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Indigenous Knowledge Systems: A Survey of Stakeholders' Views towards the Combined Use of Traditional and Modern Medicine on Hospitalized Patients *(pp. 77-94.)*

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Abstract: This research sought stakeholders' views toward the combined use of traditional and modern medicine on hospitalized patients. The research contributes towards indigenous knowledge systems in Zimbabwe. The research is a survey carried out at Chinhoyi Provincial Hospital. Questionnaires and an interview guide were used. The respondents were doctors, nurses, patients and relatives of the hospitalised patients. Data was presented in frequency distribution tables. The findings revealed that traditional medicine was being used on hospitalized patients. Health professionals, patients and their relatives strongly believe that traditional medicine cures. The research findings led to the following recommendations; patients and relatives should be educated on the complications associated with combined use of traditional and modern medicine on hospitalized patients, and policy makers need to facilitate dialogue between the Ministry of Health and Child Welfare, health professionals and traditional healers to map the way forward on integration of modern and traditional medicine. There is need of a further study to establish traditional healers' views on the integration of traditional and modern medicine to compliment findings of this study.

Key Words: health professionals, hospitalized patients, traditional healers, Questionnaires, interview guide

INTRODUCTION

The combined use of traditional medicine on hospitalised patients has been going on in hospitals without the knowledge of or/and permission from health professionals. This may lead to possible drug interaction, organ failure and development of some complications health professionals cannot explain and account for. The current study intended to establish stakeholders' views and factors contributing to the combined use of traditional and modern medicine.

Background of Study

Philosophers of illness causative factors and how they are treated could be as many as people who are ill. During the primitive times medicine was closely linked to religion, superstition and magic. Good spirits within the body were believed to maintain health and warded off illness. Religious leaders performed ceremonies and rituals to drive out sickness and evil spirits as stated by Potter and Perry (2001).

Cultural beliefs and ideologies about the cause and course of diseases influence the ways in which different disease conditions are perceived and subsequent action taken. These customs and beliefs are handed over from generation to generation through the process of socialization as postulated by Akinsola (1983). The African belief was described by Mbiti (1991) as cited in Muller (1996) as based upon historical sagas, experiences, very pragmatic and realistic within the context of a certain period. Illness can be viewed from different aspects and can arise from different phenomena Akinsola (1983) viewed illness as not merely a biological issue but has numerous interrelations with social and cultural phenomena. Culture influences the perception of illness, illness behavior and the pathways to health which include available sources of treatment in the society including scientific medicine. An individual's illness behaviour is a function of many cultural beliefs and socio-economic factors and that individual's socialization pattern.

Health Beliefs

There are three health belief views namely magico-religious, scientific and holistic view according to Andrew and Boyle (1995) as cited in Kozier, Erab and Blais (1997). In the magico-religious view, health and illness are controlled by supernatural powers. The belief motivates the client to call for magical treatments in addition to scientific treatments. Andrew and Boyle (1995) assert that scientific or biomedical health belief view is based on the belief that life and life processes are controlled by physical and biochemical processes that can be manipulated by human beings. The client who holds this view believes that illness is caused by germs, viruses, bacteria or breakdown of the human machine, the body. The client will expect a pill, surgery or treatment to cure health problems.

The holistic belief view holds that the forces of nature must be maintained in balance or harmony. According to this view human life is one aspect of nature and when the natural balance is disturbed, one falls ill. In this case treatment should address the four aspects of the individual's nature that is the physical, the mental, the emotional and spiritual. These views clearly show that there are four types of patients who need treatment from four different aspects (Andrews and Boyle in Kozier, Erb and Blais 1997).

Contextual Analysis

The combined use of traditional medicine and modern medicine has been happening in hospitals without the knowledge of or/and permission from health professionals. Patients at Chinhoyi Provincial Hospital, a referral centre in Mashonaland West Province come from different societies with different cultures, customs and beliefs. These societies view illness from different perspectives and have different curing processes. Leininger (1993) cited in Kozier, Erab and Blais (1997) agrees that every culture has its own health caring and curing processes, techniques and practices. Relatives may decide to visit traditional or religious healers to find explanation and cause or illness since modern medicine does not answer the why?

