). In this study, the researcher employed non-probability sampling design, in this case, purposive technique. Under purposive sampling, participants are selected on the premise that they have experience or knowledge of the subject under study. This strategy helps to researcher to avoid wasting time on participants who may have no knowledge or experience on conventional and unconventional use of medicines. Therefore, in this study, medical practitioners and patients were purposively selected.

3.2.6. Data Collection Instruments

3.2.6.1. In-depth Interview

In-depth interview was used to collect data in this study. This strategy was preferred because it enables probing and illuminating what has been said by the respondent by asking for further clarifications there and then. As observed by Ogula (1998), a personal interview helps a researcher to measure what the person knows, likes, and dislikes, by observing the facial and body expressions, which could not be done in a case of a questionnaire.

Indeed, through taking note of the comments being made by the participants, facial and body expressions, tone of the voice, gestures, evasion of some questions, and the level of their cooperation, the researcher was able to get the kind of information which could not be gathered had he used the questionnaire. The thrust of interview questions involved finding out to what extent unconventional medicines have been effective in curing of clinical illnesses. Further, other questions focused on the local people's perception on the causes and transmission of illnesses and on how popular unconventional medicines are among the local people. Also explored were the role of THPAZ in complementing the biomedical system, and the role played by the social workers in sensitising the local people on the merits and demerits of both conventional and unconventional medicines. Factors hindering the attainment of a medical plural medical system in Zambia were also explored.

It must be noted here that interviews were very laborious, because were conducted via Zoom, cell phones and skype due to COVID-19 pandemic Zambia is experiencing. Interviews were done over a stretch of days with each participant giving her own time and day for interviews. The other challenge was that some participants had difficulties in being connected due to poor network experienced in certain parts of Zambia due to heavy down pour of rains experienced in certain parts of the country. However, this inadequacy did not affect verifications of data collected in the sense that the researcher, who had to rely only on note taking, became extra careful and took note of every word said by respondents.

3.2.6.2. Document Analysis

This instrument was used in regard to the documented records of patients who may have been treated using both conventional and unconventional therapies kept by the hospitals and the THPAZ. Such records helped substantiate the efficacy of medical pluralism in the healthcare system.

3.2.4. Data Analysis

In the qualitative data analysis, data collection proceeds in tandem with data analysis. According to White (2008), data analysis is the climax of the research, and it involves selecting, categorising, comparing, synthesising, and interpreting information collected to provide explanations of the single phenomenon of interest. Data generated in this study from in-depth interviews and Document analysis was categorised and arranged according to key concepts which corresponded with research questions and hypothesis and was presented in a descriptive manner.

Since the sample was small and data collected not voluminous, the process of data analysis was done manually and it involved comparing what was said, and what was being observed with the support of what have been gathered from reading literature related to the topic.

Since the findings of the research needed to be trusted and credible to people reading it, the following section discussed the credibility of the findings.

3.5. Credibility and Trustworthiness of Research Findings

Credibility is elucidated as a process of establishing how believable or true the findings are from the participants' perspective. While credibility and trustworthiness are considered important elements of research, how practical such steps are, have been questioned. It has been argued that even when a researcher gives a participant his/her findings to validate, at the end of the day the presentations of the findings would depend on the researcher's impression and predilection.

Aside from what has been said, credibility and trustworthiness in this study was provided by continuous comparing of what was said with what was observed.

3.6. Transferability

By transferability is meant the degree to which results of the research can be generalised or transferred to another similar context or setting. Transferability of research outcome is possible by comparing the findings with other participants who were sampled. In this study, transferability was made possible by the detailed description of field experiences covering the research methods and all that occurred in the field during and after research.

3.7. Dependability

Dependability involves repeating the research with the same participants, same context but different time in order to replicate the findings. Like in transferability, dependability is difficult to achieve in a case study due to small size of the sample and uniqueness of the phenomenon studied. Most importantly, the change of time has repercussions on the findings as it may alter the perceptions participants have had on the phenomenon. Fortunately, this was not experienced during the study, however, it should be mentioned here that the insider perspective of the researcher was negatively affected due to the covid-19 pandemic which has ravished the nation, which made it impossible for the researcher to interact physically with the participants. The researcher had to rely on skype, Zoom, and cell phone facilities which in some cases were interrupted and gave poor quality of pictures and voices due to poor networks experienced in some areas of the country. To some extent, this situation made it difficult for the researcher to make a good judgement of what he had been told and observed. Therefore, dependability in this study could not be made possible by scrutinising of verbatim interview recordings and use of actual words uttered by the respondent.

The following section gives the findings from the pilot study carried out prior to the actual study.

3.8. Pilot Phase

One of the most challenges faced by any researcher conducting a study in any institution or community in Zambia is lack of cooperation and unwillingness on the part of participants to discuss issues related to their private life.

Faced with the above uncertainty, a pilot study of interviews was conducted on a small number of participants sampled from the University Teaching Hospital. The pilot study revealed gaps in the responses provided, especially due to poor network when using skype and zoom facilities which put on question the validity of the answers given. To address the outcome of the pilot study, adjustments were also made to the questions by simplifying misunderstood questions and changing the style of asking questions by asking them in an

indirect way. Furthermore, technical words not understood by respondents, such as medical pluralism, conventional and many others were replaced with simple terms.

3.9. Limitations of the Study

The researcher experienced some unavoidable limitations during the research process. Notable among these was the subjectivity created by the nature of the qualitative research paradigm, where much of what is done in the field is decided by the researcher. Furthermore, the use of skype and zoom presented a challenge due to poor network and lack of access to such facilities by some participants.

3.10. Ethical Issues

The ethics of social research challenges researchers mainly in two ways: the way to treat research participants and the type of activities to engage in (Trochim, 2001). In view of this, participants were told about the risks, benefits, purpose of the study, and were guaranteed anonymity and confidentiality. Participants were interviewed on condition of anonymity and in this way their privacy was respected. Permission to take part in the study was sought from individual participants and participation was purely voluntary. It should be pointed out that ethical issues are not only concerned with maintaining anonymity but is more with respect and commitment to what has been agreed upon with informants which was strictly adhered to in this study.

3.11. Summary

This chapter has presented the hypothesis, research questions and the methodology used in the study. In the methodology, it focused on the research paradigm and design, sample size and sampling techniques and procedures, and methods used to collect and analyse the findings of the study. The next chapter presents the research findings.

CHAPTER 4: FINDINGS

4.0. Presentation of the Findings

4.1. Introduction

This study was based on the fact that, despite the inclusion and recognition of the Traditional Medicine by the WHO in 1976, Medical Pluralism is still far from being a reality especially in Africa. This is despite the majority of Africans consulting traditional doctors or healers over the number of illnesses and calamities. Therefore, the purpose of this study was basically to establish to what extent the traditional medicines, sometimes refers to as alternative or complimentary medicines, compliment the biomedical medicines in the modern world, taking Zambia as a unity of study.

In order to achieve the researcher's purpose and objectives, this study was guided by five research questions:

- How effective are the unconventional medicines in the healing or curing of clinical illnesses?
- What is the local people's perception of causes and transmission of illnesses?
- What contribution has the Traditional Health Practitioners' Association of Zambia (THPAZ) made in complementing the biomedical system in Zambia?
- What are the factors hindering the attainment of a medical plural system in Zambia?
- What role has the social workers, both private and public, played in the sensitisation of the local people on the merits and demerits of both conventional and unconventional therapies?

