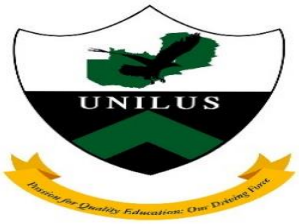

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SCHOOL OF MEDICINE AND HEALTH SCIENCES

ASSESSING THE ROLE OF TRADITIONAL MEDICINE IN SEEKING HEALTHCARE IN CHONGWE, LUSAKA, ZAMBIA

BY

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BSc PUBLIC HEALTH

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A research dissertation submitted to the University of Lusaka in partial fulfillment of the requirements of a Degree in Bachelor of Science in Public Health

DECLARATION

Name of student and ID: Fred Chisambu Masumba ID: BSPH22112531

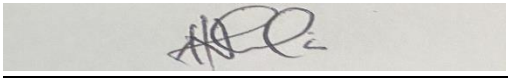
I declare that this proposal is my creative work and to the best of my acquaintance has not been presented for a degree in any other institution.

Signature:  **Date: 14th November 2025**

Supervisor Name: Dr. Naanda Muyawa

This dissertation has been submitted with my approval as a University of Lusaka (UNILUS) supervisor.

School of Medicine and Health Sciences, Department of Public Health

Signature:  **Date: 14th November 2025**

DEDICATION

This work is dedicated to the Almighty God for his guidance, wisdom and strength throughout this academic journey. I also dedicate this study to my beloved family for their unwavering love, encouragement and sacrifices which have been my source of inspiration.

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I wish to express my sincere gratitude to Almighty God for His guidance and strength throughout this research. My heartfelt appreciation goes to my supervisor, Dr. Naanda Muyaba, for her invaluable support and guidance. I also thank the University of Lusaka and the Chongwe District Health Office for their assistance and cooperation during the study. Lastly, special thanks to my family and friends for their encouragement and support throughout this academic journey.

LIST OF ACRONYMS

CMDs: Common Mental Disorders

MoH: Ministry of Health

NHRA: National Health Research Authority

SSA: Sub-Saharan Africa

TM: Traditional Medicine

UNILUS-REC: University of Lusaka Research Ethical Committee

WHO: World Health Organization

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ABSTRACT

Background: Traditional medicine is an important component of healthcare in Zambia, over 65 (80%) of the global population, especially in Sub-Saharan Africa, rely on it as a main source of medical care. In Chongwe, Lusaka, traditional medicine is usually used due to cultural beliefs, affordability and accessibility particularly among rural and less educated populations. Despite its prevalence, concerns continue concerning safety, efficacy and integration with modern healthcare systems.

Objectives: To identify the types of traditional medicines and remedies commonly used; To investigate the reasons for preferring traditional medicine over formal healthcare and To examine the impact of traditional medicine use on health outcomes.

Method: The study was conducted in Chongwe, Lusaka Province, Zambia. A qualitative phenomenological approach was used and purposive and snowball sampling was used, data was collected through interviews on 15 participants.

Data Analysis: The findings were analyzed using themes and narrations to give in depth experiences of participants.

Results: The results indicated that 70% of community members regularly used traditional medicine. Reasons for preference were accessibility, affordability, cultural inheritance and showed no interest to conventional healthcare. Healers diagnosed and treated illnesses using observation, touch and herbal remedies, often referring severe cases to hospitals. Healthcare workers noted risks such as non disclosure, potential drug interactions and delays in seeking formal care but also stated support for regulated combination.

Conclusion: The study showed that traditional medicine plays a critical role in Chongwe's healthcare system which serves as a balancing element alongside modern medicine. Combination, supported by regulation, training and community education, is important for safe, effective and culturally responsive healthcare delivery.

Keywords: Traditional medicine, healthcare seeking behavior, Chongwe, Zambia, integration, herbal remedies, health outcomes, accessibility, cultural beliefs, regulation.

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CHAPTER ONE

1.0 Background

Traditional medicine is, in the words of the World Health Organization (WHO), the sum total of information, skills and practices based on the theories, beliefs and experiences local to the culture used for preserving health as well as prevention, diagnosis improvement or treatment of mental illness (El, et al., 2020).

Traditional medicine continues to be an important component of health care systems across the globe, especially in most African countries where it continues to be well rooted in cultural practice and health seeking behavior (WHO, 2021). Herbal medicines that are components of traditional medicines are plant material or preparations known to possess therapeutic application, they usually consist of raw or processed products of a single plant or several plants. Herbal drugs comprise herbs, herbal material, herbal preparations and processed herbal products, whose active ingredients are plant parts or other plant materials. It has been reported that 65 to 80 % of the world population use herbal drugs as their primary source of medical care. Such patients who are likely to be placed at risk of the adverse effects of herbal drugs are those already predisposed towards problems from widely prescribed medications namely foetus, infants and older children, elderly and pregnant and lactating women (Laelago et al., 2016). Nonetheless, medical professionals have always been worried about the safety and autonomy of individuals accessing conventional healing while traditional healers generally remain ambivalent towards the benefits of conventional healthcare interventions.

The effectiveness of interventions delivered by traditional healers has been a long standing question. Two systematic reviews have been conducted aiming to explore the effects of traditional healing on mental health. Both suggested potential benefits for CMDs while also indicating that people value traditional healing particularly when it comes to mental health (Nortje et al., 2016; Van der Watt et al., 2018). The review included qualitative studies exploring the perceived effectiveness of interventions delivered by traditional healers, it reported that individuals with mental illness value such interventions and perceive them to be useful in the easing of mental health problems regardless of the availability of alternative formal healthcare

services (Van der Watt et al., 2018). Traditional healer's practices however, were also considered ineffective in rare cases where a curse was too strong compared to the power of the healing method (Van der Watt et al., 2018). However, the coexistence of traditional and modern medicine systems presents important considerations regarding their respective roles, efficacy and potential integration within national health frameworks. Efforts to formally integrate traditional medicine into Zambia's healthcare system have gained momentum with the Ministry of Health (MoH) advocating for regulatory frameworks that correspond to traditional and biomedical practices to improve health service delivery and patient safety (Zambia Ministry of Health, 2023). The integration will focus to influence the strengths of two systems to improve accessibility and culturally care.

This study assesses the role of traditional medicine in accessing healthcare in Chongwe, Lusaka, Zambia. It will determine why individuals choose traditional remedies, what illnesses they treat and how these impact overall health outcomes. Additionally, will examine the views of traditional practitioners as well as conventional practitioners to determine where collaboration and integration can occur. Evidence collected will contribute to the evidence base guiding policy and practice towards an efficient and equitable healthcare system for Zambia.

Through discovery of the dynamic between conventional and contemporary medicine, this study seeks to provide policy recommendations to policymakers, health practitioners and traditional practitioners. The objective is to catalyze enhanced collaboration founded on mutual respect for customary practices and providing safe, effective and accessible health care to everyone in Zambia.

1.1 Statement of the Problem

Traditional medicine remains one of the sources of healthcare and about 65 to 80% of the global population, particularly in many African countries where it is deeply recogn in cultural practices and health seeking behaviors (WHO, 2021). Despite its wider use, concerns about safety continue, particularly among vulnerable populations such as pregnant women, infants and the elderly who are at a higher risk of adverse effects from herbal medicines (Laelago et al., 2016). Proof concerning the effectiveness of traditional healing is combined with systematic reviews showing main benefits along inconsistencies and ineffectiveness for certain conditions

especially mental health disorders (Nortje et al., 2016; Van der Watt et al., 2018). Many Sub-Saharan African (SSA) countries fight with the existence of traditional and modern medicine systems as a result creating challenges for policy makers and healthcare workers and raising effective collaboration (Zambia Ministry of Health, 2023; WHO, 2023). Despite having guiding and mixed efforts working, crucial gaps remain in understanding how to manage these systems to improve health outcomes.

