Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 12 (2025): December 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i12.1981
Original Article

Integrating traditional African medicine into public health systems: A cross-sectional mixed-methods study on the pathway toward universal health coverage in South Africa.

Sibonelo Thanda Mbanjwa
Mangosuthu University of Technology P.O. Box 12363 Jacobs 4026 Durban, South Africa

Abstract

Background

Traditional African Medicine (TAM) remains a vital component of healthcare for many South Africans, particularly in rural and peri-urban communities. Despite its widespread use and cultural relevance, TAM remains largely informal and insufficiently integrated into the national health system. The World Health Organization (WHO) advocates for integrating traditional medicine into public healthcare to achieve Universal Health Coverage (UHC), especially in contexts marked by health inequities. This study examines the feasibility, perceptions, and structural needs for integrating TAM into South Africa's public health system.

Methods

A cross-sectional mixed-methods design was employed. Quantitative data were gathered from 120 participants comprising 60 community members, 30 biomedical professionals, and 30 traditional health practitioners (THPs) across three districts in KwaZulu-Natal. Participants were 52% female and 48% male, with an average age of 44.6 years (SD = 10.2; range: 21–72 years). Most community respondents (68%) resided in rural areas, while 32% lived in peri-urban settings. Fifteen qualitative interviews were conducted with policy experts, health administrators, and representatives from the Traditional Healers Organization (THO).

Results

Findings show that 78% of community members regularly use TAM, primarily for spiritual cleansing and chronic disease management. Sixty-seven percent of THPs expressed willingness to collaborate with biomedical professionals but cited lack of recognition and legal protection as barriers. Only 40% of biomedical professionals supported integration due to concerns about efficacy, safety, and regulation. Qualitative themes revealed mistrust between sectors, lack of herbal standardization, and insufficient documentation, but also highlighted TAM's cultural importance and preventive health value.

Conclusion

TAM remains central to healthcare access and cultural identity in South Africa, yet systemic, legal, and attitudinal barriers impede integration.

Recommendations

Developing comprehensive policies, establishing collaborative platforms, investing in scientific validation, and promoting community-based engagement are essential for achieving inclusive, culturally responsive UHC.

Keywords: *Traditional African Medicine; Universal Health Coverage; Public Health Integration; Indigenous Knowledge Systems; Health Policy; South Africa; Traditional Healers; Healthcare Access*
Submitted: *July 21, 2025* ***Accepted:*** *September 14, 2025* ***published:*** *December 01 2025*
Corresponding Author: *Sibonelo Thanda Mbanjwa*
Email: *mbanjwa.sibonelo@mut.ac.za*
Mangosuthu University of Technology P.O. Box 12363 Jacobs 4026 Durban, South Africa

Background Information

Traditional African Medicine (TAM) remains a cornerstone of healthcare for millions of South Africans, particularly in rural and peri-urban communities. Rooted in centuries of indigenous knowledge, TAM encompasses herbal remedies, spiritual healing, and holistic approaches to health and wellness. Despite its cultural and practical importance, TAM has historically been marginalized within formal healthcare systems, receiving limited institutional recognition and policy support. The World Health Organization (WHO) and the African Union have increasingly called for the integration of traditional

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 12 (2025): December 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i12.1981
Original Article

medicine into national health frameworks as a means of promoting Universal Health Coverage (UHC). In South Africa, efforts to bridge the divide between traditional and biomedical health systems have been slow and fragmented, often hampered by mistrust, lack of standardization, and limited cross-sector collaboration. This study explores the feasibility, challenges, and opportunities associated with integrating TAM into the country's public health system to enhance equitable healthcare access and cultural responsiveness.

Research Objectives

I. To assess the level of support and willingness among community members, traditional health practitioners, and biomedical professionals for integrating Traditional African Medicine into the public health system.
II. To identify the perceived benefits, challenges, and limitations of integrating TAM into formal healthcare structures.
III. To explore policy and institutional frameworks required to facilitate effective collaboration between traditional and biomedical health sectors.
IV. To provide recommendations for developing inclusive and culturally appropriate models for achieving Universal Health Coverage in South Africa through TAM integration.

Methodology

Study Design

This study employed a cross-sectional mixed-methods research design to capture both quantitative and qualitative insights regarding the integration of Traditional African Medicine (TAM) into South Africa's public health system. The combination of methods allowed for the triangulation of data and a more comprehensive understanding of stakeholder perceptions, experiences, and institutional challenges.