At Chinhoyi Provincial Hospital there are three hours and four and half hours set aside everyday as visiting hours during working days (Monday to Friday) and weekends respectively. During these hours visitors are allowed to spent time with the patient(s) to provide emotional support needed to motivate the patient to recover from illness. The relatives visiting the patient come from all walks of life and are not searched before entering the wards. During these hours relatives are left alone with their patient without or with minimal monitoring from nurses. Relatives are not restricted from bathing and changing clothes of the patient in closed curtains or bathrooms. Theses circumstances become conducive for relatives to bring in and use traditional medicine on hospitalised patients. Relatives are also allowed to bring food and to feed their patient hence increasing the chances for relatives to use traditional medicine.

Chinhoyi Provincial Hospital is a government hospital and the Government accepted the role of traditional healers by accepting Zimbabwe National Tradition Healers Association (ZINATHA) in 1980 and the Traditional Medical Practitioners Council (TMPC) in 1981. Legally the Zimbabwean Government recognized the role of traditional healers through the enactment of the Traditional Medical Practitioners Act 38 of 1981. The traditional healers are sanctioned to practice after registering with their association. Ironically even though these regulations exist the use of traditional medicine in hospitals is not allowed. The policies contradict each other, a misnomer that is beyond the scope of this study.

The existence of the Patient Charter (1987) which advocated for patient's right to choice of treatment and nursing principle such as autonomy appears to grant leeway for patients and relatives to use traditional medicine in hospitals.
Patients admitted at Chinhoyi Hospital come from different social classes and economic backgrounds, because of high cost of some drugs which are out of stock prompted patients and relatives to use traditional medicine.

Statement of the Problem

One of the researchers being a nurse has observed that traditional medicine is being used on hospitalised patients in privacy. She observed small stone ashes, charcoal or small roots under pillows of some patients. The researcher also observed that some patients vomit greenish or coffee ground staff just after or during visiting hours leading to the researcher being suspicious that traditional medicine is being used on admitted patients by their relatives.

During bed baths the researcher noticed tattoo marks (cicatrix in which medicine was admistered), salt and black staff on some patients. Some patients even abscond from hospitals for hours to visit traditional healers resulting in them skipping doses. This may lead to prolonged hospital stay and drug resistance. The use of traditional medicine on hospitalised patients being treated with modern medicine may lead to possible drug interaction, drug resistance, prolonged hospital stay, organ failure and development of some complications which cannot be accounted for by health professionals. The critical question: is why is traditional treatment being used in privacy?

Research Questions

The study intended to answer the following questions;

1. What are stakeholders' views toward the combined use of traditional medicine and modern medicine on hospitalised patients?
2. Why do people use traditional medicine on hospitalised patients?
3. How can the use of traditional medicine and modern medicine be integrated?

Significance of the Study

The study is of significance as it is focused on the improvement of nursing practice through indigenisation of health. Through this research, policy planners will acknowledge the involvement of stakeholders' views on the combined use of traditional and modern medicine which improve health services and care of patients. The integrating strategies may be implemented so that patients can access and express treatment of their choice (O'Sullivan, 2004). The official integration will reduce drug interaction, complications,

morbidity and mortality rates. Empirical studies by Kazembe and Mashoko (2009), investigated whether traditional medical practices in Chivi, (Zimbabwe) be included in school curricula did not investigate the need for integration of modern and traditional medicine so this research closes that gap.

RELATED LITERATURE

Rationale for Combining Traditional and Modern Medicine

Leininger (1993) stated that two cultural health care systems generally exist side by side with limited awareness by practitioners of both systems. The systems are indigenous health care systems and modern health care systems. She explained indigenous system as the traditional folk health care system or methods such as folk medicine and home treatment whereas modern health care system refers to structured system maintained by formally trained individuals. This research argues that these systems aim at providing health care and treatment of illnesses but their effort does not compliment each other at the moment due to disharmony in the Zimbabwe Health Policies.

World Health Organization (2000) noted that 80% of the population in developing countries still depends on medicinal plants for their primary health care. Potter and Perry (2001) seem to concur with World Health Organization (2000), when they assert that large numbers of African families still consult traditional medical practitioners for their health needs, even those who openly despise traditional medicine visit the traditional healers secretly (Aquina 1967 and Chavhunduka 1994). Shrivastana (2000) added that even developed countries are changing over to alternative medicine due to a more holistic approach they are adopting. This shows that many people are using traditional medicine hence the reason for integration.