In Zambia, TM continues to play a major role in healthcare even with increased availability of modern medical facilities. The government has put regulatory and integrative strate to address safety and effectiveness concerns while respecting cultural traditions (Zambia Ministry of Health, 2023). There's no answer to know the reasons why people choose to use traditional remedies, the types of illnesses treated and the impact of traditional medicine on the country's healthcare delivery system.

In many rural areas of Zambia like Chongwe district, traditional medicine has a larger influence on health seeking behavior. People often prefer traditional treatments which are rooted in cultural beliefs, economic constraints and limited awareness of the benefits of conventional healthcare (Chilufya et al., 2022). The actual reason of traditional medicine in helping healthcare decisions and the outcomes in Chongwe remain unknown (Mulenga et al., 2023).

This study aims to investigate why residents choose traditional medicine over formal healthcare services, identify the traditional treatments used and assess the impact of these practices on health outcomes in the community.

1.2 Justification of the Study

This study plays an important role in improving understanding of how traditional medicine is put in the general healthcare system in Zambia with the interest of managing health policy development and health planning (Zambia Ministry of Health, 2023). By showing the determinants of traditional medicine operations, healthcare providers and policy development makers can form direct interventions that promote both traditional and modern day medical systems (Simukonda et al., 2022). The findings will support in addressing challenges such as misinformation, gaps in regulation and scientific proof of traditional practices that are important to ensure safe and effective healthcare delivery (Mwaba & Banda, 2021).

1.3 General Research Objective

To assess the role of traditional medicine in influencing the reluctance of residents in Chongwe, Zambia, to seek formal healthcare services.

1.4 Specific Research Objectives

1. To explore the types of traditional medicines and remedies commonly used in Chongwe.
2. To investigate the reasons why residents in Chongwe prefer traditional medicine over modern day healthcare services.
3. To examine the influence of traditional medicine use on health outcomes within the community.

1.5 Research Questions

1. What types of traditional medicines and remedies are commonly used by residents in Chongwe, Zambia?
2. What factors influence individuals' decisions to seek traditional medicine instead of formal healthcare?
3. How does the use of traditional medicine impact health outcomes in the Chongwe community?

CHAPTER TWO

2.0 Literature Review

Traditional medicine (TM) remains a serious part of healthcare in many African settings, including Zambia. In Chongwe, Lusaka, TM significantly influences health seeking behavior due to economic, accessibility and cultural reasons.

This chapter looks at the role of TM in this setting by exploring its conceptualization, prevalence, influencing factors, effectiveness, integration with conventional medicine and associated challenges.

2.1 Conceptualizing Traditional Medicine

Traditional medicine (TM) comprises plant medicines, bodily interventions and spiritual healing used to prevent, diagnose or treat disease. Traditional medicine is defined by the World Health Organization (WHO) as the aggregate total of local knowledge, practices and skills based on indigenous beliefs, theories and experience used in the maintenance of health (WHO, 2019). TM remains an ever changing part of healthcare in the Americas, Asia and Africa, where it forms part of regular health care (WHO, 2019).

2.2 Background of Traditional Medicine In Zambia

Zambia has a rich culture of TM, with a most of the population depending on traditional healers and herbal medicines for primary healthcare needs. This belief is connected to the accessibility of TM practitioners and the cultural recognition of traditional healing ways. The Zambian government acknowledges TM's role and has taken steps toward its regulation and integration into the national health system (Ikhoyameh et al., 2024).

2.3 Prevalence of Traditional Medicine Use

Studies have shown that TM use is widely spread in Zambia and other sub-Saharan African countries. A study involving 12 SSA countries a multi country study in Africa showed that traditional medicine is commonly and widely used mainly for chronic conditions such as hypertension, with a significant proportion of patients combining TM with conventional medicine (Lassale et al., 2022). In Chongwe, unreliable and local information advises high TM use rates, often as first line treatment due to affordability and cultural preference.

2.4 FACTORS THAT INFLUENCE THE USE OF TRADITIONAL MEDICINE

2.4.1 Cultural and Religious Beliefs

TM is totally implanted in local cultural frameworks, where traditional healers are trusted attendants of local knowledge and are always seen as more holistic in addressing physical, spiritual and social parts of illness (Lassale et al., 2022).

2.4.2 Accessibility and Affordability

TM practitioners are often more geographically and socially accessible than formal health facilities (Ikhoyameh et al., 2024). In most rural areas like in Chongwe, accessing conventional healthcare facilities is limited to most individuals as it scarce or located far from communities hence making traditional healers the most accessible option.

2.4.3 Perceived Effectiveness

People who use TM perceive traditional remedies as safe and effective due to their long history and nature of origin of use despite lacking of standardized clinical evidence (Eze et al., 2021; Lassale et al., 2022; Mutombo et al., 2023). TM often includes physical, emotional and spiritual healing which resonates with individuals seeking comprehensive care where herbal remedies, bone setting and spiritual cleansing are common practices believed to provide relief.

2.4.4 Dissatisfaction with Conventional Medicine

Overworked public healthcare systems often lead to long waiting periods for diagnosis, treatments and consultations hence patients are frustrated with delays and may turn to traditional healers who are more accessible and provide immediate care (WHO, 2019).

2.5 Effectiveness of Traditional Medicine

The efficiency of TM is still a subject of research. While many traditional medicines have been found to be therapeutically promising, no sound clinical evidence is available to determine their safety and effectiveness. The recent developments underline the need for scientific evidence to bring efficient TM practice into mainstream medicine (Eze et al., 2021; Lassale et al., 2022; Mutombo et al., 2023). Some research indicates the potential of TM for management of such illnesses as hypertension and infectious disease, with caution against preparation and dosing consistency (Gyasi et al., 2021; NIH, 2022). Popularity of traditional medicine, in its overall focus on physical, emotional and spiritual needs of members of a community must be scientifically demonstrated to be safe and effective (WHO, 2022; Steel et al., 2025).

2.6 Integration of Traditional and Conventional Medicine

Efforts to integrate TM into Zambia's health system show a wider African pattern towards larger healthcare access and cultural responsiveness. Combination has regulatory policies, training for traditional healers and combined research to improve safety and effectiveness. World Health Organization in 2023 summit in TM global listed proof established integration, offering opportunities for African countries such as Zambia to adapt TM into health systems (WHO, 2023; von Schoen-Angerer et al., 2023; Ikhoyameh et al., 2024; Adu-Gyamfi et al., 2021).

2.7 Challenges Associated with Traditional Medicine

Despite its widespread use, Traditional Medicine faces several challenges, including:

2.7.1 Lack of Regulation

The lack of standardized regulations and guidelines for TM mainly raises concerns about the safety, efficacy and quality control in the increase of risks in inconsistent practices and adverse effects (Ikhoyameh et al., 2024; Adu-Gyamfi et al., 2021; Steel et al., 2025).

2.7.2 Limited Scientific Validation

Although some traditional remedies have been scientifically studied, many remain unverified hence leading to disbelief among medical specialists (Eze et al., 2021; WHO, 2022; NIH, 2022). The World Health Organization acknowledges that while TM is usually used in low income countries insufficient research delays its formal recognition in national health policies (Steel et al., 2025; WHO, 2022).

2.7.3 Risk of Misinformation

Misinformation where inaccurate claims by some practitioners lead patients to delay or reject evidence based treatments, hence it remains a challenge. Patients have been known to postpone conventional treatment due to false information provided by some traditional healers, worsening health statuses (James et al., 2020; NIH, 2022).