The first question sought to establish the effectiveness of traditional medicines in curing clinical illnesses such as HIV and AIDS, TB, cancer, and many others. This question was framed on the premise that traditional medicines are unscientific and conforms to the belief and cultural system of the community, making it more speculative than evidence based, and yet, most people continue to consult traditional healers and use traditional medicines more than biomedicines.

The second question sought to establish people's perception on the causes and transmission of illnesses. This was based on the assertion that most Africans, regardless of their status in society, believe that some diseases or sicknesses are caused by supernatural powers and hence cannot be treated by biomedical unless by traditional approach. Therefore, it was necessary to establish people's perceptions because these were going to be needed in the analysis of data collected regarding the success of the implementation of Medical Pluralism.

The third question sought to identify the contribution of THPAZ in complementing the biomedical system by the traditional medicines. This question was framed on the premise that THPAZ has around 40,000 members and the Ministry of Health has on paper co-opt traditional to find a way in which modern and ancient medicine can work together and has appointed a full-time coordinator and given an office at the Ministry of Health.

The fourth question endeavoured to explore factors that are hindering the attainment of a medical pluralism system in Zambia. This was on the premise that despite the establishing of an office at the Ministry of Health for traditional healers, and in spite of the endorsement by the WHO, Medical Pluralism has remained elusive in the Zambia health system.

The fifth and last research question assessed the role social workers, both private and public, played in the sensitisation of the local people on the merits and demerits of both conventional and unconventional therapies. It was based on the understanding that social workers have an influence and change the attitude of society.

Apart from being guided by the research questions, the researcher also referred to the hypothesis of the study: Combination of the conventional and African traditional medical systems can accelerate the prevention and treatment of clinical illness globally. This statement was meant to consolidate the main focus of the study which was the enhancement of Medical Pluralism.

Therefore, as seen from above, the researcher felt it necessary to include the hypothesis to the study despite already having research questions. This combination culminates into a mixed method approach to the study. The advantage of a mixed method study is that it analyses the problem from both qualitative and quantitative point of views hence contributing to the credibility and trustworthiness of the research findings.

The analysis of data in this study was further enhanced by the use of the Theory of Causation simplified in form of a model (see diagram 1 on page 9). According to this theory, the term causality is key to the understanding of the concept of illness among African society, and it refers to the traditional explanations of the origin or causes of the disease or calamity with special focus on why and not how the disease occurred. The “why” eventually determines the medical health system the patient is going to use. For instance, if the disease is believed to be caused by supernatural powers, the traditional medical system will be applied while if caused by natural forces the biomedical system is applied. Finally, using the literature review, the researcher tried to compare the findings from this study to the results from the studies in reviewed literature.

From the in-depth interviews and document analysis, several themes came out prominently, but the analysis was narrowed only to those which related to and answered the research questions and the hypothesis. This chapter, therefore, provides the presentation of data as presented by the participants. The researcher will first describe the sample by presenting demographic details such as age, population, and place. Being more of a qualitative study, the presentation of data would be more in textual rather than tabular form and will focus more on themes related to the research questions, hypothesis, conceptual framework and finally on the literature review related to the study.

The researcher first presented the demographic information of the participants. Qualitative data is summarized using narrative reports while quantitative data is presented in percentages and frequencies.

4.2. Demographic characteristics of the Participants

This section presents a brief demographic description of the participants, and the focus was on gender and experience in the case of medical practitioners and social workers and gender and the nature of sickness for the patients. The study sample included four (4) conventional medical practitioners from two major hospitals in Lusaka (Levy Mwanawasa and the University Teaching hospital), four (4) traditional healers were selected from The Traditional Health Practitioners Association of Zambia (THPAZ), six (6) users or patients were selected across the city of Lusaka, and finally, two (2) social workers were selected from the government’s department of Social Welfare and (2) from Non-Government Organisations working with the local community in the area of health. The total sample came to 18

participants. The researcher was gender sensitive and therefore, ensured that each group of participants had equal numbers in terms of gender as indicated in the table below:

4.2.1. Gender

Table 4.1.: Distribution of Participants by Gender

Sample Group	Number
<u>Medical Practitioners (Conventional Hospitals)</u>	
Female	2
Male	2
<u>Traditional Healers</u>	
Female	2
Male	2
<u>Patients/Users</u>	
Female	3
Male	3
<u>Social workers</u>	
Female	2
Male	2
Total Sample	18

According to the sample indicated in the above table, there is equal representation in terms of gender.

4.2.2. Work Experience

Participants had different working experience as indicated in the table below:

Table 4.2: Distribution of Participants by Work Experience

Working Experience	Frequency
<u>Medical Practitioners (Conventional Hospitals)</u>	
1-5 years	01
6-10 years	02
10 and above years	01
Total	04
<u>Traditional Healers</u>	
1-5 years	00
6-10 years	01
10 and above years	03
Total	04
<u>Social workers</u>	
1-5years	01
6-10 years	03
10 and above	00
Total	04

From the data collected, the researcher found out that among medical practitioners from conventional hospitals, one (1) had working experience of less than five (5) years, two (2) were in the range of six (6) to ten (10) years of work experience, while only one (1) had more than ten (10) years of experience. At least three (3) out of four (4) doctors can be considered to have enough experience to give credible information. The data also indicate that three (3) traditional healers have been in practice for more than ten (10) years while only one (1) has less than six (6) years work experience. This information gives confidence to the data collected from the traditional healers based on their long experience of practice. The table also reveals that three (3) Social workers have work experience of between six (6) and ten (10) years while only one (1) is below six (6) years of experience. For the purposes of identification participants will be coded by numbers according to the number of participants in each group.

4.2.3 Nature of Sickness

The researcher also grouped the patients interviewed according to their sickness as shown in the table below:

Table 4.3: Distribution of Participants by the nature of their sickness

Nature of Sickness	Frequency
HIV and AIDS	2
Breast Cancer	1
Diabetes	2
Sickle cell	1
Total	6

From the table above, the results indicate that two (2) patients were suffering from HIV and AIDS, two (2) from diabetes and one (1) had a sickle cell condition.

4.3. Participants' Response to Effectiveness of the Unconventional Medicines in the healing or curing of clinical illnesses.

In order to promote the attainment of Medical Pluralism in Zambia, it was important to first establish the effectiveness of the unconventional or traditional therapy. To this effect, participants were questioned on their perception and experience of the effectiveness of the traditional medicines in healing various clinical illnesses. Responses produced information indicating that patients believed that traditional medicines worked effectively only in situations where the causes of the illness were due to supernatural forces. One patient (P1) suffering from HIV and AIDS had this to say:

When I started getting sick, I didn't know that it was HIV and AIDS...I strongly believed that I might have been bewitched by some jealousy people in my village...therefore, instead of going to the hospital for treatment, I visited about three witchdoctors who gave me some herbs for treatment but I was never getting better...When I the condition got waste, that is when one of the closest friends encouraged me to go the hospital for treatment and when tests were done I was found to be HIV positive and was put on ARVs...that is how I started recovering...now am even able to walk.

In almost every interview with the patients, the belief in witchcraft came out strongly:

It the sickness is due to witchcraft, modern medicines cannot do anything to cure the sickness...the harm caused by witchcraft can only be undone by the witchdoctor not these modern doctors...they don't know anything,

said one female patient (P2) suffering from diabetes. This statement explicitly and implicitly indicated the immense belief people have in traditional healers and medicines.

Traditional healers also expressed similar sentiments to those expressed by the patients:

Us traditional doctors are able to see what our colleagues fail to see in patients...we are guided by the spirits...we don't need those gadgets used by modern doctors to detect the disease in a patient,

said one female (P3) traditional healer.

