
Traditional Health Practitioners' Perspectives on the Integration of Traditional and Western Medicine Within South Africa's Legal Framework

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Abstract: Traditional health practitioners are a diverse group of healthcare providers with a wide range of skills and experience in the field of medicine, including mental health. This study aims to gain a comprehensive understanding of the perspectives of Traditional health practitioners regarding the current legal policy and regulatory framework that governs their practice in South Africa, particularly in relation to mental healthcare. A sample of thirty-seven Traditional Health Practitioners aged 25–80 with a minimum of five years' experience specialising in mental illness and reside in six villages in Waterberg District Municipality were selected as participants of the study using purposive and snowballing sampling techniques. Data were collected through a semi-structured interview guide and subjected to thematic content analysis. The study findings have been distilled into three overarching themes that encapsulate the multifaceted perspectives of Traditional health practitioners regarding existing national legislation and policy. The integration of traditional and Western health practices offered a great advantage; Traditional health practitioners had unique experiences to offer, particularly in mental healthcare, whilst collaborative initiatives pointed to key challenges. In conclusion, the study highlighted that educating Western health practitioners about the significance of Traditional health practitioners' policies within the South African context, especially in the area of mental health could add value to the dynamics in the national health system.

Keywords: legal and policy framework; collaboration; challenges; trust-building; education

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Introduction

Traditional health practitioners (THPs) and their healthcare systems have a deep-rooted history of addressing diverse health needs across cultures (Gandugade, 2016). These systems encompass a broad range of therapeutic methods passed down through cultural traditions, which address not only physical health, but also the spiritual and emotional well-being of individuals, particularly those experiencing mental illness (Sorsdahl et al., 2010; Lund et al., 2013). Over the years, there has been a growing interest in integrating traditional medicine into the mainstream healthcare system due to its holistic approach and cultural relevance. World Health Organization 2013

supports such integration and has the potential to enhance patient-centred care in modern health systems (Sorsdahl et al., 2010). The historical significance of traditional healthcare systems transcends geographical and cultural boundaries and represents a vital aspect of human society's medical heritage. Shaped by historical developments, local traditions and ecological contexts, these systems have long served as the foundation of healthcare in many cultures (Nkosi & Sibiyi, 2018; Zingela et al., 2019). Through holistic approaches that integrate cultural, spiritual and environmental elements, traditional healthcare continues to play a critical role in addressing diverse health needs (Lund et al., 2013). As Hewlett et al. (2023) note, traditional medicine is not only a healthcare practice, but also a key component of societal identity, and preserves indigenous wisdom and ancient healing techniques.

Despite this, the integration of traditional medicine into South Africa's formal healthcare system remains a complex and contested process. While legislation such as the Traditional Health Practitioners Act (No. 22 of 2007) aims to regulate and professionalise traditional healing, many THPs report feeling excluded from health policy discussions, and are poorly understood by their Western-trained counterparts. There is a lack of clarity and consensus regarding how national laws, policies, and institutional structures should accommodate traditional medicine. This results in inconsistent implementation, limited collaboration, and ongoing tensions between traditional and biomedical practitioners. Understanding the perspectives of THPs is therefore crucial in bridging these gaps. Exploring how they interpret and experience the legislative and policy framework that governs their integration into the national health system can shed light into the practical and ideological barriers to collaboration. This is particularly relevant in mental healthcare, where traditional healers are often the first point of contact for many individuals, especially in rural areas.

This study seeks to explore and document the views of traditional health practitioners in Waterberg District, Limpopo Province, regarding the current legislative framework that governs the integration of traditional and Western medicine in South Africa. It aims to answer the following research questions:

1. What are THPs' perceptions of the laws and policies regulating their work and integration into the formal healthcare system?
2. What challenges do they encounter within the existing legal and policy environment?
3. How do they believe these policies could be improved to support meaningful collaboration with Western-trained health professionals?

By examining the concerns and insights of THPs, the study contributes to the broader discourse on inclusive and culturally responsive healthcare policy. The findings of the study may also inform national policy development by highlighting the importance of engaging traditional practitioners in decision-making, and ensuring that their practices are acknowledged, safeguarded, and effectively integrated into South Africa's evolving health system.