Study Setting

The study was conducted in three districts of KwaZulu-Natal Province: eThekwini, uMgungundlovu, and uThukela. These areas were selected due to their diverse population profiles, active presence of both traditional healers and biomedical professionals, and ongoing community reliance on TAM. The research was carried out between 10 January and 30 March 2025.

Participants

Participants included community members (n = 60), traditional health practitioners (n = 30), and registered biomedical healthcare professionals (n = 30). In addition, 15 key informants, comprising policy experts, health administrators, and representatives from the Traditional Healers Organization (THO), were interviewed. Eligibility criteria included adults aged 18 years and above with direct experience in healthcare provision or use, residing or working in the selected districts. Participants were selected using purposive and snowball sampling to ensure a broad range of perspectives.

Exclusion Criteria

Individuals below 18 years of age, those without any experience or involvement in healthcare activities, persons unwilling to provide informed consent, and respondents who could not communicate effectively in either English or isiZulu were excluded from the study. Additionally, participants demonstrating a conflict of interest, such as those involved in both traditional and biomedical practice simultaneously, were also excluded to maintain the integrity and objectivity of responses.

Bias

To reduce selection bias, participants were recruited from different wards and healthcare facilities within each district. Interviewers were trained to ensure consistency in administering questionnaires. Social desirability bias was mitigated by assuring participants of confidentiality and anonymizing responses during data analysis.

Study Size

A total of 120 quantitative respondents and 15 qualitative interviewees were included. The sample size was determined based on prior similar studies and feasibility constraints, aiming for data saturation in the qualitative component and sufficient representation in the quantitative analysis.

Data Measurement / Sources

Quantitative data were collected using structured questionnaires with both closed and Likert-scale items. Qualitative data were collected through semi-structured interviews using an interview guide. All instruments were developed based on a literature review and validated by experts in public health and traditional medicine.

Statistical Analysis

Quantitative data were analysed using descriptive statistics (frequencies, percentages) and inferential

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 12 (2025): December 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i12.1981
Original Article

statistics (chi-square tests) using SPSS version 27. Missing data were addressed using pairwise deletion, ensuring that incomplete responses did not bias overall findings. Qualitative data were transcribed, coded, and analysed thematically using manual content analysis.

Ethical Consideration

Ethical clearance for the study was obtained from the Mangosuthu University of Technology Research Ethics Committee. The study was approved on 15 December 2022. All participants provided informed consent before participation.

Result and Findings

Descriptive Data of Respondents

A total of 120 participants took part in the quantitative component of the study, comprising 60 community members (50%), 30 traditional health practitioners (25%), and 30 registered biomedical healthcare professionals (25%). The sample included 68 females (56.7%) and 52 males (43.3%), with ages ranging from 22 to 65 years (mean age = 41.2 years). Most community members (60%) had completed secondary education, while 25% possessed tertiary qualifications. Among traditional health practitioners, the majority (70%) had more than five years of experience in healing practices, and 40% reported membership in a recognized Traditional Healers' Organization. Conversely, 80% of healthcare professionals had been in medical service for over six years and were employed in public health facilities.

Participants were drawn from three districts of KwaZulu-Natal, eThekwini (45%), uMgungundlovu (30%), and uThukela (25%), to ensure geographic diversity. The majority of respondents (72%) resided in peri-urban areas, while 28% were from rural communities. In the qualitative phase, 15 key informants participated in semi-structured interviews, including policy experts (n=5), senior health administrators (n=4), and representatives from Traditional Healers' Organizations (n=6). Their insights provided contextual understanding of the institutional, regulatory, and policy frameworks surrounding the integration of TAM into mainstream healthcare.