However, biomedical doctors and social workers had a contrary view: "Traditional medicines can never be safe and effective...many people have lost their lives because they shunned modern medicines until at the last minute when it was too late," said one young doctor (D1). Another doctor (D2) had this to say: "I feel sad to see a loss of life which could have been saved had the patient been brought to the hospital on time. The problem is that traditional medicines are not scientifically tested hence not safe". An interviewed female Social Worker had also this to say: "Despite being cheated and swindled by most traditional doctors, people still flock to them in big numbers...it is a psychological problem which need a change of mind set".

The next section looks at the responses to the second research question.

4.4 Participants' Response to local People's Perception of Causes and Transmission of Illnesses

This was based on the assertion that most Africans, regardless of their status in society, believe that some diseases or sicknesses are caused by supernatural powers and hence cannot be treated by biomedical unless by traditional approach. Responses from most participants indicate that there is a strong belief among the local people that sickness can either be caused or transmitted through natural and supernatural forces. It is further believed that sicknesses caused by supernatural forces cannot be treated in hospitals but by the traditional doctors. One participant, a traditional healer (TH1) with many years of experience in traditional healing had this to say:

Many sicknesses our people are suffering from are spiritual in nature and they can only be healed by us. Some sicknesses may appear to be natural like in form of diabetes, or HIV and AIDS; but in the actual sense are caused by evil spirits but disguised in form of common and normal sicknesses.

One of the female patients (P2) suffering from breast cancer revealed that there is too much witchcraft in society such that most of the sicknesses people suffer from are induced by witches. "This is an era of the devil who has released his agents to the world to terrorise innocent people by bewitching them...a good number of sick persons have been bewitched by evil people...so only protection from the traditional healers can save them...", she said.

One of the senior doctors (D1) interviewed had this to say:

There is too much belief in witchcraft among our people to the extent that every sickness is believed to be as a result of witches...even clear conditions such as HIV and AIDS are attributed to evils spirits and witches...our people have more trust and confidence in witch doctors than us...surprisingly, even the so-called educated people strongly believe in witchcraft to the extent of even seeking protection from witch doctors against sicknesses and death...

Another interviewed participant as a Social Worker (SW3) had this to say: “The belief in witchcraft is so much deep rooted in the minds of our people such that even any calamity such as accidents is interpreted in form of the work of evil spirits.”

The next section looks at the participants’ responses concerning the contribution the THPAZ has made in complementing the biomedical system in Zambia.

4.5 Participants’ Responses on the Contribution of the THPAZ in Complementing the Biomedical System in Zambia

This question was framed on the premise that THPAZ has around 40,000 members and the Ministry of Health has on paper co-opted traditional healers to find a way in which modern and ancient medicine can work together and has appointed a full-time coordinator and given an office at the Ministry of Health. The study has revealed that THPAZ has made great progress in lobbying government into dialogue and in-cooperate the traditional healers in the health system of the country.

This can be seen by certain instances where biomedical doctors and traditional healers have worked together in finding solutions on how best they can treat and care for the patients. For example, on the outset of the HIV and AIDS pandemic in early 1980s, the two groups have worked together in finding remedy to the pandemic. Recently, the Zambian government, through the Ministry of Health and in conjunction with the WHO, organised a symposium of both biomedical and traditional doctors to discuss and share knowledge on the prevention and management of COVID-19. This gesture by government was a sign of its willingness to work with the traditional healers. During interviews, one of the traditional healers (TH4) and member of THPAZ had this to say:

For a long time now, we have engaged government, through the Ministry of Health, to create a platform where we can exchange ideas on the treatment and management of certain common diseases such as HIV and AIDS, mental illnesses such as epilepsy, and I can describe the response of government as cordial on paper but unfriendly in practice... On the face of it, it would appear that there exists a good working relationship, but the reality on the ground suggests otherwise. Therefore, if we are to work together, government must show more political will and embrace the knowledge and experience of traditional leaders in treating certain sicknesses which biomedical doctors fail to treat.

Another traditional doctor (TH4), a member of THPAZ as well, had this to say:

Government has no option but to trust and collaborate with us because there are some sicknesses which our colleagues fail to treat...working in isolation won’t help our people. The people need us all to provide answers to their problems. The advantage with us traditional healers is that we are not restricted by the so called formal or scientific knowledge...we work in consultation with the spiritual world...we are able to perceive what our colleagues fail to see when a patient comes for treatment and

consultation...There is too much human error in medical doctors because they only rely on the knowledge they got in school and yet they are human being who can easily forget...

The study findings also revealed that collaboration has been a challenge to implement because biomedical doctors look down upon the traditional doctors as being inferior and unscientific. One traditional healer (TH1) had this to say:

There is no practical cooperation or coexistence between the two simply because our medicine has not been validated by science...but the results are there to see when we look at the numbers of the people who have been treated by our medicines...our colleagues should just accept the fact that this is a world of competition; they should not hide in science...the best doctor gets more following...therefore it is very unfair for someone to discourage patients from getting treatment from a practitioner of their choice...

However, during the interview, biomedical doctors still insisted that traditional medicines should first be put to a clinical test and approved by relevant authorities before being administered to the patients; and traditional doctors have no choice but to comply. A senior biomedical doctor (D3) interviewed had this to say:

It is neither being jealousy of their larger following nor professional competition but about safety of the drugs administered to patients. It is not about being against the traditional healers per se but to have their medicines go through the standard scientific procedure and ascertain the medical components contained therein... we want to see laboratory tests, to see patients' histories, prognosis, diagnosis, treatment, and everything that is needed to validate a treatment.

In support of traditional healers, one of the patients (P3) interviewed revealed that without traditional medicines, he would have died a long time ago:

I started getting sick some time ago; almost a year now...my sickness has been lacking blood (sickle cell) in my body. When I was taken to the hospital, I was put on treatment for some months, but the situation never improved until I visited a traditional healer who gave me some traditional medicines...and within a week I started feeling better up to date.

4.6. Participants' Response on the factors hindering the attainment of a medical plural system in Zambia

This question was asked on the premise that despite the establishing of an office at the Ministry of Health for traditional healers, and in spite of the endorsement by the WHO, Medical Pluralism has remained elusive in the Zambia health system. Findings from the study have revealed that despite the support from WHO and the Ministry of Health, attainment of the Medical Pluralism system has remained a big challenge in Zambia. Despite a strong cultural acceptance of traditional medicine in Zambia, resistance continues by the conventional medical fraternity towards use of traditional medicine, and this was revealed to be the main factor hindering attainment of a medical pluralism system in Zambia.

One traditional healer (TH3) lamented over the attitude of biomedical doctors towards traditional therapy:

Our colleagues in the conventional fraternity look at traditional therapy as being inferior to biomedicines...they look down at us as being uneducated and yet we are able to treat most of the sicknesses the so-called educated doctors fail...they accuse our system of being unscientific and primitive and yet we have a large following of patients across and beyond the country...

But one biomedical doctor (D3) had this to say:

Until their claims are validated, or before they can begin to work with conventional medical doctors, traditional healer should first agree to operate in the accepted scientific manner of validating drugs and proving efficacy.

But one traditional healer (TH4) argued his case like this:

What more proof do our colleagues need? The proof of the efficacy of traditional medicine is in the numbers of sick people who swarm to our clinics. What further testimony do you need than numbers flocking to your clinic? If we were quacks, then people would have stopped coming to us a long time ago.

4.7. Participants' Response on the role social workers play in the sensitisation of the local people

The fifth and last research question was based on the understanding that social workers have an influence to change the attitude of society. A healthcare social worker provides support and services to groups, individuals, or families that are challenged to cope with terminal, acute, or chronic illness. They promote health and help the clients to access a better healthcare. They resolve serious problems or crises in being an advocate for a client care and wellbeing.