Africans move between biomedicine and traditional medicine even for the same illness, at the same time depending on what they perceive to be the source of the problem, using the two systems as complementary or supplementary way (Sindiga 1995). Bourdillan (1987) cited that in practice Shona people may try all the three types of healing which include traditional medicine, modern medicine and faith healing in turn, when they do not receive satisfaction at first.

Traditional medicines are produced by the practitioner him/herself who is able to identify the correct plant species, appropriate dosage and packaging of products, which affects the quality and safety of patients. Unspecified shelf life, preservation of liquid dosage, natural colour deterioration due to poor packaging materials, chemical/microbial contamination, and chronic toxicity of herbal residue may lead to human casualties (Gelfand, Drummond and Ndemera 1993) (Fong 2002) (Hui 1999). Shrivastana (2006) argues that purity,

maximal efficacy and potency of herbal medicine are only possible under Good Manufacturing Practices (GMP). Traditional healers are experts but may be unaware of species differences, organ specificity, diurnal and seasonal variation which can affect the qualitative and quantitative accumulation of active chemical constituents in the source of medicinal plants (Fong 2002).

Improving cooperation between traditional and modern medicine makes a significantly better contribution to health care (Shaik and Hatcher, 2005, Kazembe and Mashoko, 2009). Helwig (2001) cited that practitioners of traditional African medicine claim to be able to cure a wide range of conditions, including cancers, HIV/AIDS, psychiatric disorders, high blood pressure, cholera, infertility, venereal diseases, epilepsy, asthma hay fever, eczema, benign prostatic hypertrophy, urinary tract infections gout, wounds and burns. Kazembe and Mashoko (2009) highlighted the diseases commonly treated by traditional healers in Zimbabwe which include diarrhoea, dysentery, dysmenorrhoea, fever, headache, impotence, pains associated with pregnancy and child birth, pneumonia snake bites, rheumatism, venereal diseases, wound healing and tonsillitis. Integration of traditional medicine into modern health care system can benefit industrialized nations as well (Curationis 1991).

Some of the professionals regard the indigenous system as unscientific or primitive or even as quackery. Folk medicine is commonly referred to as the Third World belief and practices. Ginger and Davidhizar (2008) cited that traditional medicine is called strange or weird by nurses and other health care professionals who are unfamiliar with folk medicine beliefs. The scientific view led to the assumption that disease is as a result of cause and effect relationship of natural phenomena and patients' cure is achieved by scientific or modern medicine, concur Henderson and Primeaux (1981) cited in Ginger and Davidhizar (2008). Health care professionals seem to despise traditional medicine. Kazembe and Mashoko (2009) in contradiction, say that biomedical personnel agree that indigenous culture and scientific culture should co-exist and work together, although they dismissed the claims of success by traditional healers as based on myth hence the need to have their views in this study.

In Congo most traditional drugs were appreciated by patients and as a result several medical gardens were established with tremendous community participation as observed by Muller and Balangizi (2004). Accordingly Semali (1982) cited in Chavhunduka (1986) some modern health workers have already indicated that they accept traditional healers' involvement in the delivery of primary health care. Tessema (1980) Howard (1978) and Mshiu (1982) cited in Chavhunduka (1986) all concur that many people support the

incorporation of traditional medicine with modern medicine. O'Sullivan (2004) states that integrated medicine have a larger meaning and mission. Its focus being on health and healing rather than on disease and treatment. O'Sullivan (2004) goes further to say, integrative medicine view patients as a whole people with minds and spirits as well as bodies and includes these dimensions into diagnosis and treatment. Kazembe and Mashoko (2009) highlighted that traditional healers, generally felt that there was need for collaboration with biomedicine but they were quick to point out their fears of being swindled by biomedical personnel.

Hui (1999) believes that integrative medicine solve health problems and provides affordable, effective health care for all. Helwig (2001) argues that there are strong spiritual aspects to traditional African medicine with a wide spread belief among practitioners that psycho-spiritual aspects must be addressed before medical aspects. The common use of traditional medicine is related to socio-cultural and traditional beliefs concurs Chitsike (1994). He goes further to say that almost all the adult black Zimbabwean population has at one time or another treated with traditional medicine. This shows that most people appreciate the use of traditional medicine hence the rationale for integration. Cockerham (1998) argues that all illnesses can be cured, if not by medicine then by magic, as illnesses are either natural or unnatural.