Literature review

THPs are an integral part of South Africa's pluralistic health care delivery system. As Sorsdahl et al. (2010) note, THPs are repositories of longstanding traditional medical knowledge inherited from one generation to another. They are frequently not limited to physical health practices but may be considered as a whole in pursuit of emotional and spiritual health, particularly in mental healthcare. Tshela 2015 highlights how they can close the gap between cultural conceptualisations of illness while Pillay et al. (2022) highlight the legislative obligation for THPs to register in terms of the Traditional Health Practitioners Act no. 22 of 2007, irrespective of their area of specialisation. THPs can be divided into specific categories based on their methods of diagnosis and treatment. Herbalists, for instance, rely on indigenous knowledge of medicinal plants to treat illnesses (Galvin et al., 2023). On the other hand, spiritual healers use metaphysical approaches grounded in African cultural and spiritual beliefs. These include rituals, divination, and communication with ancestral spirits to understand and treat ailments believed to stem from spiritual imbalances (Bosire et al., 2022). Mokgobi (2013) further explains that such practices may involve culturally accepted rituals such as possession, trance states, or ancestral consultations. While literature refers to these processes as "manipulation" of spiritual forces or energies (Galvin et al., 2023), it is important to clarify that in this context, manipulation does not imply deception or control in a negative sense. Instead, it refers to the healer's intentional engagement with spiritual elements in ways that are culturally meaningful and therapeutic.

This clarification is crucial to avoid misinterpretation, particularly when discussing the integration of traditional healing with Western biomedical systems in legal and health policy discussions. The diversity among THPs,

especially the unique role of spiritual healers, highlights the complexity and depth of traditional medicine, reflecting its adaptability to different cultural understandings of health and illness (Mokgobi, 2013). Traditional healers are widely consulted, especially in rural and low-resource areas. In South Africa, up to 80% of the population is estimated to use traditional medicine for primary healthcare needs (Tlou, 2013; Mkhwanazi, 2016). This high utilisation has prompted national efforts to formally recognise and incorporate THPs into the health system. Growing advocacy for pluralistic healthcare has led to policy developments aimed at promoting cooperation between THPs and Western health practitioners (WHPs) (Department of Health, 2013; Van Rooyen et al., 2015). Yet, the degree to which these policies have achieved genuine integration remains contested. While formal recognition exists on paper, practical collaboration is often hindered by professional mistrust and structural barriers. The literature shows a tension between state-led regulation and the dynamic, community-based nature of traditional practice (Summerton, 2006; Zingela et al., 2019).

The National Mental Health Policy Framework and Strategic Plan (2013–2020) constituted a key effort to foster collaboration between THPs and WHPs. It advocated for inter-sectoral cooperation and culturally inclusive care models (Mbatha, 2012). However, as Sodi et al. (2017) argue, the policy's implementation lacked clear guidelines on operationalising integration in real-world settings. Summerton (2006) notes that despite policy aspirations, no sustainable collaborative frameworks have been fully realised in South African mental health institutions. Further legislative reforms, including the Traditional Health Practitioners Act are aimed at regulating the profession and ensuring quality standards. These reforms were informed by consultations with various stakeholders, such as research institutions, NGOs, and THP representatives (Sorsdahl et al., 2010). However, as Gandugade (2016) warns, top-down regulatory approaches may risk alienating THPs if not informed by practitioners lived realities and cultural values. Collaboration between THPs and WHPs face persistent obstacles. Gandugade (2016) notes that some WHPs perceive traditional practices as unscientific or unvalidated, leading to resistance and exclusion from formal healthcare settings. This delegitimisation results in THPs being reluctant to participate in hospital-based programmes, particularly in mental health services, where they may feel culturally misunderstood or underutilised. Cultural differences, lack of mutual respect, and inconsistent policy application have also been cited as key barriers (Sodi et al., 2017). Many THPs prefer working independently or making occasional referrals rather than joining multidisciplinary teams full-time. These issues point to the need for more inclusive and culturally competent policy approaches.