Table 1: Themes and Codes Generated from Qualitative Interviews

Themes	Codes	Representative Quotations from Respondents
Cultural Relevance and Accessibility of Traditional Medicine	• Indigenous healing practices • Affordability and proximity • Cultural trust and identity	"Traditional medicine speaks to who we are; it is part of our daily lives and beliefs." (Traditional Healer, Participant 7) "For most rural families, the clinic is far away, but the traditional healer is nearby and understands our situation." (Community Member, Participant 12)
Mistrust Between Health Sectors	• Lack of communication • Perceived disrespect from biomedical professionals • Fear of professional judgment	"Doctors often dismiss our knowledge as unscientific, yet patients rely on us first." (Traditional Healer, Participant 5) "There is little respect between the two systems; sometimes we compete instead of working together." (Healthcare Professional, Participant 3)
Willingness to Collaborate	• Shared patient care • Mutual learning • Integrative workshops	"I think collaboration is possible if we understand each other's strengths." (Healthcare Professional, Participant 10) "We are open to sharing knowledge if there is respect and understanding." (Traditional Healer, Participant 2)

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 12 (2025): December 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i12.1981
Original Article

Policy Recognition and Regulation	• Lack of clear legislation • Need for formal inclusion in health policy • Accreditation and registration challenges	"Until government officially recognizes traditional healers, integration will remain an idea." (Policy Expert, Participant 1) "There must be a framework that protects both practitioners and patients." (Health Administrator, Participant 4)
Lack of Standardization in Practice and Safety	• Inconsistent preparation of herbal remedies • Absence of dosage guidelines • Quality control concerns	"Each healer prepares medicine differently; this affects safety and credibility." (Healthcare Professional, Participant 8) "We need guidelines on dosage and safe mixing of herbs with hospital medicine." (Policy Expert, Participant 3)

Figure 1 presents the quantitative findings on the level of support or usage of Traditional African Medicine (TAM) among three stakeholder groups: community members, traditional healers, and biomedical professionals. A notable 78% of community members reported regular use of TAM as part of their healthcare routines, indicating its deep-rooted presence and reliance in daily life, especially in rural and underserved areas. Furthermore, 67% of traditional healers expressed a willingness to collaborate with formal health systems, showing openness to integration if appropriate platforms and mutual respect are established. However, only 40% of biomedical professionals supported the integration of TAM, highlighting a significant gap in interdisciplinary acceptance. This resistance could stem from concerns over regulation, efficacy, and the lack of clinical validation. The discrepancy in acceptance levels among the groups reveals the need for structured engagement and trust-building to ensure a cohesive approach to health service delivery.

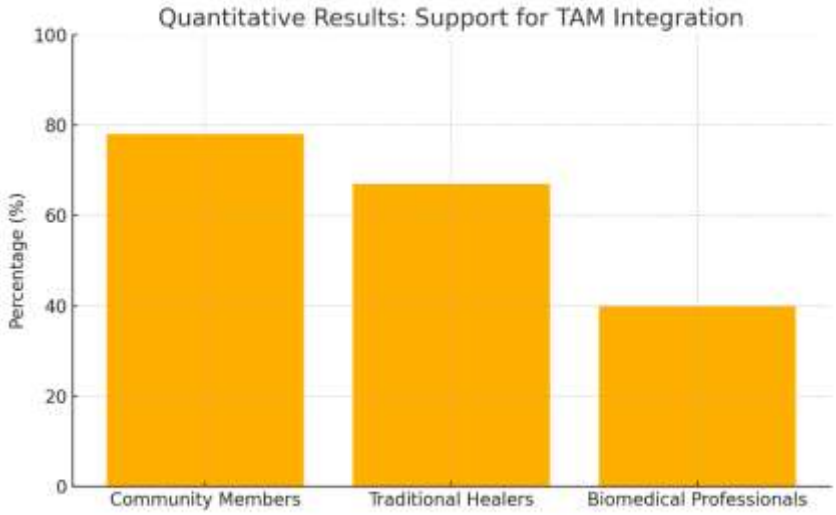

Figure 1: The graph represents quantitative results: support for TAM integration

Figure 2 illustrates the frequency of recurring themes drawn from qualitative interviews with policy experts, traditional healers, and healthcare professionals. The most commonly cited theme was the cultural relevance and accessibility of traditional medicine, mentioned 14 times, underscoring its role in improving healthcare access in marginalized communities. Mistrust between health sectors emerged as a significant barrier, mentioned 12

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 12 (2025): December 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i12.1981
Original Article

times, reflecting long-standing tensions and communication gaps between traditional and biomedical practitioners. The theme of willingness to collaborate was cited 11 times, indicating that despite systemic challenges, there is a strong interest among stakeholders in working together. Lack of standardization (9 mentions) and need for policy recognition (10 mentions) highlight structural and regulatory gaps that must be addressed before integration can be realized. These qualitative insights complement the quantitative data by providing a deeper understanding of the social, cultural, and institutional dynamics influencing integration efforts.