Negussie(1988) laments that modern professionals are sometimes hostile to the benefit of knowledge and practices of traditional practitioners resulting in traditional culture being lost to modern societies. In agreement to the later this study argues that in the same vein indigenous knowledge systems are lost. Physicians have reservations about complementary alternative therapies because they have not been appropriately tested in clinical trails in which other factors that may influence the outcome are strictly controlled as highlighted Potter and Perry (2001). According to Potter and Perry (2001), it would appear that health professionals are not supporting the use of traditional medicine as it has not gone under clinical trials, hence the need for this study to establish their views.

Factors Contributing to Stakeholders' View on Integration of Traditional and Modern Medicine

An individual's worldview largely determines beliefs about disease and the appropriate treatment, for example, a belief in magic lead to the assumption that disease is as a result of human behaviour and cure can only be achieved by magical techniques, said Ginger and Davidhizar (2008). According to Giddens (1993) social factors have profound effect on both the experience and occurrence for illness and how one reacts to being ill.

Chavhunduka (1994) cited that lack of information about traditional medical systems has led to low open acceptance of traditional medicine by the indigenous people of Zimbabwe. Traditional medicine remains unwritten science with information on the healing properties of most plants not documented, but kept secret by traditional healers and passed from generation to generation, with families only, Sindiga etal (1995).

Akinsola(1983) contradicts that the level of education or type of profession does not necessarily influence an individual's illness behaviour. Akinsola gives an example of some nurses and doctors who believe in witchcraft and supernatural causes of illness, despite learning all about the germ theory of disease and the scientific treatment of disease.

Religious practices are usually rooted in culture and each culture has a set of beliefs that defined, health and the behaviours that prevent or treat illness (Davidhizar, Betchel and Cosey 2000) cited in Ginger and Davidhizar (2000). The influence of culture on illness is more obvious in chronic illness such as mental, epilepsy and diabetes mellitus, acknowledges Akinsola (1983). Culture dictates on food patterns, hygiene, occupation and pathways to health Akinsola (1983). Therefore cultural forces influence the views of people in whatever they do and on many aspects of human lives.

Possible Strategies for Integration of Traditional and Modern Medicine

Potter and Perry (2001) suggest a number of strategies for integrating complementary and alternative therapy into modern health system. One of them being, provision of appropriate information about complementary and alternative medicine to the public. The Ministry of Health and Child Welfare Zimbabwe (1986) laid down some integrating strategies including, liaison with Traditional Medicine Practitioners Council such that training programmes can be advised for the upgrading of traditional medicine practice. Muller and Balangizi (2004) reiterate that a forum for traditional healers, medical doctors, nurses, health services administrators and political authorities to discuss health problems and the contributions to health care made by both traditional and modern medicine. Helwig (2001) states that in Kwa-Mhlanga in South Africa, a forty eight bed hospital that combines traditional African medicine with homeopathy, iridology and other western healing methods as well as traditional Asian medicine was established.

World Health Organization (2004) advances that there are a series of regulations and registration to control the safety and quality of herbal products. The CAM practitioner must receive a university education which include both the knowledge and traditional medicine and modern medicine and must be licensed to practice. However, this will be difficult as most traditional healers are old and illiterate to attend university education and

the spirits that they possess may not allow them to get licenses (Chavhunduka, 1986). These challenges need to be addressed to pave way for integration of traditional and modern medicine.

METHODOLOGY

Research Design

This study uses descriptive survey as the research design. Bogdan and Brikilen (1992) assert that descriptive surveys allow the researcher to collect information using several techniques to quantify, describe and explain beliefs, values and perceptions. In this study the stakeholders' views towards combined use of traditional and modern medicine are quantified and described. Bell (1999) points out that descriptive survey can provide answers to the questions what? When? And how? The latter three are stems of research questions in this study.

Population

The population in this study comprised of 245 qualified nurses, eight doctors, patients admitted at the hospital and the relatives who visited them during the data collection days. Records show that a total of 141 patients were admitted on the two days that data was collected. The population (stakeholders) was selected because they share a characteristic of being affected by the combined use of traditional and modern medicine on hospitalised patients. A population is determined by defining characteristics (Khan 2004).