This study draws on the Cultural Competence Theory, which emphasises the importance of respecting and adapting to diverse cultural norms in healthcare delivery (Li et al., 2023). As Nyashanu et al. (2022) explain, cultural competence enables practitioners and institutions to engage meaningfully with communities across cultural boundaries. Applying this framework allows for a nuanced analysis of how THPs understand and experience legislation. It supports the idea that effective policy should not only regulate practice but also respect indigenous knowledge systems and cultural beliefs. In this study, the Cultural Competence Theory helps illuminate the cultural disconnects between policy intentions and the lived experiences of THPs, especially in rural areas such as Waterberg District, where traditional healing remains a dominant and trusted form of care. While existing literature has explored the roles, challenges, and recognition of THPs in South Africa, there is limited research focusing specifically on their perceptions of legislative frameworks, especially in rural mental health contexts. This study seeks to address this gap by examining how THPs in Limpopo's Waterberg District understand, experience, and respond to national policies aimed at healthcare integration. It also aims to highlight what these practitioners need from legislation to support meaningful collaboration with WHPs.

Methodology

The study adopted the qualitative research approach, which is appropriate for exploring complex human experiences and gaining in-depth insights into participants' perceptions (Aspers & Corte, 2019). The approach facilitated the exploration of THPs' views regarding existing legislation and policies governing their integration within the healthcare system. The study utilised an exploratory descriptive research design, which is well-suited to uncover new understandings in contexts where limited research exists (Leavy 2017). The design was chosen to explore the perceptions of THPs in Waterberg District regarding the legislative and policy frameworks that govern their roles, and the extent to which they are integrated into the broader healthcare system. A total of thirty-seven (37) THPs specialising in mental healthcare participated in the study. Participants were selected from the Waterberg District, Limpopo Province through purposive and snowball sampling techniques, both of which are appropriate non-probability sampling methods in qualitative research (). Purposive sampling was employed to ensure that participants met specific inclusion criteria: (1) practicing as a THP within Waterberg District;

(2) having at least two years of experience treating mental health conditions; and (3) demonstrating a working knowledge of existing healthcare policies impacting their practice. This method ensured that only knowledgeable and relevant participants were included in the study.

Snowball sampling was used to expand the sample size by relying on referrals from initial participants. The recruitment process began by identifying one THP who met the inclusion criteria. This participant was asked to refer others who were also eligible and willing to participate. Each subsequent participant was likewise asked to recommend other potential participants. This two-step process — initial identification and referral-based recruitment — allowed the researcher to reach a broad network of qualified THPs, many of whom may have been difficult to access through formal channels alone (De Vos *et al.*, 2021). This combination of purposive and snowball sampling techniques enabled the researcher to engage with a diverse group of THPs, resulting in the collection of rich, in-depth data that reflect a broad spectrum of perceptions regarding the current policy and collaborative landscape. The study was conducted in Waterberg District, which is located in Limpopo Province of South Africa. The district is primarily rural and culturally diverse, with the majority of the population speaking Sepedi (Northern Sotho) as their first language. The cultural and linguistic context of the district provided a meaningful backdrop for understanding practices and perspectives of THPs, particularly regarding traditional mental healthcare and their integration into formal health systems. The setting was chosen not only because of its relevance to the aims of the study, but also due to the relative scarcity of literature focusing on traditional healthcare practices in Limpopo Province, making this exploration both timely and significant.

According to Adhabi and Anozie (2017), semi-structured interviews are adaptable and give the researcher the opportunity to ask additional questions, enhancing the depth of data collected. In this study, data were systematically gathered through semi-structured, in-depth interviews, which provided a strategic advantage, thereby enabling the researcher to obtain comprehensive and well-substantiated insights from participants. The interviews aimed to explore THPs' perspectives on existing legislation and policies that govern the integration of traditional and Western healthcare systems. All interviews were conducted in Sepedi (Northern Sotho), the predominant language in the study area, to ensure clarity and comfort to participants. Each interview was audio-recorded, transcribed, and back-transcribed to minimise the risk of overlooking critical information during face-to-face interactions. To enhance participant comfort and encourage open dialogue, interviews were conducted in a location selected by participants. To ensure the accuracy and integrity of the translated data, and to validate the precision of the translations, the transcripts were reviewed by an impartial Northern Sotho-speaking researcher several times.