2.7.4 Stigma and Misconceptions

A history of stigma is present around traditional medicine where some patients view it as primitive and superstitious despite having its deeper cultural roots (Adu-Gyamfi et al., 2021; Yaro et al., 2024). This bias comes from colonial era marginalization of indigenous knowledge systems and the dominance of conventional medicine (Gyasi et al., 2021).

FIGURE: 1

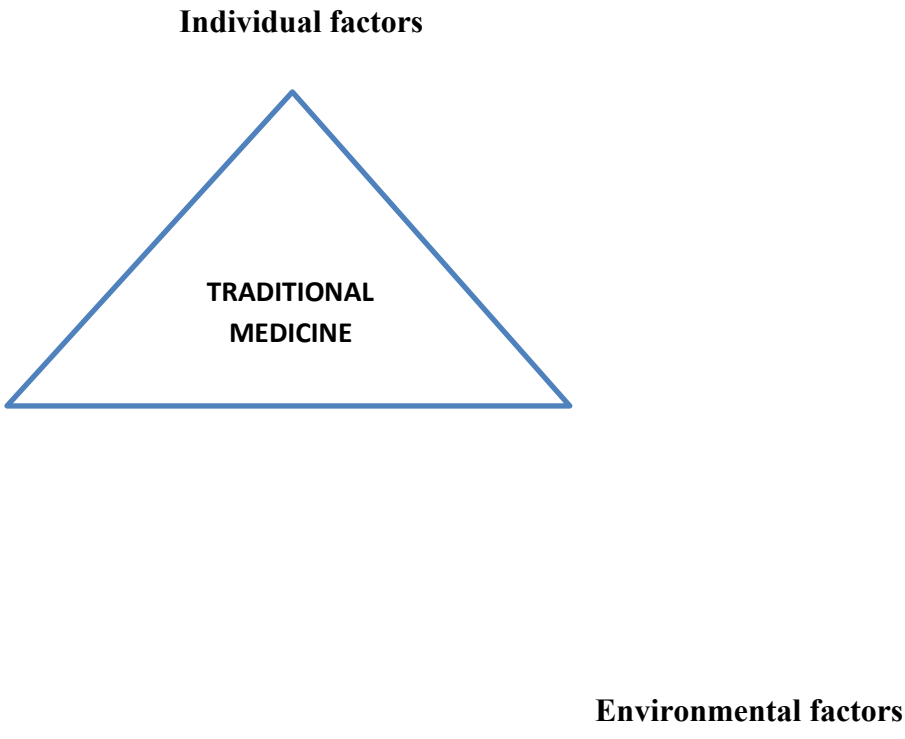
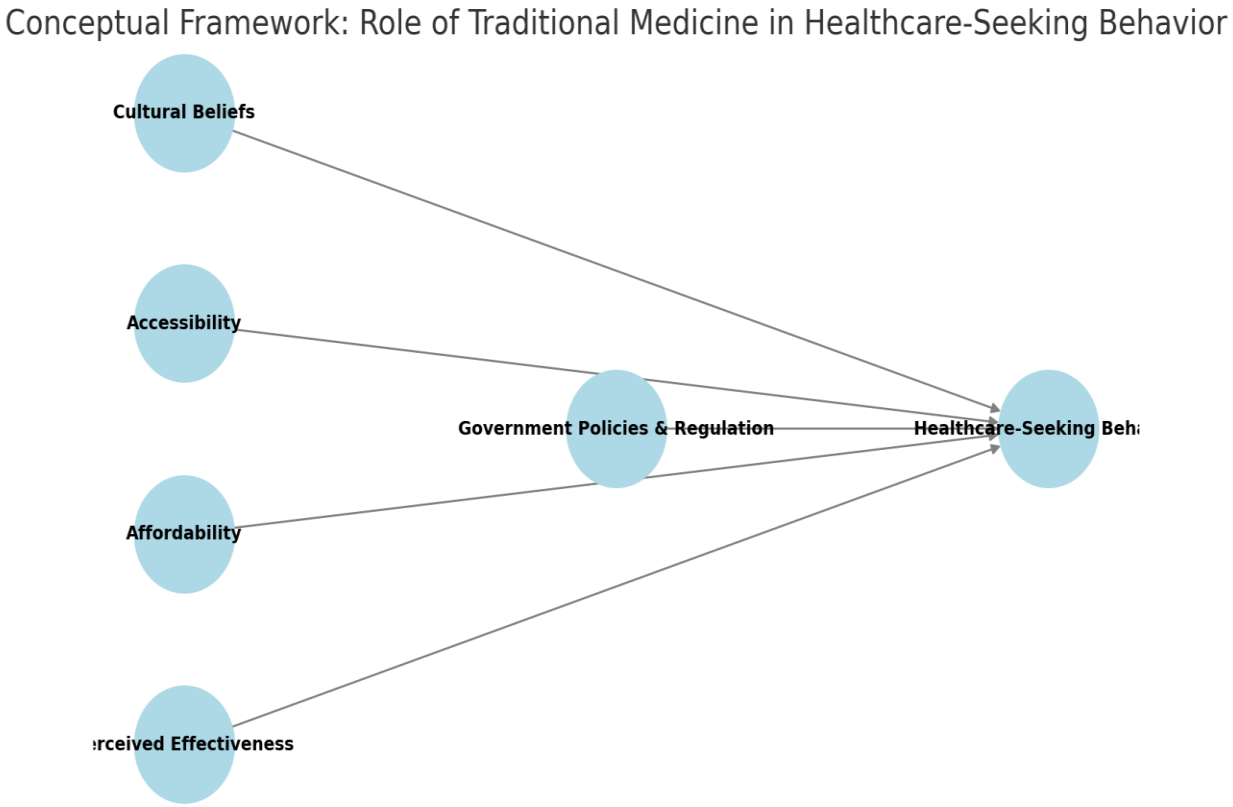


FIGURE 2

INDIPENDENT FACTORS MEDIATING DEPENDENT FACTOR



Source; compiled by the researcher, (2025)

CHAPTER THREE

3.0 Methodology

3.1 Study Approach

The study used was a Qualitative approach method as it will help to capture authentic experiences and perceptions related to traditional medicine use in healthcare seeking in order to draw conclusive meaning so as to make sense of the research is important in this approach.

3.2 Study Design

The study used was a Phenomenological study. A Phenomenological research type was used to collect data from the participants at a particular point in time. The research design was appropriate as it was appropriate for exploring attitudes, experience and perception of people on traditional medicine towards healthcare seeking behavior (Creswell, 2014).

3.3 Target Population

The study was conducted on 15 participants from different groups within Chongwe community in Lusaka, particularly on individuals who have used traditional medicine (TM). The target population included 10 community members who have used TM before which comprised of 6 men aged 18 years or more and 4 women aged 18 years or more. Additionally, it included 3 traditional healers practicing in Chongwe with at least two years of experience and also 2 healthcare workers specifically nurses (1 male and 1 female) in order to provide insights from both community and professional perspectives.

3.4 Sample Size and Sampling procedures

The targeted sample size was 25 participants. However, saturation was achieved at 15 participants after the interviews making this the final sample size. Purposive sampling was used strategically on community members and who have used traditional medicine (TM), to identify common themes among respondents and help make sense of the research being conducted. Snowball sampling was also used to identify traditional healers with at least two years of experience.

3.5 Data Collection Methods

The data collection process started after the ethical clearance from University of Lusaka Research Ethical Committee (UNILUS-REC), National Health Research Authority (NHRA) and administrative approval from Chongwe District Health Office. An interview was used to collect information from participants.

3.6 Data Analysis

Data was analyzed using themes, findings were presented in narrative form and sometimes quotations were used where it was necessary. Similar traits were observed among community members who have used TM, which helped combine the uniformity of perceptions and thoughts of participants in order to give interpretations of the study.