Sampling

The researcher used stratified random sampling and convenience sampling. The nurses and doctors form a stratum and the patients and their relatives form another stratum. Views of each stratum were considered to be homogenous within each group (stratum). Stratified sampling in this study ensures high stakeholder representation. Convenient sampling was then used to raise a sample of 68 from both strata (36 health professionals, 32 patients and their relatives) since all the subjects are easily available at the hospital. Convenience sampling involves choosing the nearest individuals to serve as respondents and continuing that process until the required sample size has been obtained (Cohen and Manion 1994). A sample of 68 was acceptable since a minimum size of 30 is acceptable for generalizations in surveys (Colman and Briggs 2002).

Instruments

Data was collected using a questionnaire and an interview guide. A questionnaire was used to elicit information from respondents who could write that is health professionals, and some patients and their relatives. For this study the researcher used open ended questions

since they allowed the respondents to define their own frame of reference and express self freely. A questionnaire has a common disadvantage of low response rate and that was improved through personally administering the questionnaire and making follow-ups.

Interview Guide

The researcher used an interview guide to extract views of patients and relatives who could not read and write since they could not fill in the questionnaire, including patients who could not fill the questionnaire because of illness.

Data Collection Procedures

- Ethical guidelines

Permission to carry out this study was granted in writing by the Medical Superintendent of Chinhoyi Provincial Hospital.

- Pilot Study

Pilot study was carried out to test the instruments and feasibility of the study. All the questions were answered as expected.

Data Analysis Procedures

Findings were summarized and presented in frequency distribution tables and charts. Both quantitative and qualitative analysis of data was used. Views with highest frequency and percentages were taken to be views of entire population within the stratum and were used to come up with a position. Comparative analysis was done to discover patterns.

DISCUSSION OF RESULTS

Table 1: Distribution of Nurses and Doctors by Gender and Age, N=36

	Age groups						
Gender	18 - 23 yrs	24-29 yrs	30-35 yrs	36-41 yrs	+42 yrs	Total	%
Female	2 (6%)	9 (25%)	7 (19)	3 (8%)	6 (17%)	27	75
Males	0	6 (17%)	1 (3%)	0	2 (6%)	9	25

Table 1 shows that the proportion of female health professionals' respondents to male health professional respondents was 27 to 9 (75% to 25%). This is a common characteristic in most health institutions in Zimbabwe as most health workers are nurses. Nursing is traditionally dominated by females. Mellish (1985) highlighted that nursing has been a predominantly female profession world wide. The nurses and doctors are above the age of eighteen years. This is because of the recruiting policy for nurses and doctors that stipulates 17 years as the minimum age of recruitment (Statutory Instrument 145 of 2000)

Table 2: Distribution of Patients and Relatives by Age and Gender, N=32

	Age group						
Gender	18-23 yrs	24-29 yrs	30-35 yrs	36-41 yrs	+ 42 yrs	Total	%
Female	1 (3%)	6 (19%)	3 (9%)	8 (3%)	1 (3%)	19	59
Male	2 (6%)	3 (9%)	3 (9%)	1 (3%)	4 (13%)	13	41

The table 2 shows that the proportion of female respondents (patients and relatives) to male respondents was 19 to 13 (59% to 40%). This is attributed to the fact that in most cases female relatives tend to visit patients in hospital more than their male counterparts and usually mothers stay in hospital with pediatric patients. All the respondents are above the age of 18 years. This is may be so because only those 18 years and above can grant their consent.

Table 3: Distribution of Respondents by Belief and Gender

		Beliefs					
Respondent	*Gender*	Prophets		Ancestral spirits		N'angas	
Health		Yes	No	Yes	No	Yes	No
Professionals	Females	9	18	2	25	1	26
	Males	5	4	4	5	3	6
Patients and	Females	11	8	4	15	3	16
Relatives	Males	9	4	8	5	7	6
	Total	34	34	18	50	14	54

The table shows how respondents are distributed by belief and gender. The proportions of those who believe in prophets, ancestral spirits and n'ngas to those who do not believe in them are as discussed below:

Prophets

The table shows that some health professionals (9%) believe in prophets and most of the patients and relatives (63%) believe in prophets. This establishes a fact that patients and relatives consult prophets in times of illness.71% heath professionals and 85% patients and relatives of those who believed in prophets also believed that traditional medicine cures. This contributes to the use of traditional medicine on hospitalised patients as health professionals also believe that it cures.

Ancestral spirits

The table shows the proportion of respondents who believed in ancestral spirits to those who do not believe in them**.** Male patients and relatives (62%) constituted the highest percentage of those who believed in ancestral spirit. This influences the perception of illnesses as males are normally the decision makers in Shona culture. (Giddens, 1993) Also 83% health professionals and 58% patients and relatives who believe in ancestral spirits also believe that traditional medicine heals.