However, the findings of this study reveal that there is a big gap between the Ministry of Health and the Department of the Social Welfare Workforce (SWW) under which social workers fall. This is mainly because the SWW falls directly under the Ministry of Community Development and Child Health instead of the Ministry of Health. One Social Worker (SW1) had this to say:

Our department falls under the Ministry of Community Development and Child Health...we are not under the Ministry of Health and that is why we are left out on most of the health programs initiated by the Ministry...even colleagues from private sector such as churches are also not considered for such programs and yet we are stakeholders...

There are very few programs if any where the SWW collaborates with the Ministry of Health except on commemoration of certain World Health Days connected to diseases that frequently attack children such as malaria and pneumonia. Another Social Worker (SW2) from a private sector had this to say:

The only time we interact with the Ministry of Health is during commemoration of World Health Days such as malaria day...otherwise we have nothing to do in terms of sensitising people on the use of traditional medicines...we have no time for such programs; our main focus is on the orphans and vulnerable children...to ensure that their rights are not violated...

The study also revealed that funding for health sensitisation programs from government is sometimes a big challenge. Said a social worker (SW3):

In most cases, such programs are funded by foreign donors...for example today all programs concerning COVID-19 are funded by donors...you cannot sustain such programs when as a government you rely so much on foreign aid....

Another (SW4) said:

Our department needs to be aligned with the Ministry of Health if we are to participate in such programs as social workers...or the two ministries should develop and enhance collaborative programs so that they work together in the promotion of community health care throughout the country.

4.8. Data from Document Analysis

This instrument was used in regard to the documented records of patients who may have been treated using both conventional and unconventional therapies kept by the hospitals and the THPAZ. Such records helped substantiate the efficacy of medical pluralism in the healthcare system. The study revealed that records kept at conventional hospitals were organised in a systematic fashion unlike records kept by traditional healers. Records of patients in hospitals are kept in appropriate books and in safe and lockable rooms. In fact, by the time of the study, records were being processed from hard to soft copy. But record keeping by traditional healers was not consistent and it was up to an individual to come up with a style of record keeping. In one case of a traditional healer, there was not even a single record of patients and medicine applied.

4.9. Summary

The chapter presented the findings as they were collected from the participants as guided by the five (5) research questions, and hypothesis. The following chapter discusses the findings presented in chapter four.

CHAPTER 5: DISCUSSION

5.0. Overview

The aim of this study was to establish to what extent the traditional medicines compliment the biomedical medicines in the modern world, taking Zambia as a unity of study. Data was collected through in-depth interview and document review. The research sought to establish the possibilities of attainment of a holistic medical system which incorporate both the biomedical and traditional medicines in the Zambian health system.

A target sample of 18 participants was selected purposively from stakeholders who may benefit and influence the attainment of a Medical Pluralism in the Zambian health system. The following is the breakdown of the participants:

Table 5.1: Distribution of Participants

Group of Participants	Number
Biomedical Practitioners	4
Traditional Medical Practitioners	4
Patients	6
Social workers	4
Total	18

Using qualitative methodology, in-depth interviews and document analysis were used in the collection of data from the participants. In-depth interviews were conducted through the skype, cell phone and Zoom application due to the breakout of COVID-19 in line with the given health guidelines on maintaining social distance. From the in-depth interviews, several themes came out prominently, but the analysis was narrowed only to those which related to and answered the research questions and the hypothesis. Qualitative data from the in-depth interviews was presented and analysed using the thematic methods. This chapter, therefore, provides analysis and discussions data which are relevant to the research questions and the hypothesis. Data which was presented in terms of tables analysed the gender, work experience, and nature of sickness. The following are the five (5) research questions which guided the analysis and discussion of data:

- How effective are the unconventional medicines in the healing or curing of clinical illnesses?
- What is the local people's perception of causes and transmission of illnesses?
- What contribution has the Traditional Health Practitioners' Association of Zambia (THPAZ) made in complementing the biomedical system in Zambia?
- What are the factors hindering the attainment of a medical pluralism system in Zambia?
- What role has the social workers, both private and public, played in the sensitisation of the local people on the merits and demerits of both conventional and unconventional therapies?

The following was the hypothesis of the study: Combination of the conventional and African traditional medical systems can accelerate the prevention and treatment of clinical illness globally.

The following sub-sections tries to interpret data regarding the target sample:

5.1. Data from the Tables

5.1.1. Gender

According to table 1 (see page 29), the researcher deliberately made sure that there was gender balance when choosing participants; of the four (4) biomedical doctors, two (2) were females and two (2) males; of the four traditional doctors, two (2) were females and two (2) males; of the six (6) patients, three (3) were females while three (3) were males; and of the four (4) Social workers, two (2) were females and two (2) males. This data indicate that there was equal representation in terms of gender.

This information is in line with the common trend of human rights activists who advocate for equal opportunities for all regardless of gender, unlike in the past when women were left out in research programs as not having anything to offer to society.

5.1.2. Participants according to Work Experience

Data from table 2 (see page 29) indicate that the two (2) biomedical doctors had six (6) to ten (10) years of practising experience followed by one (1) doctor in the category of 1 to 5 years practising experience, and another one (1) in the category of ten (10) years and above years of practising experience. Data again indicate that three (3) traditional doctors had ten (10) and above years of experience, one (1) had six (6) to ten (10) experience, indicating that none of the traditional doctors sampled had less than six years of practising experience. Coming to the Social workers, data indicate that none of them has ten (10) years and above working experience, while three (3) of the four (4) had six (6) to ten (10) working experience and one (1) of the four (4) has less than six (6) working experience. On average, this information reveals that participants have enough experience in their professional to offer credible information concerning the biomedical and traditional therapy. This information again helps in the generalisation of the results of the study and the credibility of the results dispelling out the effect of the number of years a doctor or Social Worker has been practising his or her profession.

5.1.3. Patients' Nature of Sickness

From table 3 (see page 30), the results indicate that two (2) patients had HIV and AIDS condition, two (2) suffered from diabetes, one (1) from breast cancer, and one (1) from sickle cell. From this information, the researcher concluded that unlike breast cancer and sickle cell, HIV and AIDS and diabetes are the most common sicknesses in the area. According to the statistics (Central Statistics Office, 2015), HIV and AIDS and diabetes are some of the most prevalent sicknesses in Zambia and being incurable diseases, most victims frequent the traditional healers' clinics.

5.2. Participants' Responses to the Research Questions

The discussion of data was done according to the five research questions and the hypothesis, and the following sub-section discusses the first research question.

5.2.1 Participants' Response to Effectiveness of the Unconventional Medicines in the healing or curing of clinical illnesses

In order to find out if Medical Pluralism can be attained in the Zambian health system, it was important to establish the effectiveness of the unconventional medicines in the healing of clinical illnesses. Unless traditional medicines are proved to be effective, there is no need to

include it as a complement to the biomedical medicines. To this effect, participants were questioned on how they perceived traditional medicine in terms of its effectiveness in the healing of common clinical illnesses.

When asked on their experience regarding the effectiveness of traditional medicines, all the four (4) biomedical doctors and four (4) Social workers did not approve the use of traditional medicines in treating patients. Only traditional healers and patients were in support of the traditional medicine. This question was asked to each participant in order to get their own understanding and personal view about their perceptions on the effectiveness of the traditional medicines in healing clinical illness. Biomedical doctors were of the view that traditional medicine is not safe because it has not been tested and scientifically approved for human treatment: “...*traditional medicines are not scientifically tested hence not safe*”, said one of the biomedical doctors (D2).