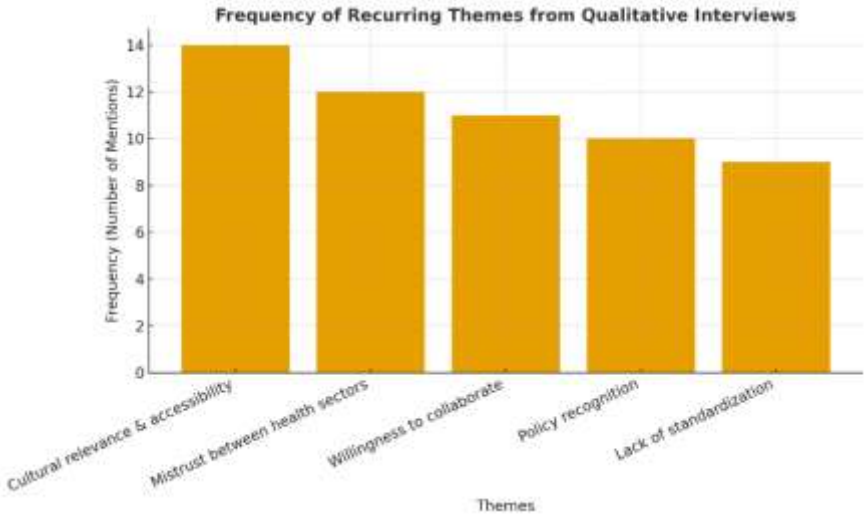

Figure 2: The graph illustrating the frequency of recurring themes from the qualitative interviews.

Discussion

The findings from this mixed-methods study reveal a multifaceted but encouraging environment for integrating Traditional African Medicine (TAM) into South Africa's public health system. The integration process is shaped by socio-cultural, institutional, and regulatory factors that influence both perception and practice among key stakeholders. The finding that 78% of community members continue to rely on traditional remedies demonstrates the sustained cultural and practical significance of TAM. This high reliance underscores the community's trust in traditional healing methods, often grounded in lived experiences, affordability, and accessibility. It reflects that traditional healers remain the first point of contact for health care, especially in rural and peri-urban communities where biomedical services are limited.

This finding aligns with Bodeker and Kronenberg (2002), who reported that 70–80% of Africans depend on traditional medicine due to its accessibility, cultural acceptance, and affordability. The interpretation suggests that TAM continues to bridge health inequities by providing community-based care where modern systems are often inaccessible or unaffordable. The study found that 67% of traditional healers expressed willingness to collaborate with biomedical professionals. This demonstrates a growing recognition among traditional practitioners of the benefits of integrative approaches, including patient referrals, training, and information exchange. It indicates a positive shift from isolationist tendencies toward cooperative engagement. This is consistent with Mothibe and Sibanda (2019), who found similar willingness among traditional healers in Limpopo Province to engage with formal health structures, provided their expertise is acknowledged and respected. The interpretation suggests that genuine collaboration can only occur in an environment that promotes mutual respect and role recognition rather than hierarchy. Conversely, only 40% of biomedical professionals indicated support for collaboration with traditional practitioners. This finding reveals enduring skepticism within the biomedical community, often rooted in concerns about the efficacy, safety, and standardization of TAM practices. Such resistance is not merely attitudinal but also reflects structural and epistemological divides between scientific and indigenous systems of knowledge. This result parallels Peltzer and Mngqundaniso (2008), who noted that biomedical staff frequently question the

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 12 (2025): December 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i12.1981
Original Article

legitimacy of TAM and fear professional disrepute through association. The interpretation highlights that epistemic mistrust remains a major obstacle, requiring policy-driven initiatives for cross-sectoral dialogue, education, and evidence-based validation of traditional practices. The dominant qualitative theme, cultural relevance and accessibility, emphasizes TAM's embeddedness in African cultural identity and its logistical advantage over formal healthcare services. Participants underscored that traditional medicine is locally available and more attuned to their socio-cultural contexts, making it a sustainable alternative.