3.7 Ethical Considerations

The study begun after receiving approval from University of Lusaka Research Ethical Committee (UNILUS-REC), National Health Research Authority (NHRA) and administrative approval from Chongwe District Health Office. A hardcopy of a consent form was either given to or read by and signed by all participants before participating in the study. Confidentiality was assured to participants and it was also observed throughout the study, additionally voluntary participation was observed as participants were informed of their right to withdraw at any time without penalty.

CHAPTER FOUR

4.0 Results

4.1 Introduction

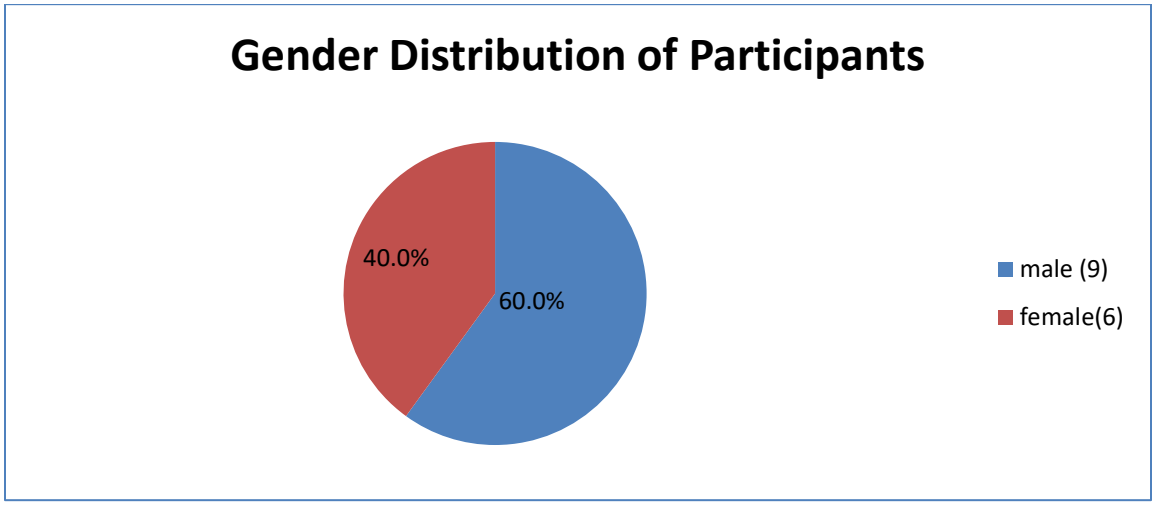
This chapter presents results and interpretation of findings on the role of traditional medicine in healthcare. The findings are in line with the research objectives and they are composed using narratives from community members, traditional healers and healthcare workers. The discussions were structured thematically and included descriptive participant appraisals. The targeted sample size of 15 was used as shown in Figure 1.

4.2 General and Demographic Information

Age

The research involved a total of 15 participants,10 community members of which 6 were men and 4 were women, 3 traditional healers of which 2 were males and 1 female and 2 nurses both females. The age of participants ranged from 23 to over 50 years, with the majority being above 30 years. The community members were drawn from various backgrounds reflecting the different socioeconomic structure of Chongwe. The main religion was Christianity which aligned with common trends in the area. Most participants lived in families of four to seven members which clearly indicated strong family and community ties influencing health decisions.

Figure 1: Gender Distribution



Education Level and Occupation

Education levels were different among participants in the sense that those who completed primary education were 5 (33%), 4 (27%) had post secondary and 6 (40%) completed secondary education. About 3 participants (20%) were employed, while 7 (47%) were self employed and 5 (33%) were unemployed. After the analysis, it revealed an association between higher educational attainment and willingness to use both traditional and modern health services. Among participants with higher education 10 out of 15 (67%) and 8 (53%) used both methods for different sicknesses and those with only primary education rely on traditional medicine.

The study showed that Traditional healers each with more than four years of experience described their work as a passion through practical preparation and community recognition. However, no healer had formal medical training but all showed high levels of experiential and background medical knowledge.

Figure 2: Education level of participants

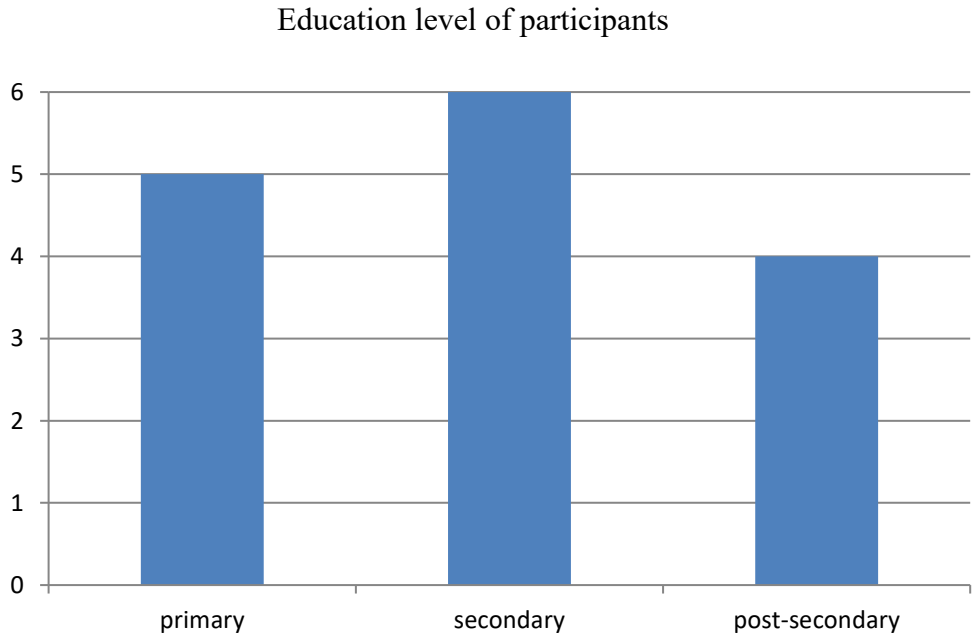
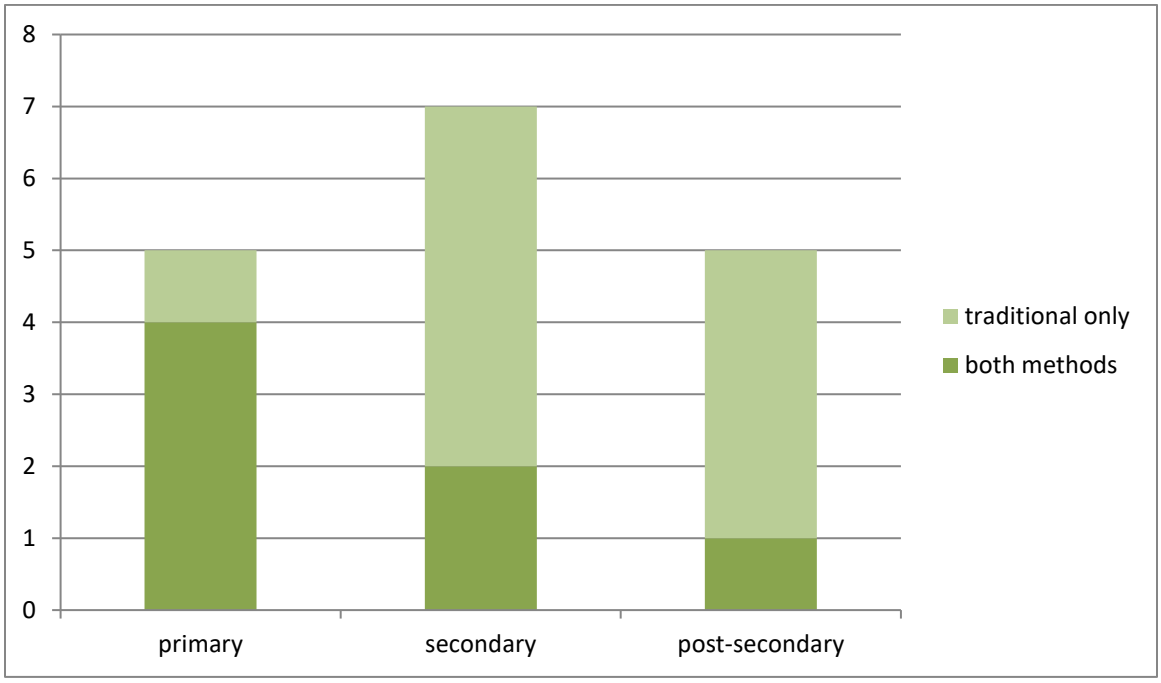