The above sentiments are similar to what other medical practitioners have argued as the reason why traditional medicines cannot be admitted as part of modern scientific therapy. In their study, Amzat and Razum (2014) argued that traditional medicines are “*associated with historical and cultural knowledge, a system which is devoid of systematic and scientifically verifiable evidence*” hence do not meet the scientific requirements for any medicine to be approved for use on patients. According to Amzat and Razum (2014), this argument is based on the fact that the concept of modern medicine or conventional biomedicine is derived from the scientific knowledge and is associated with professionalism as practiced by those who are formally trained in biomedical science such as physicians, pharmacists, nurses, and other allied health professionals such as physical therapists and psychologists.

The biomedical doctors’ negative attitude towards traditional medicines is consistent with the findings by Kaboru and his colleagues (2006) in a cross-sectional study carried out in two selected urban sites in Zambia by a combined team of biomedical and traditional healthcare providers. The aim of this study was to explore biomedical and traditional health practitioners’ experiences regarding their attitude towards collaboration with the view of identifying obstacles and potential opportunities for them to collaborate regarding the care for patients with sexually transmitted infections (STIs), HIV, and AIDS. Lack of trust in the traditional health practitioners by individual biomedical health practitioners was identified as one of the major obstacles to enhance collaboration between the two institutions. Traditional health practitioners were perceived to be acting outside the scientific realm and were subjected to undergo certain trainings under the instructions of the biomedical practitioners, hence, making them feel inferior to the other.

In their research, Olsen and Sargent (2017) also came across similar sentiments by the biomedical doctors that created a division among medical practitioners concerning the use of traditional or alternative medicine in the treatment of clinical diseases. Reasons cited for the rejection of traditional medicine are that it is not amenable to science and is grossly less advanced than modern medicine. But more importantly, it has been argued that traditional medicine conforms to the belief and cultural system of the community, making it more speculative than evidence based.

An interviewed female Social Worker (SW1) had also this to say: “*Despite being cheated and swindled by most traditional doctors, people still flock to them in big numbers...it is a psychological problem which need a change of mind set*”. This sentiment is out of the belief that traditional healers use supernatural powers to heal which associated with evil, and that they are just a scam to swindle patients with their fake medicines.

However, despite such sentiments by biomedical doctors and social workers, the results of this study indicate that patients and traditional doctors recommends the use of traditional therapy and that it is the most popular among Zambian people regardless of their status in society. One traditional healer (TH3) lamented over the attitude of biomedical doctors towards traditional therapy:

Our colleagues in the conventional fraternity look at traditional therapy as being inferior to biomedicines...they look down at us as being uneducated and yet we are able to treat most of the sicknesses the so-called educated doctors fail...they accuse our system of being unscientific and primitive and yet we have a large following of patients across and beyond the country...

These sentiments are in line with the World Health Organisation who has come to recognise the traditional doctors and has encouraged health institutions across the globe to collaborate with them in the treatment of diseases such as HIV and AIDS. In 1977, a meeting was held in Geneva which aimed at fashioning strategies to promote traditional medicine and since then, there have been several WHO reports on traditional medicine (WHO, 1976). For example, in December, 2020, with the support of WHO, the Ministry of Health organised training for members of the Traditional Health Practitioners' Association of Zambia (THPAZ) to raise their knowledge and understanding on COVID-19 in order to promote prevention practices (<https://www.afro.who.int/news/who-supports-ministry-health-trainmemberstr>).

From the above findings, it can be concluded that medical pluralism in Zambia is still weak because of poor collaboration between biomedical and traditional health practitioners which has mainly being caused by the fact that the biomedical fraternity are reluctant to recognise the traditional health practitioners as colleagues and equal to the task of treating clinical diseases.

Generally speaking, the results of this study indicate that to some extent the biomedical fraternity are ready to work with the traditional healers. However, there is still a big challenge concerning the efficacy of the traditional medicines by the biomedical fraternity; unless traditional doctors are trained in a scientific method, and their medicines subjected to scientific clinical trials, traditional doctors will not be accepted to operate side by side with biomedical doctors. This was seen by some responses from biomedical doctors interviewed who still feel that they superior to traditional doctors: But one biomedical doctor (D3) had this to say: "Until their claims are validated, or before they can begin to work with conventional medical doctors, traditional healer should first agree to operate in the accepted scientific manner of validating drugs and proving efficacy".

As noticed by some participants, Medical Pluralism is weak and illusive in Zambia; therefore, there is need for both the government and THPAZ to work towards a code of practice to monitor ethical standards to shield the traditional sector from fake doctors and false claims of medical healing.

The above sentiments are supported by the fact that despite a lot of sensitisation on the dangers of using uncertified traditional medicines, traditional medicine continues to play an important role in the provision of health services because it has proved reliable in the treatment of certain diseases, and the management of some psychosomatic cases, and are in line with the observation made by one medical practitioner at the Ministry of Health headquarters: "It is not policy or just massaging the issue that will resolve this impasse, common sense and necessity will have to prevail so that both these sectors Biomedical and Traditional institutions) begin to work with each other rather than against."

(<https://www.thenewhumanitarian.org/fr/node/200011>)

The next sub-section responds to the second research question.

5.2.2 Participants' Response to local People's Perception of Causes and Transmission of Illnesses

From this study, the researcher has noticed that local people perceive illnesses to be caused either by supernatural or natural powers. They believe that supernatural powers have the ability to cause harm to a person who either offends the spiritual world or is a victim of witchcraft by evil personalities. It is further believed that sicknesses caused by supernatural forces cannot be treated in hospitals but by the traditional doctors. This was confirmed by interviewed patients and traditional healers. One participant, a traditional healer (TH1) with many years of experience in traditional healing had this to say:

Many sicknesses our people are suffering from are spiritual in nature and they can only be healed by us. Some sicknesses may appear to be natural like in form of diabetes, or HIV and AIDS; but in the actual sense are caused by evil spirits but disguised in form of common and normal sicknesses.

This sentiment is confirmed by the theoretical framework employed in this study: Local Theories of Causation of illness among African communities propounded by Samuelsen (2004) in his study entitled *Illness Transmission and Proximity: Local Theories of Causation among the Bissa in Burkina Faso*. Samuelsen brings to light four (4) different modes that play an important role in the local theories of illness transmission among most African communities:

- ingestion of improper substance
- breaking of social taboos
- sorcery. and
- improper interaction with spirits.

The above theoretical framework is further confirmed by one of the female patients (P2) suffering from breast cancer who revealed that most of the sicknesses people suffer from are induced by witches:

This is an era of the devil who has released his agents to the world to terrorise innocent people by bewitching them...a good number of sick persons have been bewitched by evil people...so only protection from the traditional healers can save them....

However, some participants held a different view from the above sentiment putting the blame on too much belief and fear of witchcraft among the local people. One of the senior doctors (D1) interviewed had this to say:

There is too much belief in witchcraft among our people to the extent that every sickness is believed to be as a result of witches...even clear conditions such as HIV and AIDS are attributed to evils spirits and witches...our people have more trust and confidence in witch doctors than us...surprisingly, even the so-called educated people strongly believe in witchcraft to the extent of even seeking protection from witch doctors against sicknesses and death...

Another interviewed participant as a Social Worker (SW3) had this to say: “The belief in witchcraft is so much deep rooted in the minds of our people such that even any calamity such as accidents is interpreted in form of the work of evil spirits”.