Thematic content analysis served as the methodological framework for analysing and fostering a comprehensive exploration of the raw data. This was followed by the identification of themes and sub-themes, which were embedded within the participants' narratives (Braun & Clarke, 2006). The analysis unfolded through a systematic progression of steps beginning with a thorough immersion in the data to cultivate a deep understanding of its intricacies. Initial coding followed, capturing salient segments of the text, and furnishing them with descriptive labels that encapsulated their essence. These codes then coalesced into clusters, unveiling emergent themes, which reflected recurring concepts and patterns interwoven throughout the interviews. Further refinement ensued as themes underwent rigorous scrutiny and deliberation, ensuring their fidelity to the original data, while also enabling the identification of sub-themes. Careful attention was given to the crafting of precise definitions and labels for each theme, elucidating their significance within the broader context of THPs' perspectives on the integration of traditional and western medicine within South Africa's Legal Framework. To ensure the trustworthiness of the study, four key quality criteria were considered: credibility, transferability, dependability and confirmability (Graneheim & Lundman, 2004; Nowell *et al.*, 2017).

Credibility refers to the degree to which the study findings accurately represent participants' original accounts (Graneheim & Lundman, 2004). It ensures that their perspectives are interpreted correctly and meaningfully (Patias & Hohendorff, 2019). In this study, credibility was enhanced by employing well-established data collection and analysis methods. Additionally, meticulous checks were conducted to ensure the alignment between audio recordings and the transcribed data, enabling a faithful representation of participants' narratives. Transferability refers to the extent to which the study findings can be applied to other settings, populations or contexts (Anderson *et al.*, 2014), and is achieved by providing a rich, detailed description of participants' experiences, thereby allowing other researchers or practitioners to assess whether the findings are applicable to different environments (Patias & Hohendorff, 2019). The study established transferability by capturing first-hand narratives from THPs, ensuring that their lived experiences were accurately documented. Dependability, which

aligns with the concept of reliability, ensures that the study findings remain consistent and reproducible over time (Nowell et al., 2017). It was strengthened through a systematic approach to data collection and analysis. To maintain dependability, a standardised set of interview questions was used. Additionally, the questions were first presented in Sepedi, and later translated into English, and then back translated, ensuring linguistic accuracy and the preservation of the intended meanings of participants' responses (Anderson et al., 2014). Confirmability pertains to the extent to which the study findings are shaped by participants' perspectives rather than the researcher's bias (Patias & Hohendorff, 2019; Nowell et al., 2017). To enhance confirmability, meticulous records were maintained throughout the research process, ensuring transparency and accuracy. The study also employed audit trails to document decisions made during data collection and analysis, mitigating potential biases and reinforcing the authenticity of findings.

Ethical clearance of the study was obtained from the University of Limpopo's Turfloop Research Ethics Committee (TREC NO: TREC/204/2019: IR). Following this approval, the researchers also secured gatekeeper permission from local Traditional Health Practitioners' Association representing Waterberg District. In line with ethical research practices, informed consent was obtained from all participants. According to Cacciattolo (2015), informed consent provides participants with sufficient information to enable them to make informed decisions about their participation. Before the interviews commenced, participants were fully briefed on the purpose of the study, assured that their participation was voluntary, and informed of their right to withdraw at any time without consequences. They were then asked to complete consent forms, which were provided in Sepedi to facilitate comprehension. Throughout the research process, participants were treated with respect and dignity. The study prioritised not only the acquisition of knowledge, but also the potential benefits that could be shared with participants and their communities. The researchers upheld the cultural values of the THPs, ensuring that their voices were honoured and that they had the option to access the findings should they wish.

To protect participants' identities and to maintain confidentiality, several measures were implemented. Unique identification codes were used instead of their real names to ensure anonymity. All audio recordings, transcripts, and related data were securely stored in password-protected files accessible only to the researcher. Furthermore, identifying details were removed or masked in all reporting to prevent the traceability of individual responses. In accordance with Cacciattolo (2015), ethical research requires more than just the minimisation of harm. It involves a proactive responsibility to safeguard participants. Although the study was non-experimental and posed a minimal foreseeable risk, the researchers adhered to ethical guidance outlined by Strydom and Delport, and took all necessary precautions to ensure the safety, privacy, and well-being of all participants involved.

Findings

The findings of the study have been distilled into three overarching themes that encapsulate the multifaceted perspectives of THPs regarding the recognition of their healthcare system within existing legislation and policy. The central themes included: a) policy on collaboration and unity among THPs, b) formal education deficiency and c) patient referral policy.

Theme 1: Policy on collaboration and unity among THPs

The findings highlight a central theme of fostering collaboration and unity among categories of THPs. The participants revealed that if there is unity between all categories of THPs, and effective communication on policies, the legislation that governs the healing practices of THPs' acts will be easily implemented and maintained. The following extracts from participants underpin the central theme.