N'angas

The proportions of respondents who believe in n'angas are shown in the table 3. Male patients and relatives (53%) believe in n`angas. This have an influence in the decision on health care pathways and this leads to n'angas are being consulted in times of illness resulting in people bringing and using traditional medicine on hospitalised patients. Man as the head of family has authority to influence other member of the family. Akinsola (1983) cited that in patriarchal societies the oldest male has authority over the family. In Zimbabwe most families are patriarchal and have an influence in times of illnesses.50% health professionals and 70% of relatives and patients who believe in n`angas also believe in traditional medicine therefore people use traditional medicine on hospitalised patients.

Table 4: Respondents Views on Traditional Medicine According to Religious Denominations, (N = 68)

Religious denominations	*No of respondents*	*Traditional medicine cures*	*%*	*Traditional medicine doesn't cure*	**%**
Mainline churches	18	13	72	5	28
Others	50	34	68	16	32
Total	68	47	**69**	21	**31**

Key: In table **4** Mainline churches are RCZ, Roman Catholic, Anglican, Methodist church, Muslim while others include Evangelical, Salvation Army, Jehova`s witness, Universal church,Full Gospel, Johane Masowe, Mugodhi, Seventh Day Adventist, ZAOGA, Church of Christ, Glady Tidying, Vadzidzi vaJesu, Family of God, Church of Central Africa Presbyterian.

Table 4 presents respondents' views on traditional medicine according to religious denominations. Twenty one religious denominations were grouped into two categories for easy presentation namely, mainline churches and others. Some respondents were not specific about their religious denomination hence the researcher categorised them under

others as well. Overally 69% of the respondents believed that traditional medicine cures therefore establishing a fact that even Christians in various religious denominations use traditional medicine whist 21 thought it does not.

Table 5: Respondents' Views on the use of Traditional Medicine on Hospitalised Patients, N =68

Respondents	*People are Using Traditional Medicine*	*%*	*People are not Using Traditional Medicine*	**%**
Health Professionals	20	56	16	45
Patients and Relatives	25	78	7	22
Total	45	66	23	34

Table5 shows the proportion of respondents who agree that traditional medicine was used on hospitalised patients to those who disagree. Fifty six percent of health professionals admit that people used traditional medicine whilst (45%) health professionals disagree. All the doctors (100%) who participated in the study disagree that people used traditional medicine on hospitalised patients. This is attributed to the fact that doctors only spent short time with the patients to notice that. Nurses by virtue of their profession spent 24 hours with the patients, which gave them ample time to observe and notice that people are using traditional medicine on hospitalised patients. However even if doctors disagree that people used traditional medicine, they all (100%) believed that it cures some ailments. Most nurses (90%) also believed the traditional medicine cures some disorders. Therefore nurses and doctors cannot discourage relatives using traditional medicine as they also believe that it cures. (78%) patients and relatives admit that people are using traditional medicine and (34%) disagree. Overally 66% of respondents concur that traditional medicine is used on hospitalised patients whilst 34% disagree. These proportions show that traditional medicine was being used on patients and this confirm the assumption that people are using traditional medicine on hospitalised patient.

Reasons given for using traditional medicine

The respondents reveal that people used traditional medicine on hospitalised patients because of several reasons reasons. One such reason was to complement or supplement modern medicine if patient was not improving. Sindiga (opt cited) highlighted that Africans move between biomedicine and traditional medicine even for the same ailment illness at the same time, using the two systems in a complementary or supplementary way. Beliefs that some illness cannot be treated by modern medicine alone since they are caused by supernatural causes like witchcraft, evil spirits and ancestral spirits. Cockerham (1998)

argues that all illnesses can be cured, if not by medicine then by magic as illness are either natural or unnatural. According to Andrews and Boyle (1995) cited in Kozier, Erb and Blais (1997) there are three health belief views namely magico-religious, scientific and holistic. The patient who holds the magico religious requires magic or herbs to complement scientific treatments. To reduce anxiety and heal the spiritual part of the illness, Mbiti (1969) cited that African traditional medicine goes beyond symptomatology of disease to discovery of it deep-seated causes. Helwing (2001) argues that there are strong spiritual aspects to traditional African medicine with a wide spread belief among practitioners that psycho-spiritual aspects must be addressed before medical aspects. The various reasons given by respondents justifies why people used traditional medicine on hospitalize patients.