Figure 3: Education level vs healthcare preferences



4.3 Patterns of Traditional Medicine Use and Beliefs

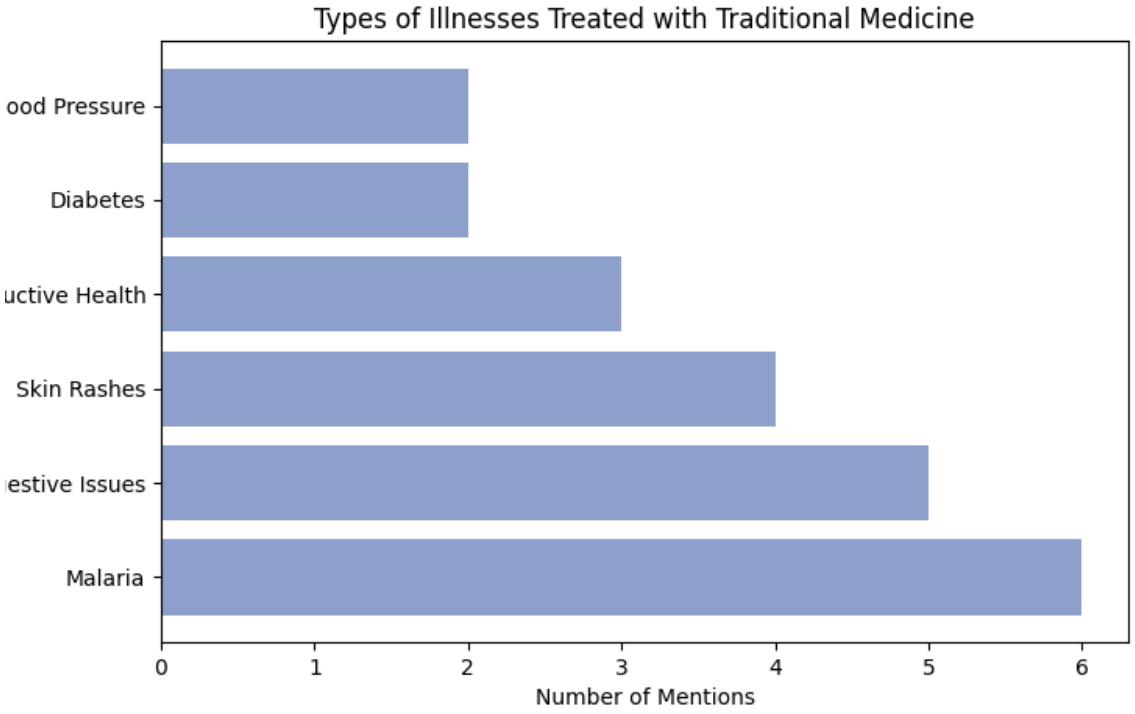
During the study it showed that all 10 community members used traditional medicine with 7 (70%) showing regular use. The reasons given were locating traditional healers was easy as they were nearby within the area and easy to consult along with affordability with treatments a lot much cheaper than the hospital. Cultural knowledge was also important, about (53%) of the members described traditional medicine as it was accepted family and community practice inherited from elders.

Participants shared different types of illnesses for which they used traditional remedies for. Some of the illnesses were malaria, digestive issues, skin rashes, reproductive health and even chronic conditions like diabetes and high blood pressure. Some common herbal remedies used included mpundu stem bark for fevers, dry mushrooms for wounds and pain, pawpaw roots for sexually transmitted diseases like syphilis and mulberry roots used to treat swollen balls.

Diagnosis methods among healers focused on observation, symptom feasibility, touch and experiential judgment including checking vital signs traditionally.

During the study it showed that health workers mostly interacted with patients who used both traditional and modern treatments hence practitioners observed patients often delayed to seek formal medical care and instead chose to use traditional medicine and this was common among those with primary level of education.

Figure 4: Types of illnesses treated



4.4 Attitudes, Knowledge and Perceptions

The variable noticed was the level of knowledge about the benefits and limitations of traditional medicine which varied with education. In order to assess participants knowledge a few questions were asked and most participants described basic plant remedies and their uses, were by only 6 (40%) were sure about the specific diseases being treated. This was mostly important where patients failed to reveal their use of herbal treatments to health workers leading to increase drug interactions and the ineffective of treatment. Those who completed secondary education showed an understanding of such risks and were more likely to seek modern care before severe symptoms occurred.

Regardless of knowledge differences that participants had, traditional medicine was rated highly effective by 9 participants (60%) and 5 (33%) was rated moderately effective, where one respondent was highly concerned about safety. Community narratives frequently highlighted traditional remedies as the first line for familiar illnesses, while formal healthcare was preferred for severe conditions. The belief that both systems working together was strong across the sample were 13 participants (87%) stating the need for combining both types of medicine for the best results.

4.5 Perspectives of Traditional Healers

Traditional healers interviewed saw themselves as important health providers especially for diseases where herbs have proven local value. During the study a healer for nine years described dependence on herbal preparations and hands on assessments for diagnosing and treating illnesses from malaria to diabetes. The healer accepted the importance of modern medicine for complicated cases and frequently referred serious cases to hospitals. However, they were challenges faced such as seasonal herb shortages, lack of formal recognition by the health sector and cases where patients could not fully disclose their use of both traditional and formal medicine.

Anther healer shared the different use of traditional medicine such as roots and barks for infections, fevers and chronic complaints. The healer's attitude towards combination of traditional and modern medicine working together unless if they was respect and opportunity for

training and referral. All healers felt proud of their experiential diagnostic skills and showed willingness to participate in a regulated healthcare system provided their role and knowledge were valued.

4.6 Healthcare Worker Perspectives

Healthcare workers in the study brought an important professional perception. A health worker with seven years experience at Chongwe District Hospital who interacted with many patients who mixed herbal and formal treatment, the worker explained that non disclosure complicates diagnosis and treatment and sometimes causes dangerous interactions. Another worker was cautious about the lack of regulation of traditional remedies but recognized the deep cultural roots and accessibility of this system. They supported efforts to combine traditional healers into modern healthcare and suggested that regulatory policies, clear referral pathways and organized joint training would add value to both systems.

4.8 Themes

The themes and narrations are derived from the findings discussed in relation to the research objectives of the study, the themes were in categories.

4.8.1 Knowledge

Most participants showed knowledge about traditional medicine variability which was associated to educational levels. Among the 15 participants, 9 (60%) proved reasonable to good knowledge of herbal remedies and correctly identifying treatments for illnesses such as malaria, digestive issues and chronic diseases. The remaining 6 (40%) had little understanding and mostly confused on the proper use of certain remedies. Participants who completed secondary education were knowledgeable, representing 89% of the well informed group.