Effective communication is paramount. If we could engage in dialogue amongst ourselves and also with Western practitioners to discuss our respective approaches and unite our efforts, we could make significant progress in managing diseases that Western medicine alone cannot manage but may be treatable through traditional healing methods. (participant 1, 30 years, female)

Forming an organisation could be beneficial, enabling us to engage with the regulatory body, or alternatively, we could pursue professional registration. Many traditional health practitioners remain unregistered and, as a result, lack recognition (participant 14, 60 years, female)

We should establish an organisation representing traditional health practitioners. Currently, I stand alone..., being part of a collective organisation would enable them to better understand

the needs of our community. I believe this approach could foster better collaboration.
(participant 15, 76 years, female)

The findings from THPs highlight a central theme of fostering collaboration and unity within the community. Participants express the importance of effective communication of policies and engagement, emphasising the potential for dialogue with WHPs to unite efforts of managing diseases that may be treatable through traditional healing methods. Additionally, there is a call for the establishment of collective organisations representing THPs, aimed at better understanding the needs of the community and fostering collaboration among practitioners. This theme underscores the importance of solidarity and cooperation among THPs, with focus on leveraging collective strength to advocate for the recognition and advancement within the healthcare system.

Literature supports the significance of collaboration and unity among THPs to enhance their role within the healthcare system. According to Mokalapa 2020, effective communication and engagement among healthcare professionals, including THPs and WHPs is crucial in order to achieve optimal patient outcomes. Similarly, Chateau et al. (2023) emphasise the importance of collective organisations in representing the interests of THPs and fostering collaboration within the community. By leveraging collective strength and advocating for recognition, THPs can enhance their credibility and contribute to the advancement of traditional healthcare practices within the broader healthcare landscape.

Theme 2: Formal education deficiency

The study has revealed that lack of formal education among traditional healthcare practitioners poses a significant obstacle in the effectiveness of the policies and cooperation with Western-trained healthcare providers. Some of their comments include the following:

Most of us traditional health practitioners lack formal education, whereas Western health practitioners place a strong emphasis on factual and well-documented information. They tend to dismiss those who present information without supporting evidence as uneducated. They heavily rely on written references, something we do not possess. (participant 12, 42 years, female)

This could please as it a disadvantage because Western practitioners demand evidence, they prioritised proof and references, not just practical experience. Most of us lack necessary evidence. (participant 15, 76 years, female)

Western Health Practitioners have an advantage over us because they possess documented knowledge. (participant 16, 77 years, female)

Based on the study findings, THPs expressed concerns that current health policies are primarily designed in favour of WHPs, often overlooking the unique practices and knowledge systems of traditional healers. A recurring theme was the fear that WHPs might appropriate traditional knowledge — learning about THPs' healing techniques, remedies, and diagnostic methods — only to later marginalise them or restrict their right to practice. This concern is illustrated in the following statements from participants:

After acquiring our knowledge, they may prevent us from practicing... (participant 10, 81 years, male)

One issue that may arise is their reluctance to share their techniques and medication while expecting us to disclose our practice. This lack of reciprocity is causing tension between us... (participant 11, 83 years, female)

Participants identified differences in educational background as a potential barrier to trusting and understanding health policies, as well as to effective collaboration with Western-trained practitioners. While some THPs received formal education, others lacked basic skills such as the ability to present or communicate their practices clearly. In contrast, WHPs are often equipped with formal education that enables them to provide evidence-based information and theoretical justification for their methods.

The literature emphasises the crucial role of formal education in shaping healthcare practices, particularly within Western medical education systems. The emphasis on evidence-based methodologies influences both perceptions of credibility within the healthcare community and criteria for policy development (Lampiao et al., 2019). The lack of formal education among THPs exacerbates disparities in policy comprehension and collaboration with their Western-trained counterparts, often leaving them vulnerable to dismissal by Western practitioners who prioritise documented evidence (Lampiao et al., 2019; Mokalapa 2020). Despite years of experience and extensive practical knowledge, due to their lack of formal medical qualifications, several traditional practitioners described situations in which their contributions were either disregarded or questioned and expressed feelings of exclusion from formal healthcare discussions and decision-making processes (participants 10 and 16). For example, some practitioners highlighted how their herbal treatments and diagnostic methods were dismissed unless they aligned with Western scientific methodologies, reinforcing the perception that their healing practices were inferior or unscientific (Mokalapa 2020).