The above sentiments have been expressed by a renowned anthropologist, Evans-Pritchard in his book entitled *Witchcraft, Oracles, and Magic among the Azande* (1976) of Sudan. The Azande believed that witchcraft is a belief which is found among many peoples in Central and West Africa and every member of the Azande tribe is an authority on witchcraft, and information flows freely from recurrent situations in their social life.

In another study done by Evans-Pritchard, *Institutions of Primitive Society* (1954), it is believed that an African is a deeply religious person and the concept of witchcraft is part of the African Traditional Religion. Similar views have been expressed by other anthropologists such as Mbiti (1997) and Magesa (1998).

From this study, the researcher concluded that traditional medicines are embedded in the African traditional religion and traditional healers are agents of the spiritual world who exercise authority and power over all diseases and illnesses. Being religious people by nature, Africans consider traditional healers to be closer to the spiritual world such that they command respect and fear among the people because they believe that traditional healers are in direct contact with the spiritual world and can inflict sickness if provoked. It is for this reason that people have more trust and confidence in traditional healers and medicines than in biomedical doctors and medicines.

The next sub-section responds to the third research question.

5.2.3. Participants’ Responses on the Contribution of the Traditional Health Practitioners’ Association of Zambia (THPAZ) in Complementing the Biomedical System in Zambia

The study has revealed that THPAZ has made great progress in lobbying government into dialogue and incorporate the traditional healers in the health system of the country especially in the area of HIV and AIDS management. Certain studies have been done together as a team; biomedical and traditional practitioners working side by side. For instance, in 2006, a cross sectional study was carried out in two selected urban sites in Zambia by a combined team of biomedical and traditional healthcare providers (Kaboru, et.al, 2006) whose aim was to explore biomedical and traditional health practitioners’ experiences and attitude towards collaboration with the view of identifying obstacles and potential opportunities for them to collaborate regarding the care for patients with sexually transmitted infections (STIs) and HIV and AIDS. However, the same study revealed some negativity towards the qualifications and methods used by traditional healers. The findings revealed that biomedical doctors do not trust traditional healers to be capable of administering any form of treatment since they are not trained and do not apply scientific medical methods. During interviews, one of the traditional healers (TH3) and member of THPAZ had this to say:

For a long time now, we have engaged government, through the Ministry of Health, to create a platform where we can exchange ideas on the treatment and management of certain common diseases such as HIV and AIDS, mental illnesses such as epilepsy, and I can describe the response of government as cordial on paper but unfriendly in practice... On the face of it, it would appear that there exists a good working relationship, but the reality on the ground suggests otherwise. Therefore, if we are to work together, government must show more political will and embrace the knowledge

and experience of traditional leaders in treating certain sicknesses which biomedical doctors fail to treat.

Another positive contribution of THPAZ towards promotion of Medical Pluralism is that it played an important role in ensuring that the famous Sondashi Formula (SF-2000), a traditional medicine used in curing of HIV and AIDS in Zambia, undergoes clinical trials in South Africa so as to be officially declared as one of the traditional medicines in curing HIV and AIDS (<https://www.africandoctor.net/store/others/hiv-herbal-treatment-1.html>). As of today, SF-2000 is in the final stages of clinical trials.

Another positive achievement by THPAZ is that in December, 2020, the Ministry of Health, with the support of WHO, organised training for members of the Traditional Health Practitioners' Association of Zambia (THPAZ) to raise their knowledge and understanding on COVID-19 in order to promote prevention practices (<https://www.afro.who.int/news/who-supports-ministry-health-train-memberstr>). The above achievements are consistent with the president of THPAZ's appeals to government to strengthen the practice of traditional medicine using models existing in other countries and strengthening of research in traditional medicines and training of the members of the association. He has further appealed to all stakeholders to enhance serious collaboration between traditional healers, scientists and policymakers and develop a clear policy to guide the use of indigenous knowledge because current policy is unclear (See literature review).

From the findings of this study, the researcher concluded that generally speaking, traditional medicine and doctor are looked down upon especially by biomedical fraternity for two main reasons, that in most cases, traditional medicines are not clinically tests hence they are not supported by science and if not, then it means that they are not safe to administer to the patients. The other reason is that most traditional healers are less educated and hence, do not follow scientific procedures when treating their patients.

The above sentiments are consistent with arguments by some scholars (Olsen and Sargent, 2017) that reasons cited for the rejection of traditional medicine are that it is not amenable to science and is grossly less advanced than modern medicine. Further, they have argued that traditional medicine conforms to the belief and cultural system of the community, making it more speculative than evidence based. The researcher is of the opinion that it is this difference in opinion by the medical practitioners that has greatly hindered the attainment of Medical Pluralism (MP) as an achievement of a holistic health care system globally.

The researcher is also of the view that if the concerned issues raised above are addressed, the main research question: "How can holistic medical approach be effectively implemented using the conventional and African traditional medical system?" can be addressed as well as the hypothesis: "Combination of the conventional and African traditional medical systems can accelerate the prevention and treatment of clinical illness globally."

The next sub-section responds to the fourth research question.

5.2.4. Participants' Response on the factors hindering the attainment of a Medical Pluralism system in Zambia

Findings from the study have revealed that despite the support from WHO and the Ministry of Health, attainment of the Medical Pluralism system has remained a big challenge in Zambia. The study identified lack of trust by the conventional medical fraternity in the traditional medicines and poor training of traditional practitioners as the major obstacle to the

attainment of Medical Pluralism. This is against the background that in Zambia, there is a strong cultural acceptance of traditional medicine by the local people. One traditional healer (TH3) lamented over the attitude of biomedical doctors towards traditional therapy:

Our colleagues in the conventional fraternity look at traditional therapy as being inferior to biomedicines...they look down at us as being uneducated and yet we are able to treat most of the sicknesses the so-called educated doctors fail...they accuse our system of being unscientific and primitive and yet we have a large following of patients across and beyond the country...

This attitude by biomedical doctors is in line with the findings of the research done by Kaboru and others (2006) where it was discovered that traditional and biomedical health practitioners in Africa has been characterised by tensions, denial, and repugnance since the colonial times. This is due to the superiority complex portrayed by the biomedical health practitioners, and it is this attitude which has retarded the collaborative efforts between the biomedical and traditional health practitioners.

Other studies have confirmed that this attitude by biomedical health practitioners is not only peculiar in Zambia but worldwide. According to the study by Moshabela, Zuma and Gaede (2016), very few countries (probably India, China, and Japan), have an integrative health care system that recognises both traditional and biomedical approaches. Reasons given for lack of collaboration between the two health systems are similar across the globe; that is failure to subject traditional medicine to scientific clinical trials and poor training of its practitioners. One biomedical doctor (D3) had this to say:

Until their claims are validated, or before they can begin to work with conventional medical doctors, traditional healer should first agree to operate in the accepted scientific manner of validating drugs and proving efficacy.

This argument is in line with an African anthropologist Magesa (1997) who argued that unlike biomedical doctors, traditional healers have no formal training, but their extensive medicinal powers and knowledge are generally inherited, acquired through friendship or kinship, or purchased. He further argued that unlike biomedical doctors, practitioners of herbal medicines usually depend on spirits for their knowledge, and they must make sacrifices and offerings to those spirits from time to time.

However, this negative attitude is against the WHO whose policy since 1970s has been to fashion strategies to promote traditional medicines; for instance, during a meeting of African regional experts held in Brazzaville in 1976, WHO recognised TM as a part of the healthcare system in global healthcare and gave it an operational definition coined as

the sum total of the knowledge, skills, 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 (WHO 2000:1).