Most participants 9(60%) demonstrated reasonable to good. Knowledge of herbal remedies and correctly identified treatments for illnesses such as malaria, digestive issues and chronic diseases. Participants with secondary and post secondary education were the most knowledgeable.

“I know mpundu bark is good for fevers and dry mushrooms help with wounds”, participant 4. “Pawpaw roots are used for STIs like syphilis”, respondent 7. “I learned some remedies from elders but also know when to go to the clinic”, respondent 3. “I know mpundu bark is good for fevers and dry mushrooms and they help with wounds”, respondent 4.

Limited understanding: 6 (40%) had limited understanding and were often unsure about the proper application of remedies.

“Some remedies are useful, but I’m not sure for what illnesses exactly”, respondent 9. “Sometimes we mix herbs but I’m not sure of the effect”, respondent 12. About 6 participants (40%) were unsure about proper use of remedies.

4.8.2 Attitudes

Participant’s attitudes towards traditional medicine were commonly positive, with 12 participants (80%) showing favorable views due to observed effectiveness, affordability and cultural fit. 3 participants (20%), were mindful and suggested the need for regulated use and integration with formal healthcare.

Traditional medicine was often the first line of treatment for common illnesses, while formal healthcare was sought for severe conditions.

“Traditional medicine works for everyday illnesses and is easy to access”, Participant 2. “Herbs help the family without spending much at the hospital”, respondent 8.

About 3(20%) participants expressed caution, emphasizing regulated use and integration with modern healthcare.

“I think both traditional and hospital treatments are necessary”, respondent 10. “We need rules for using herbs safely”, respondent 15

4.8.3 Beliefs

Participant’s beliefs were deeply in cultural and spiritual backgrounds and as a result they influenced health behaviors. 11 participants (73%) believed illness was influenced by both physical and spiritual causes that led to dependence on traditional healers who addressed both parts. Religious beliefs played a role with encouragement which was common among 8

participants (53%). These beliefs delayed seeking formal healthcare but also adopted a holistic method to health.

About 11 participants (73%) believed that illnesses have both physical and spiritual causes, leading to reliance on traditional healers who address both aspects.

"Herbs treat the body and spirit; sometimes hospital care alone is not enough", respondent 7. "Elders taught us herbs can protect against spiritual causes of sickness", respondent 5.

Religious beliefs also played a role, with eight participants (53%) reporting church teachings that encouraged traditional medicine alongside modern care.

"Our church encourages us to seek care but also value traditional practices", respondent 12. "Pastors tell us herbs and prayer go together", respondent 14

4.8.4 Cultural Acceptance and Accessibility

About 11 participants (47%) used traditional medicine regularly because of proximity and affordability, while more than half emphasized cultural inheritance from elders.

"I can consult the healer anytime; the clinic is far", participant 1. "It's cheaper and faster to get herbal treatment", participant 6. "Herbs have been used in our family for generations", participant 11. "We trust traditional ways; it's part of our culture", participant 13. "Mpundu bark for fever, pawpaw roots for STIs and mulberry roots for swelling", participant 9.

4.8.5 Traditional healer perspective

Traditional healers underlined experiential knowledge, using observation, touch and herbal remedies for treatment. Challenges included seasonal herb shortages, lack of formal recognition, and patient non disclosure of treatments happening at the same time. Despite this, all healers expressed willingness to integrate into a regulated healthcare system.

"I assess patients using herbs and experience; serious cases are referred to hospitals", healer 2. "Sometimes patients don't tell us they also went to the hospital", healer 3. "We want training and recognition so we can work with clinics", healer 1.

4.8.6 Health care workers perspective

Healthcare workers highlighted the need for safety due to non-disclosure and potential interactions but supported integration with policies, referral pathways, and joint training. At the same time, healthcare workers recognized the cultural significance and accessibility of traditional medicine and expressed support for integration through policies, referral pathways, and joint training.

“If patients mix herbs and hospital drugs, it can be dangerous”, nurse 1. “We should work with traditional healers to ensure safety and effective treatment”, nurse 2.

CHAPTER FIVE

5.0 Discussions

The main objective of this study was to assess the role of traditional medicine in influencing the reluctance of residents in Chongwe, Zambia, to seek formal healthcare services. The findings of the study will be discussed in relation to the research questions and other findings from different literature. The following were the research questions: What types of traditional medicines and remedies are commonly used by residents in Chongwe, Zambia? What factors influence individual’s decisions to seek traditional medicine instead of formal healthcare? How does the use of traditional medicine impact health outcomes in the Chongwe community?

The results showed that knowledge levels were different among respondents,9 (60%) fairly showed good knowledge of herbal remedies and their understanding for conditions like malaria, digestive issues and chronic diseases. 6 (40%) showed poor understanding and mostly led to confusion in the way it should be used. This gap widened between participants with higher education levels, who comprised of 89% of the well informed group and those with only primary education who relied heavily on traditional medicine without full awareness of the effects. These results can be agreed by several other studies by El Hajj et al., (2021), studies showing that education influences health seeking behaviors in Zambia, where lower education correlates with greater dependence on traditional practices because of limited exposure to biomedical information (Chinsembu et al, 2016).

These results can be agreed in a similar study which was supported by ethnobotanical research in Zambia, which documented the widespread use of indigenous plants for similar conditions always were a result of experiential knowledge and not scientific validation (Syakalima et al., 2021). Participants showed poor records in integrating traditional medicine with formal healthcare with repeated non-disclosure to healthcare workers leading to potential complications. Attitudes were positive with 12 (80%) respondents perceiving traditional medicine favorably for its effectiveness, affordability and cultural importance and 13 (87%) supporting for a combined use with modern care. This positive disposition comes with lower actual integration rates, where only educated participants showed balanced utilization. Similar results can be agreed in another study where respondents in one rural area preferred traditional healers initially but expressed willingness for collaboration (Hikaambo et al., 2021).

The study aimed to explore the types of traditional medicines and remedies commonly used in Chongwe. Results have again shown that 10 community members used traditional medicine,7 (70%) reported regular use for conditions such as digestive issues, malaria, reproductive health problems, skin rashes and chronic illnesses such as hypertension and diabetes. Specific remedies like mpundu stem bark for fevers, dry mushrooms for wounds and pain, pawpaw roots used for sexually transmitted diseases like syphilis and mulberry roots used for swollen testicles. Healer's diagnosis was done through touch, observations and experiential judgment. Such practices showed a large ethnobotanical tradition in Zambia, like in surveys from provinces like Western and Copperbelt, where such plants and herbs are commonly used (Chinsembu, 2016; Syakalima et al., 2021). Despite this, the lack of standardization in preparation shows concerns in literature about variability in efficacy and safety (World Health Organization, 2019).

The study also examined factors influencing decisions to seek traditional medicine over formal healthcare. Some respondents stated that "accessibility" indicating that traditional healers being nearby and available another reason being "affordable" in terms of being cheaper than hospitals and lastly "cultural familiarity" having inherited practices from elders as main reasons with 53% emphasizing family and community traditions. Participants expressed their reasons leading to dissatisfaction with formal healthcare systems stating that long waiting hours and perceived ineffectiveness for holistic needs contributed in them being uninterested in modern healthcare system. Healthcare workers noticed the delays in seeking formal care among lower

educated users. These findings can be agreed in other studies in Sub-Saharan Africa (SSA), stated that cultural beliefs, economic barriers and geographic inaccessibility lead populations towards traditional medicine as first line care (World Health Organization, 2019)

It should also be mentioned that personal beliefs positively influenced attitudes, about 73% believing illnesses had physical and spiritual causes resulting them to heavily rely on healers for comprehensive care. Religious encouragement played a part resulting in 53%being part of it how, it delayed formal treatment. Traditional healers expressed pride in their roles and willingness for integration while healthcare workers heavily relied on regulation and training to reduce risks. This can be supported with other studies done on African traditional medicine which stated that spiritual dimensions increase perceived effectiveness but pose integration challenges (Chinsembu, 2016; World Health Organization, 2019). Studies in urban SSA settings show religious stigma reducing traditional use but in rural Zambia, integration efforts by the MoH aim to mitigate this (Zambia Ministry of Health, 2023).