This observation supports the World Health Organization (2013), which asserts that traditional medicine provides essential healthcare access, especially in underserved areas. The interpretation suggests that integration efforts must not overlook the cultural dimension of healthcare delivery; TAM functions not only as a medical system but as a social and spiritual institution that sustains community well-being. The frequent mention of mistrust between traditional and biomedical practitioners exposes the entrenched power dynamics and historical marginalization of indigenous systems. Respondents described mutual suspicion, lack of communication, and limited interprofessional engagement. This finding mirrors Green (1999), who identified communication gaps and professional prejudice as central barriers to cooperation between health systems. The interpretation suggests that without deliberate relationship-building mechanisms, including cross-training, joint workshops, and policy-backed collaboration frameworks, integration will remain rhetorical rather than practical. Interestingly, both groups exhibited a shared willingness to collaborate, albeit from different motivations. Traditional healers seek recognition and legitimacy, while biomedical practitioners value community trust and patient outreach. This theme reflects an emerging convergence of purpose that can serve as the foundation for integrative healthcare policy. Gqaleni et al. (2010) similarly reported that when structured dialogue platforms exist, traditional healers readily participate in training and referral systems. The interpretation implies that collaboration is achievable if institutionalized through participatory frameworks, capacity building, and co-created guidelines. The themes of lack of standardization and policy recognition indicate regulatory and structural deficiencies that undermine integration efforts. The absence of uniform practices in medicine preparation, dosage, and safety protocols hinders the credibility of TAM among biomedical professionals and policymakers. This finding resonates with Chitindingu et al. (2014), who observed that weak legislative support and the absence of regulatory bodies limit the institutionalization of TAM in public healthcare. The interpretation suggests that regulatory frameworks, quality assurance standards, and formal registration mechanisms are prerequisites for effective integration.

Generalisability

Despite its limitations, the findings of this study hold moderate generalisability to other rural and peri-urban settings in South Africa, where traditional medicine plays a significant role in primary healthcare. The themes identified, such as mistrust between sectors, willingness to collaborate, and cultural relevance of traditional practices, are consistent with existing literature across various South African contexts. However, caution should be exercised in generalising these results to provinces with differing socio-political structures, healthcare infrastructure, or dominant cultural practices. Broader national studies with larger, more diverse samples are recommended to validate and expand upon the trends observed in this research.

Conclusion

This study underscores the critical role Traditional African Medicine (TAM) plays in promoting healthcare access and cultural continuity in South Africa, particularly among underserved populations. The findings reveal a high level of reliance on traditional medicine among community members and a notable willingness among traditional healers to collaborate with biomedical professionals. However, challenges such as mistrust, lack of policy recognition, and concerns over standardization and safety remain significant barriers to integration. The study demonstrates that while the potential for TAM integration into the public health system exists, achieving it requires a deliberate, inclusive, and well-regulated approach that respects both knowledge systems. Ultimately, harnessing indigenous health knowledge through structured engagement can contribute meaningfully to the country's goal of Universal Health Coverage (UHC).

Limitations

This study is subject to several limitations. Firstly, the research was geographically restricted to three districts within KwaZulu-Natal, which does not reflect the full spectrum of experiences, policy environments, or healthcare dynamics present across other South African provinces. Secondly, while a mixed-methods approach was used to ensure richer insights, the reliance on self-reported data from questionnaires and interviews

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 12 (2025): December 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i12.1981
Original Article

introduced response bias, particularly social desirability bias among traditional healers and biomedical professionals. Thirdly, the study primarily focused on stakeholder perceptions and willingness to collaborate rather than on evaluating actual integrated service delivery models or patient outcomes. This limits the ability to draw operational conclusions about how integration functions in practice. Lastly, time and resource constraints limited the depth of qualitative engagement with each stakeholder group.

Recommendations

To support the integration of Traditional African Medicine into South Africa's public health system, a multi-pronged strategy is required. First, the development of a comprehensive national policy and regulatory framework is essential to formally recognize and guide the role of traditional health practitioners. Second, collaborative training programs and mutual referral systems should be established to foster respect and cooperation between traditional and biomedical practitioners. Third, investment in rigorous scientific research is necessary to validate the efficacy and safety of commonly used indigenous remedies, which will help bridge the gap between traditional practices and evidence-based medicine. Lastly, community-based education and dialogue platforms should be implemented to promote transparency, trust, and culturally competent care delivery. These steps, taken collectively, will create a foundation for a more inclusive, accessible, and culturally relevant healthcare system in South Africa.