Table 6: Cure of All Ailments by Traditional Medicine, N = 61

Respondents	**Traditional Medicine Cure all Ailments**			
	Yes	%	No	%
Nurses	3	9	30	91
Doctors	-	-	3	100
Patients and relatives	4	13	28	88
Totals	7	10	61	90

The table presents respondents' views on traditional medicine being able to cure all ailments. The responses of those who said, it doesn't cure all ailments was as follows:
3 nurses (9% all the 3 doctors (100%) and 4 patients and relatives 13%.Overall 61 (90%) respondents said traditional medicine does not cure all ailments while 10% respondents said it cures all ailments.

Respondents' views on Ailments which can be cured by traditional medicine:

The views of the respondents on disease ailments which can be cured by traditional medicines are given below. Abdominal disorders as a single ailment were the most ailments indicated by respondents as curable by traditional medicine. This confirms findings that Purunus Africana can be used for treatment of benign prostatic hyperplasia (Helwig 2001). McMillen and Schelnman (2000) point out that traditional medicine can be used to treat symptoms of opportunistic infections such as weight loss, diarrhoea, fungal infections e.g. oral thrush, and herpes zoster, strengthen the immune system. Helwig (2001) and Kazembe and Mashoko (2009) cited that traditional healers claim to be able to cure a wide range of conditions including cancers, psychiatric disorders hypertension, cholera, infertility, STI, epilepsy, asthma wounds, urinary tract infection, gout, hay fever, headache. This shows people believed that traditional medicine is effective hence they use it on hospitalised patient to hasten cure.

Table 7: Respondents' views on the Use of Traditional Medicine in Hospitals, N = 68

Respondent	*Traditional medicine can be used in hospital*	*%*	*Traditional medicine cannot be used in hospitals*	**%**
Health professionals	9	25	27	75
Patients and relatives	19	59	13	41
Total	28	41	40	58

Table7 shows the proportion of participants who support the use of traditional medicine in hospitals to those who do not support it. 9 to 27 health professionals and 9 to 13 patients and relatives support the idea of using traditional medicine in hospitals. (O'Sullivan 2004) (Kazembe and Mashoko 2010).In general a total of 28 to 40 respondents agree that traditional medicine can be used in hospital. This finding is an indicator that traditional medicine will continue to be used in privacy if not integrated with modern medicine.

Table 8: Possible Strategies, N = 68

Proposed strategies	*Respondents*	**%**
Within hospital	26	38
Separate Institute	9	13
Not applicable	33	49

Table 8 shows suggestions from respondents on whether to integrate traditional medicine in hospitals to those who said that separate institutions should be formed. A total of 26 respondents 38% supported integration whilst 9 respondents 13% opposed. This significant proportion shows that people are in support of integration of traditional medicine into modern medicine. Thirty three respondents (49) were neutral. This may be attributed to lack of knowledge on how to integrate the two systems. Chavhunduka (1994) cited lack of information about traditional medicine as leading to low open acceptance of traditional medicine by the indigenous people of Zimbabwe.

CONCLUSIONS

The main conclusions of this study are as follows:

- Most people even health professionals believe that traditional medicine cures some ailments.

- The majority of the respondents were able to indicate the ailments they thought could be treated by traditional medicine.
- People are aware that traditional medicine can be dangerous and toxic. Some stakeholders support the use of health traditional medicine in hospital.
- The majority of the stakeholders proposed two strategies for implementing the combined use of traditional and modern medicine. The strategies are to have separate institutions or combine within hospitals.

RECOMMENDATIONS

The findings of this study led to the following recommendations.

1. Health professionals should educate patients and relatives on the complications associated with the administration of traditional medicine on hospitalised patients since they would be on dosage of modern medicine.
2. Policy makers (Government of Zimbabwe and Ministry of Health and Child Welfare) to facilitate dialogue between them and traditional healers to map the way forward on integration of these two systems, as people are in favour of it.
3. The policy planners should implement the best alternative integrating strategy from the list proposed in this study for patients to be able to express and access their treatment of choice.
4. Some stakeholders recommended that traditional medicine be scientifically studied and tried first before wide scale use, and integration.
5. There is need to carry out a study to establish traditional healers views on the integration of traditional and modern medicine to complement findings of this study.

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