Participants described the struggle of engaging with Western healthcare professionals who often imposed structured, research-based criteria for medical validation (Participants 16; Participant 5). This requirement for documented evidence placed traditional practitioners at a disadvantage as their knowledge is largely transmitted through oral traditions and hands-on experiences rather than academic publications or clinical trials. Many felt that this created an uneven playing field where their insights and traditional healing methods were overshadowed by Western standards or credibility (Lampiao et al., 2019). Concerns about the appropriation of traditional healing techniques by Western practitioners highlight broader issues of power dynamics and cultural appropriation in healthcare systems, reflecting underlying tensions due to the unequal distribution of power and resources (Van-Niekerk et al., 2014).

Theme 3: Patient referral policy

Traditional healthcare practitioners have indicated that WHPs are reluctant to refer patients to them. This sentiment is evident in the following responses:

If Western health practitioners cannot effectively set a specific disease, they should seek our assistance and compensate us accordingly. They should refer patients to us when they are unable to cure an illness, just as we refer patients to hospitals when they present conditions beyond our expertise. However, they rarely refer patients to ask when they are unable to treat a disease. (participant 10, 81 years, male)

Some things should not be forced. If a person comes to you with a condition clearly outside your area of expertise, they should be directed to a hospital. It is important not to insist on treatments when it is evident that they fall outside your specialisation. (participant 12, 42 years, female)

We are also healthcare professionals, but people underestimated the significance of our work, often dismissing it as indistinguishable from Western medicine. Our work is driven by a calling; we practice with a strong sense of purpose. (participant 16, 77 years, female)

I doubt it is achievable; many Western health practitioners tend to downplay the significance of traditional health practitioners. If only they would be willing to allow us to demonstrate our capabilities. (participant 11, 83 years, female)

It could work only if they have faith in the quality of our work. (participant 13, 53 years, male)

Based on the above findings on patient referral policies, participants indicated a palpable sense of frustration and under-recognition of their expertise within the broader healthcare ecosystem. This theme highlights the intricate dynamics surrounding patient referrals, where traditional practitioners perceive reluctance on the part of WHPs to refer patients to them, despite their willingness and ability to help in cases beyond the scope of Western medicine.

The literature emphasises the critical role of effective collaboration and communication between different healthcare modalities in patient referral policies. Van-Niekerk et al. (2014) highlight the importance of patient referral mechanisms in ensuring continuity of care and optimisation of patient outcomes. However, there is a noted disparity in the willingness of Western practitioners to refer patients to traditional healthcare providers,

which may stem from perceptions of efficacy, cultural biases and differing paradigms of healthcare delivery (Campbell-Hall et al., 2010). Incorporating the perspectives of THPs into patient referral policies is crucial in the promotion of inclusivity, cultural sensitivity and holistic approaches to healthcare delivery. By recognising and valuing their expertise, policymakers can create patient-centred referral systems that prioritise patient well-being and optimise healthcare outcomes for all individuals.

Discussion

The acknowledgement of the historical significance of traditional medicine resonates with a global trend that recognises the importance of diverse healing practices (World Health Organization 2013). The implementation of the Traditional Health Practitioners Act in 2007 in South Africa reflects a concerted effort to integrate traditional healthcare into the broader healthcare system. This aligns with the evolving understanding that a harmonious fusion of Western and traditional practices can lead to more comprehensive and culturally sensitive healthcare services. The positive attitudes of THPs towards collaboration suggest a shared vision for improved patient care. However, the study also highlights challenges such as the potential compromise of healthcare quality. This underscores the need for careful navigation and dialogue to address concerns and establish a balanced integration that benefits both traditional and Western healthcare systems. The identified challenges, including the perceived lack of recognition and concerns about compromising healthcare quality echo existing literature on the complexities of integrating traditional and Western healthcare systems (Gqaleni et al., 2010; Moshabela, 2016). The literature emphasises the importance of mutual understanding and respect between practitioners from different paradigms.