From the above studies, the researcher is of the view that there is need of collaboration or integration especially in the areas of funding, collaborative research, and mutual respect amongst stakeholders. As suggested by the president of THPAZ, there is need for the government of the Republic of Zambia, through the Ministry of Health, to enforce and develop a clear policy to guide the use of indigenous knowledge in the area of traditional

medicines. Otherwise, the attainment of holistic approach to medical healthcare will remain an illusion.

The next sub-section responds to the fifth research question.

5.2.5. Participants' Response on the role of Social Workers in sensitisation of the local people

The findings of this study revealed that there is a big gap between the Ministry of Health and the Department of the Social Welfare Workforce (SWW) under which social workers fall. This is mainly because the SWW falls directly under the Ministry of Community Development and Child Health instead of the Ministry of Health. One Social Work (SW1) had this to say:

Our department falls under the Ministry of Community Development and Child Health...we are not under the Ministry of Health and that is why we are left out on most of the health programs initiated by the Ministry...even colleagues from private sector such as churches are also not considered for such programs and yet we are stakeholders...

Rowe and Kahn (1998) argued that for the health care system to be effective and responsive to the needs of the community there is need for collaborative work among the various disciplines involved in health care such as physicians, nurses, psychologists, and social workers. From their study, the authors concluded that for the health care system to run adequately and meet the people's needs there is need for the health fraternity to incorporate other disciplines and come up with an authentic interdisciplinary team. Therefore, the implication of the gap between the Ministry of Health and the Social workers in Zambia is that the healthcare system in Zambia not responding effectively and responsively to the needs of the community. This status quo is likely also to affect the attainment of Medical Pluralism due to lack of sensitisation on the part of the social workers whose one of their main roles is that of sensitising people on the merits and demerits of a holistic approach to healthcare system.

Fulmer and others (2005) also argued that in order to nurture skills needed for effective team care, there is need to develop and include in the training curriculum for students of nursing, social work, and medicine programs that would enhance partnership among all stakeholders. From these arguments, the researcher is of the view that there is need for the government of the Republic of Zambia to realign the Department of Social Welfare from Ministry of Community Development and Child Care to the Ministry of Health in order to enhance collaboration between the ministry and social workers. This sentiment was also expressed by one of the Social Worker (SW4):

Our department needs to be aligned with the Ministry of Health if we are to participate in such programs as social workers...or the two ministries should develop and enhance collaborative programs so that they work together in the promotion of community health care throughout the country.

The study also revealed that funding for health sensitisation programs from government is sometimes a big challenge. Said another social worker (SW3):

In most cases, such programs are funded by foreign donors...for example today all programs concerning COVID-19 are funded by donors...you cannot sustain such programs when as a government you rely so much on foreign aid.

These sentiments maybe supported by the recent sensitisation training workshop of THPAZ members on COVID-19 which was sponsored by WHO (<https://www.afro.who.int/news/who-supports-ministry-health-train-memberstr>).

5.2.6. Data from Document Analysis

This instrument was used in regard to the documented records of patients who may have been treated using both conventional and unconventional therapies kept by the hospitals and the THPAZ. Such records helped substantiate the efficacy of medical pluralism in the healthcare system.

The study revealed that records kept at conventional hospitals were organised in a systematic fashion unlike records kept by traditional healers. This may be attributed to the argument advanced by most stakeholders that traditional healthcare therapy based on their cultural beliefs and practices. This argument is in line with an African anthropologist Magesa (1997) who argued that unlike biomedical doctors, traditional healers have no formal training, but their extensive medicinal powers and knowledge are generally inherited, acquired through friendship or kinship, or purchased. He further argued that unlike biomedical doctors, practitioners of herbal medicines usually depend on spirits for their knowledge, and they must make sacrifices and offerings to those spirits from time to time.

The above sentiments are also consistent with arguments by some scholars (Olsen and Sargent, 2017) that traditional medicine is not amenable to science and is grossly less advanced than modern medicine. Further, they have argued that traditional medicine conforms to the belief and cultural system of the community, making it more speculative than evidence based.

5.3 Summary

The chapter discussed the findings presented in chapter four. The next chapter will give the summary and conclusion to the study and give recommendations based on the findings.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.0. Summary, Conclusions and Recommendations

This chapter gives the summary of the findings of this study. It also gives the conclusions that have been drawn from the study and the recommendations. Finally, suggestions are made for areas of further research. The purpose of this study was basically to establish to what extent the traditional medicines, sometimes refers to as alternative or complimentary medicines, compliment the biomedical medicines in the modern world, taking Zambia as a unity of study.

6.1. Summary

The main purpose of this study was to establish to what extent the traditional medicines compliment the biomedical medicines in the modern world, taking Zambia as a unity of study, and was guided by five (5) research questions:

1. How effective are the unconventional medicines in the healing or curing of clinical illnesses?
2. What is the local people's perception of causes and transmission of illnesses?
3. What contribution has the Traditional Health Practitioners' Association of Zambia (THPAZ) made in complementing the biomedical system in Zambia?
4. What are the factors hindering the attainment of a medical plural system in Zambia?
5. What role has the social workers, both private and public, played in the sensitisation of the local people on the merits and demerits of both conventional and unconventional therapies?

Using largely qualitative approach, in-depth interviews were used in the collection of data from the participants. Interviews were conducted mainly through the skype and Zoom applications due to the breakout of COVID-19 in line with the given health guidelines on maintaining social distance. In two (2) instances where the network was poor, telephone was used to interview participants. From the interviews, several themes came out prominently, but the analysis was narrowed only to those which related to and answered the research questions and the hypothesis. Qualitative data from the interviews was presented and analysed using the thematic methods. This chapter, therefore, provides analysis and discussions of tables and themes which are relevant to the research questions and the hypothesis.

Due to the nature of methods used to collect data, (i.e., skype, zoom and telephone) some unavoidable problems were experienced during the process such as difficulties in internet connectivity hence affecting the clarity of video and audio. This situation may have affected the credibility and dependability of the data collected.

The study has revealed that medical pluralism in Zambia is still very weak due to the fact that traditional medical healthcare system has not been fully tested to compliment the biomedical healthcare system except in the area of HIV and AIDS treatment. This is due to the fact that despite the cultural acceptance of traditional medicine in Zambia as noticed by the majority of people who consult traditional healers, the traditional healthcare system has been regarded as not being safe since its medicines have not been subjected to scientific clinical trials and the traditional healers have not undergone a formal tradition like the biomedical doctors. Therefore, traditional medicine cannot be considered to be effective in the treatment of clinical diseases. The popularity of traditional therapy among the people has been attributed

to the traditional belief that there are some diseases which are caused by supernatural forces hence cannot be treated or prevented by biomedical medicine unless by traditional medicines.

The study has further revealed further that, despite approval of the use of traditional medicines by WHO, the government of the Republic of Zambia, through the Ministry of Health, has not put in place a clear policy to enforce the use of traditional medicines side by side with the conventional medicines.

But despite government's unwillingness to endorse the use of traditional medicines, the study has revealed that THPAZ has relentlessly engaged government through dialogue, to incorporate the traditional healers in the health system of the country.

The study has also revealed that social workers in Zambia have not played any role in the sensitisation of the local people on the merits and demerits of the holistic approach to healthcare system. This is due to the fact that the Social Welfare Department falls under the Ministry of Community Development and Child Health instead of the Ministry of Health and there is no collaboration when it comes to the implementation of healthcare programs in the community. Even if there was such collaboration, erratic funding by Government for such programs would be a challenge since government has been greatly relying on donor funding for such projects.