The influence of traditional medicine on health outcomes was mixed. Positive aspects included holistic relief and community trust,60% rating it highly effective and 33% rating it moderately. Risks like non disclosure leading to drug interactions, delays in care and unregulated remedies were observed by healthcare workers. Healers referred severe cases to hospitals which showed potential for better outcomes through collaboration.

During the study, three key findings were noted; Knowledge and attitudes towards traditional medicine was different in terms of education, with higher educated participants favoring integration. Patterns of use pointed on accessibility and cultural factors which led to delays in formal healthcare. Personal beliefs positively influenced holistic health approach supporting calls for policy driven collaboration.

5.1 Limitations of the Study

- Some participants were hesitant to answer some questions and fully disclose traditional medicine use.
- Social desirability.
- Limitation in accessing traditional healers led to reluctance in participating.

- Although the targeted sample size was 25, saturation was reached at 15 participants which limited the diversity of perspectives captured.

CHAPTER SIX

6.0 Conclusion

The study showed traditional medicine playing an important role in health seeking behavior among people in Chongwe. It indicated that community members rely on traditional healers and remedies as their first line of treatment due to reasons such as cultural beliefs, effectiveness, accessibility and affordability. The study also showed that despite the accessibility of formal healthcare facilities, traditional medicine remained a reliable choice especially for illnesses believed to have spiritual causes. The results showed that traditional medicine was not simply an alternative but rather a balancing element of the local health system. Identifying and mixing the practices into the national health system would develop healthcare delivery and expand patient outcomes. The study underlined the importance of combining traditional healers and formal health experts to guarantee safe, ethical, and evidence based use of traditional healings. Traditional medicine remains a crucial and culturally fixed form of healthcare that can strongly contribute to completing a wider health coverage in Zambia if properly regulated and supported.

6.1 Recommendations

The recommendations below directly refer to the kay stakeholders;

6.1.1 Religious Organizations

- Ensure ethical and safe use of TM.
- Work with community health workers to reduce misinformation about traditional methods.
- Work with MoH to encourage health messaging that respects both spiritual and formal medical care.

6.1.2 Donors/ NGOs

- Support religious committees and MoH by funding them in order to improve accessibility of healthcare while respecting cultural practices.

6.1.3 Ministry of Health (Government)

- The MoH needs to work with traditional healers and community health workers in remote areas to improve patient care and reduce risks from non disclosure treatments while.
- The MoH needs to increase funding in order to train and certify local healers.
- The MoH needs to work hand in hand with local leaders and religious committees to promote community healthy education on safe use and integration.

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8.0 APPENDICES

INFORMED CONSENT SHEET

SCHOOL OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF PUBLIC HEALTH

Study Title: Assessing the Role of Traditional Medicine in Seeking Healthcare in Chongwe, Lusaka, Zambia

Introduction

You are invited to participate in a research study being conducted by **Fred Chisambu Masumba**, a student at the University of Lusaka, under the supervision of **Dr. Naanda Muyaba**. The purpose of this study is to assess the role of traditional medicine in healthcare access in Chongwe, Lusaka, Zambia

Purpose of the Study

The study aims to explore why individuals in Chongwe use traditional medicine, the types of remedies used, and how these practices affect health outcomes in the community

Procedures

If you agree to participate:

- You will take part in an individual interview lasting about 30–60 minutes.
- The interview will include questions about your experiences, beliefs and use of traditional medicine.
- With your permission, the interview may be audio-recorded for accuracy.
- Voluntary Participation.
- Your participation is entirely voluntary. You may refuse to answer any question or withdraw from the study at any time without penalty or loss of benefits.

Risks and Benefits

Risks; There are no known major risks. Some questions may make you feel uncomfortable, but you are free to skip any question.

Benefits; Your participation will help improve understanding of traditional medicine and may contribute to better health services in your community.

Confidentiality

All information collected will be kept strictly confidential. Your name and personal details will not appear in any reports. Data will be stored securely and only the research team will have access to it

Compensation

There is no financial compensation for participating in this study

Questions or Concerns

If you have any questions about the study, you may contact:

Fred Chisambu Masumba (Principal Investigator)-0777050264

Dr. Naanda Muyaba (Supervisor, University of Lusaka)-

Ethical Approval; This study has been approved by the University of Lusaka Research Ethics Committee

CONSENT FORM

Title of Study: Assessing the Role of Traditional Medicine in Seeking Healthcare in Chongwe, Lusaka, Zambia

Principal Investigator: Fred Chisambu Masumba
Supervisor: Dr. Naanda Muyaba
Institution: University of Lusaka

I have read (or have had read to me) the information above. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I understand that my participation is voluntary and that I may withdraw at any time without penalty.

Participant's name:……..

Signature:…….

Date:……

Researcher's name:……..

Signature:…….

Date:……

INTERVIEW GUIDE

Interview Guide for Community Members

Introduction:

Hello, my name is **Fred Chisambu Masumba** and I am conducting a study on the role of

traditional medicine in healthcare access in Chongwe. Your views and experiences are important. Participation is voluntary and all your responses will remain confidential.

Section 1: Demographic Information

1. Age: _____
2. Gender: ☐ Male ☐ Female ☐ Other
3. Occupation: _____
4. Education Level: _____
5. Religion: _____

Section 2: Experience with Traditional Medicine

6. Have you ever used traditional medicine?

   ☐ Yes ☐ No

7. What types of traditional medicine or remedies have you used?
8. What illnesses or conditions did you treat using traditional medicine?
9. Why did you choose traditional medicine instead of visiting a formal health facility?
10. How frequently do you use traditional medicine?

    ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Section 3: Perceptions and Beliefs

11. How effective do you believe traditional medicine is in treating illness?
12. Have you ever experienced any side effects or complications after using traditional medicine?
13. What do you believe are the strengths and weaknesses of traditional medicine?

14. What are your views on combining traditional and modern medicine?

Section 4: Healthcare Seeking Behaviour

15. Have you ever delayed or avoided seeking modern healthcare because of traditional medicine? If yes, please explain.

16. In your opinion, how can traditional and formal healthcare providers collaborate?
17. What improvements would you like to see in healthcare access in your area?

Interview Guide for Traditional Healers

1. How long have you been practicing traditional healing?
2. What kind of illnesses do you commonly treat?
3. What herbs or methods do you commonly use?
4. How do you diagnose patients?
5. What are your thoughts on modern medicine?
6. Have you ever worked with a medical doctor or clinic?
7. Do you think traditional and modern medicine can work together?
8. What challenges do you face in your practice?
9. Are you willing to be part of an integrated health system

Interview Guide for Healthcare Workers

1. What is your professional role and experience in healthcare?
2. What is your perception of traditional medicine?
3. Have you encountered patients who use both traditional and modern medicine?
4. What challenges do you face with such patients?
5. Do you think integration between traditional and modern medicine is possible?
6. What regulatory or policy support would improve patient outcomes?