The sentiments expressed by the participants regarding the lack of formal education among THPs align with existing research findings. For instance, a study by Moshabela et al. 2016 discusses the challenges faced by traditional healers in integrating formal healthcare systems, citing educational disparities as a significant barrier. They emphasise the importance of education in enabling effective communication and collaboration between traditional healers and Western-trained healthcare providers. Furthermore, Moshabela et al. 2016 highlights the need for initiatives aimed at bridging the educational gap to facilitate mutual understanding and cooperation in healthcare delivery. This study underscores the critical role of education in addressing the challenges encountered by THPs and enhancing their integration into the broader healthcare landscape. Moreover, the emphasis on mutual understanding and effective communication aligns with literature, highlighting the importance of cultural competence in healthcare delivery (Betancourt et al. 2003). The recognition of the need for dialogue and cooperation between different healthcare systems is in line with existing research emphasising the significance of interdisciplinary collaboration (Anderson et al. 2003).

The proposed factors for successful implementation, such as mutual understanding and effective communication are foundational for policy development. This aligns with broader calls for policies that not only recognise traditional healthcare, but also actively promote cooperation and communication between diverse healthcare systems. It emphasises the importance of cultural competence in policy formulation. The application of the Cultural Competence Theory aligns with broader discussions about the need to understand cultural norms and values in healthcare delivery (Cross et al. 1989). The theory's emphasis on respecting and integrating diverse cultural practices is relevant to the study's exploration of how cultural identity informs THPs' perspectives on legislation. The findings of the study also reveal a significant reluctance among WHPs to refer patients to THPs despite the latter's willingness to collaborate in cases beyond the scope of Western medicine. Participants expressed frustration and under-recognition of their expertise, highlighting a lack of mutual respect and integration within the broader healthcare system. These findings align with previous studies, such as those by Sharma et al. 2023 and Rawlinson et al. 2021, which emphasise the importance of effective referral mechanisms and interdisciplinary collaboration in optimising patient care. However, existing literature also points to cultural biases, differing healthcare paradigms and concerns over efficacy as key barriers to integration. Addressing these challenges through policy reforms that promote inclusivity, cultural sensitivity and structured referral pathways could enhance collaboration between traditional and Western healthcare systems, ultimately improving patient outcomes.

The Cultural Competence Theory provides a framework for understanding the cultural dimensions of traditional healthcare. It emphasises the significance of cultural sensitivity in policy development, ensuring that regulations respect and incorporate diverse healing traditions. This aligns with the broader goal of promoting equitable and culturally competent healthcare. The focus of the study on the Traditional Health Practitioners Act of 2007 and

its impact on THPs offers unique insights into the South African context. While aligning with broader trends in global healthcare integration efforts, it also sheds light into the specific regulatory landscape in South Africa. However, it is crucial to recognise that the findings may not capture the full spectrum of perspectives within the larger healthcare community.

Conclusion

In conclusion, the study contributes to the growing body of literature on the integration of traditional and Western healthcare systems. The identified themes and subthemes shed light into the complexities, challenges and opportunities associated with recognising and regulating traditional healthcare practices in South Africa. The findings underscore the importance of ongoing efforts to bridge the gap between different healthcare paradigms, fostering mutual understanding, and promoting effective collaboration for the benefit of patient care. Further research and interdisciplinary initiatives that address the unique cultural and contextual factors influencing the practices of THPs are warranted to explore innovative approaches to healthcare integration. Like other studies, the study also has limitations. The study sample was limited to Waterberg District Municipality in Limpopo Province, which restricts the generalisability of the findings to the broader population of Traditional Health Practitioners (THPs) in South Africa. Also, traditional healing practices, attitudes, and perspectives may vary significantly across different provinces and cultural groups. Finally, the use of language during interviews presents a limitation, as translating from Sepedi into English may have led to inconsistencies, misinterpretations, or loss of meaning in participants' responses.

Declarations

Interdisciplinary Scope: The article takes an interdisciplinary approach by incorporating insights from the Traditional Health Practitioners regarding the Integration of Traditional and Western medicine within South Africa's Legal Framework.

Author Contributions: Masola mainly contributed towards paper conceptualisation, methodology, formal analysis, project administration and funding acquisition. Maotoana contributed towards the methodology, formal analysis, validation, writing, and review. Mokgalapa contributed towards the methodology, discussion, writing and review and editing. Ngobeni contributed towards the methodology, formal analysis, validation, writing, review and editing. All authors contributed to the article, discussed the results, and approved the final version for submission and publication.

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Availability of Data: The data that support the findings of this study are available from the corresponding author, N.J. Masola upon reasonable request.

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