Biography

Dr. Sibonelo Thanda Mbanjwa is a dedicated lecturer in the Department of Nature Conservation at Mangosuthu University of Technology (MUT), South Africa. He holds a Ph.D. in Environmental Science and specializes in biodiversity conservation, sustainable development, and environmental education. Dr. Mbanjwa is deeply committed to community engagement, student mentorship, and the integration of indigenous knowledge systems into conservation practices. His work bridges academia and practical application, empowering students and communities through innovative teaching, research, and outreach initiatives.

Acknowledgements

I acknowledge the moral support and encouragement from the Deans and HOD of the Department of Nature Conservation, Faculty of Natural Science, Mangosuthu University of Technology.

Funding

This work was not supported by any grant. The author did not receive research support from any company. The authors declare that no funds, grants, or other support were received during the preparation of this manuscript.

Competing Interests

The author has no relevant financial or non-financial interests to disclose.

Author Contributions

I, the author, contributed to the study conception and design. Material preparation, data collection, and research were performed by Mbanjwa S.T. The first draft was written by Mbanjwa S.T.

Data Availability

The data supporting the findings of this study are available upon reasonable request from the corresponding author. Due to ethical considerations and confidentiality agreements, individual participant data cannot be publicly shared. However, anonymized and aggregated data may be provided for academic or research purposes upon institutional approval.

List of Abbreviations

TAM - Traditional African Medicine
UHC - Universal Health Coverage
WHO - World Health Organization
TTPs - Traditional Health Practitioners

References

1. Bodeker, G. & Kronenberg, F. (2002) Bodeker, G. & Kronenberg, F., 2002. A public health agenda for traditional, complementary, and alternative medicine. American Journal of Public Health, 92(10), pp.1582-1591. researchgate.net+15scirp.org+15scirp.org+15. https://doi.org/10.2105/AJPH.92.10.1582
2. Chitindingu, E., George, G. & Gow, J. (2014) Chitindingu, E., George, G. & Gow, J., 2014. A review of the integration of traditional, complementary, and alternative medicine into the curriculum of South African medical schools. BMC Medical Education, 14, p.40. pmc.ncbi.nlm.nih.gov+8scirp.org+8bmcmeded uc.biomedcentral.com+8. https://doi.org/10.1186/1472-6920-14-40
3. Gqaleni, N. et al. (2010) Gqaleni, N., Makhathini, M., Mbatha, N., Buthelezi, T., Mkhize, T., Davids, V., Naidoo, S. & Moodley,

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 12 (2025): December 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i12.1981
Original Article

I., 2010. Education and development of traditional health practitioners in isiZulu to promote their collaboration with public health care workers. Alternation, 17(1), pp.295-311. ncbi.nlm.nih.gov+2researchgate.net+2brill.com +2

4. Green, K. (1999). Green, K. & Congalton, R.G., 1999. Assessing the accuracy of remotely sensed data principles and practices. Boca Raton: Lewis Publishers. scirp.org
5. Mothibe, M.E. & Sibanda, M. (2019) Mothibe, M.E. & Sibanda, M., 2019. African traditional medicine: South African perspective. In: C. Mordeniz, ed. Traditional and Complementary Medicine. London: IntechOpen, pp.1-27. jstor.org+10pmc.ncbi.nlm.nih.gov+10ajprd.co m+10
6. Peltzer, K. & Mngqundaniso, N. (2008). Peltzer, K. & Mngqundaniso, N., 2008. Traditional healers and nurses: a qualitative study on their role in sexually transmitted infections including HIV and AIDS in KwaZulu-Natal, South Africa. African Journal of Traditional, Complementary and Alternative Medicines, 5(4), pp.380-386. pmc.ncbi.nlm.nih.gov+7journals.athmsi.org+7h eraldopenaccess.us+7 https://doi.org/10.4314/ajtcam.v5i4.31293
7. World Health Organization (WHO) (2013). World Health Organization, 2013. Traditional Medicine Strategy 2014-2023.Geneva: WHO.

PUBLISHER DETAILS:

Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
(ISSN 3006-1059) Print
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256 775 434 261
Location: Scholar's Summit Nakigalala, P. O. Box 701432, Entebbe Uganda, East Africa