Finally, the study has revealed that despite the inertia to implement the Medical Pluralism, the Government of the Republic of Zambia has shown the political will to implement Medical Pluralism as noticed by the opening of an office for the coordinator from THPAZ at the Ministry of Health Headquarters, by incorporating the traditional healers in the homecare of the HIV patients, and by their inclusion in the training on COVID-19 management organised by the WHO for biomedical practitioners.

6.2. Conclusion

The purpose of the study was based on establishing to what extent the traditional medicines compliment the biomedical medicines in the modern world, taking Zambia as a unity of study. Findings indicate that there is very little corporation between the traditional and biomedical practitioners. Due to lack of guiding policy from the Ministry of Health, patients are at liberty to seek any form of treatment they feel can heal them. Further, Social workers have little participation especially in the area of public sensitisation of the community on healthcare issues. Therefore, the Government of the Republic of Zambia and other stakeholders such as THPAZ, and social workers and human rights activists' organisations are encouraged to step up the campaign to attain a holistic medical health system by the implementation of Medical Pluralism.

6.3. Recommendations

From the findings of the study, the researcher has recommended the following:

1. Government should protect the rights of the patients by putting in place a policy that would officially allow the traditional healers to operate side by side with the biomedical practitioners.
2. Government should get involved in the formal training of traditional practitioners and raise them to the same par as biomedical doctors.

3. Government should realign social workers from the Ministry of Community Development and Child Health to the Ministry of Health so as to enhance their participation in the sensitisation of the community on health issues.
4. Government, THPAZ, Social workers and Human Rights activists' organisations should team up and come up with sensitisation of the public on the advantages of Medical Pluralism health system.
5. Government should fully fund their health programs rather than depending on foreign donors.

6.4. Areas for Further Research

This research is far from being exhaustive. The study was dealing with a broad topic of Medical Pluralism. Therefore, further study should be done to ascertain the areas of corroboration between the biomedical and traditional healer thereby streamlining the process of implementation step by step.

There is also a need to expand on the population for a substantive sample so that findings can be generalised proportionately. This was a case study of Zambia with a sample of eighteen (18) participants. Therefore, in order to get exhaustive findings, further research should be extended beyond the Zambian boundary borders by including other countries in Africa.

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Appendices

Appendix 1

Guide for Conventional Medical Practitioners' In-depth Interview

Date..... Time.....

1. For how long have you been practising your professional?
2. What has been your experience working with the sick especially the terminally ill patients?
3. What is your area of experience in terms of treating sickness?
4. In your career as a medical profession, have you had an experience of working together as a team with the traditional healers in treating patients?
Explain your answer
5. If the answer is yes in question (4), was this your first or routine experience in your career?
6. What is your personal attitude towards traditional healers in terms of professionalism?
Explain your answer
7. From your experience, do you trust the use of traditional medicines in the treatment of clinical illnesses?
Explain your answer
8. As a medical practitioner, do you think that the perception of the causes and treatment of illnesses by the Africans has affected their attitude towards the use of biomedical medicines?
Explain your answer
9. From your experience as a medical doctor, do you believe that Medical Pluralism can be achieved in the health system of Zambia?
Explain your answer
10. If your answer to question (8) is “no”, in your opinion, what are the factors hindering the attainment of Medical Pluralism in Zambia?
11. From your experience as a medical doctor, can you confirm that the combination of the conventional and African traditional medical systems can accelerate the prevention and treatment of clinical illnesses globally?
Explain your answer
12. In your opinion and experience as a medical doctor, do you think THPAZ has contributed positively to complementing the biomedical system in Zambia?
Explain your answer
13. Finally, in your view, how best can holistic medical approach be implemented in Zambia?
14. What role have the social workers played in sensitising people on the implementation of Medical Pluralism?
Explain your answer
15. Are you in a position to spare some time again for clarifications should there be any need?

Thank you for taking some time off your busy schedule to give me this information.

Appendix 2

Guide for Unconventional Medical Practitioners' In-depth Interview

Date..... Time.....

1. For how long have you been practising your professional?
2. As a traditional healer, what has been your experience working with the sick especially the terminally ill patients?
3. What are the most common diseases people come with for treatment?
4. In your career as a traditional healer, have you had an experience of working together as a team with the biomedical doctors in treating patients?
Explain your answer
5. If the answer is yes in question (4), what type of illnesses did you treat together?
6. From your experience, what has been the attitude of biomedical doctors towards traditional healers in terms of professionalism?
Explain your answer
7. From your experience, do you trust the use of traditional medicines in the treatment of clinical illnesses?
Explain your answer
8. As a traditional healer, do you think that the perception of the causes and treatment of illnesses by the Africans has affected their attitude towards the use of biomedical medicines?
Explain your answer
9. From your experience as traditional healer, do you believe that Medical Pluralism can be achieved in the health system of Zambia?
Explain your answer
10. If your answer to question (8) is “no”, in your opinion, what are the factors hindering the attainment of Medical Pluralism in Zambia?
11. From your experience as a medical doctor, can you confirm that the combination of the conventional and African traditional medical systems can accelerate the prevention and treatment of clinical illnesses globally?
Explain your answer
12. As a member of THPAZ, do you think THPAZ has contributed positively to complementing the biomedical system in Zambia
Explain your answer
13. Finally, in your view, how best can holistic medical approach be implemented in Zambia?
14. What role have the social workers played in sensitising people on the implementation of Medical Pluralism?
Explain your answer
15. Are you in a position to spare some time again for clarifications should there be any need?

Thank you for taking some time off your busy schedule to give me this information.

Appendix 3

In-depth Interview Guide for Patients

Date..... Time.....

1. What type of sickness are you suffering from?
2. For how long have you been suffering from this disease?
3. What type of treatment are you getting?
4. Are you satisfied with the treatment you are getting?
Explain your answer
5. During your sickness, have you ever consulted the traditional doctor for your treatment?
If so, explain why
6. Have you ever heard of the concept of Medical Pluralism?
Give reasons for your answer
7. Given a choice on the type of treatment, which one would you prefer between bio and traditional medical treatment?
Give reasons for your answer
8. In your opinion, is the government doing enough to sensitise people on the advantages of Medical Pluralism?
Give reasons for your answer
9. Are you aware of the existence of THPAZ?
If yes, what is your understanding of its role?
10. Finally, between the conventional and unconventional treatment, which one do you think is more effective in the treatment of illnesses?
Give reasons for your answer
11. Are you in a position to spare some time again for clarifications should there be any need?

Thank you for taking some time off your busy schedule to give me this information.

Appendix 4

In-depth Interview Guide for Social workers

Date..... Time.....

1. For how long have you served as a Social Worker?
2. What is your role in society as a Social Worker?
3. As a Social Worker, are you involved in health programs initiated by the Ministry of Health in communities?
Give an explanation
4. As a Social Worker, have you ever heard of the concept of Medical Pluralism?
Explain your answer
5. Are you aware of the existence of the THPAZ? If yes, explain its role
6. As a Social Worker, have you played any role in the sensitisation of people on the merits and demerits of both conventional and unconventional therapies?
Explain your answer

7. In your opinion as a Social Worker, is it possible to attain a Medical Pluralism system in Zambia?
Give reasons for your answer
8. As Social workers, do you think you are doing enough to sensitise people on the advantages of a holistic medical approach?
Explain
9. From your experience as a Social Worker, what could be factors affecting the attainment of Medical Pluralism in Zambia?
10. In your opinion, how best can Medical Pluralism be realised in the Zambian health care system?
11. Finally, between the conventional and unconventional treatment, which one do you think is most popular among the citizens?
Give reasons for your answer
12. Are you in a position to spare some time again for clarifications should there be any need?

Thank you for taking some time off your busy schedule to give me this information