WORKPLAN

ACTIVITIES	Feb	Mar	Apr	May	Aug	Sep	Oct	Nov
Proposal writing								
Proposal defense								
Proposal submission								
Selecting research assistant								
Ethical clearance								
Ethical clearance								
Data analysis and writing								
Dissertation submission								
Dissertation presentation								

BUDGET

SERIAL NO.	DESCRIPTION	AMOUNT (ZMK)
1	Transport	1100
2	Stationary	500
3	Secretarial services	1000
4	Ethical clearance fee	500
	Total	3,100

NATIONAL HEALTH RESEARCH AUTHORITY
Lot No. 18961/M, off Kasama Road, Chalala, P.O. Box 30075, LUSAKA
Tell: +260211 250309 | Email: znhrasec@nhra.org.zm | www.nhra.org.zm

NHRA9940/26/09/2025 **26th September 2025**

The Principal Investigator,
Fred Chisambu Masumba,
UNILUS,
Lusaka

Dear Fred Chisambu Masumba,

Re: Request for Authority to Conduct Research

The National Health Research Authority Is in Receipt of Your Request for Authority to Conduct Research Titled **"Assessing the Role of Traditional Medicine in Seeking Healthcare in Chongwe, Lusaka, Zambia"**

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised.
2. Progress updates are provided to NHRA bi-annually from the date of commencement of the study.
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country.
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents.

Yours sincerely,

National Health Research Authority

Prof Victor Chalwe,
Director and Chief Executive Officer

UNIVERSITY *of* LUSAKA

Passion for Quality Education: Our Driving Force

UNIVERSITY OF LUSAKA RESEARCH ETHICS COMMITTEE (UNILUS-REC)

Plot No. 37413, Off Alick Nkhata Mass Media. P. O Box 36711, Lusaka.
Phone: +260211258505, 258409 Fax +260211233409; Cell +260976075850,961917862,
E-mail:unilus@zamnet.zm,ictar@zamnet.zm

UNILUS-RESEARCH ETHICS COMMITTEE

Ref no: FWA00033228-1039(08)/(08)/{2024}

Date: 08 September 2025

STUDENT NAME: **Mr. Fred Masumba**

Traditional Medicine and Healthcare Choices in Chongwe

The above research was submitted to the research ethics committee for review. The study has no major ethical problems and is approved subject to the following:

1. The study cannot be changed without express permission of the UNILUS research ethics committee.
2. Approval from the necessary authority should be sought.

[redacted]

Professor Kasonde Bowa

MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)

Chairman- UNILUS REC

Professor of Urology and Consultant Urologist

Deputy Vice-Chancellor – Research and Innovation

Executive Dean - School of Medicine and Health Sciences

All Correspondence should be addressed
To: The District Health Director
Tel: 0211620023
Fax: 0211620023

In reply please quote:
No:.....

REPUBLIC OF ZAMBIA

MINSTRY OF HEALTH

CHONGWE DISTRICT HEALTH OFFICE
P.O. Box 25
CHONGWE
ZAMBIA

31st October, 2025

Fred Chisambu Masumba
University of Lusaka
School of Medicine and Health Sciences
CHONGWE DISTRICT

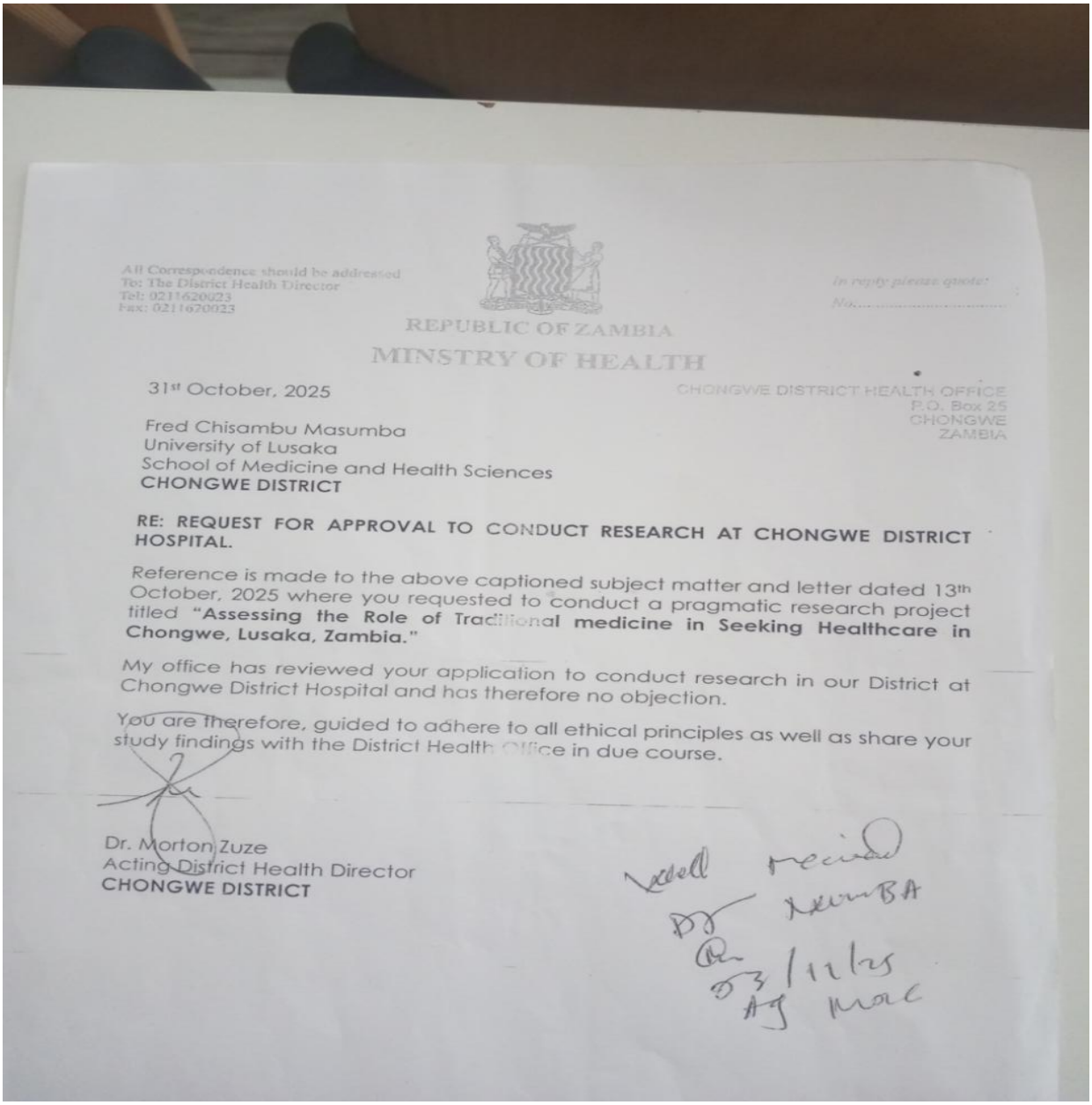
RE: REQUEST FOR APPROVAL TO CONDUCT RESEARCH AT CHONGWE DISTRICT HOSPITAL.

Reference is made to the above captioned subject matter and letter dated 13th October, 2025 where you requested to conduct a pragmatic research project titled **"Assessing the Role of Traditional medicine in Seeking Healthcare in Chongwe, Lusaka, Zambia."**

My office has reviewed your application to conduct research in our District at Chongwe District Hospital and has therefore no objection.

You are therefore, guided to adhere to all ethical principles as well as share your study findings with the District Health Office in due course.

Dr. Morton Zuze
Acting District Health Director
CHONGWE DISTRICT



All Correspondence should be addressed
To: The District Health Director
Tel: 0211620023
Fax: 0211620023

In reply please quote:
No.....

REPUBLIC OF ZAMBIA

MINSTRY OF HEALTH

CHONGWE DISTRICT HEALTH OFFICE
P.O. Box 25
CHONGWE
ZAMBIA

31st October, 2025

Fred Chisambu Masumba
University of Lusaka
School of Medicine and Health Sciences
CHONGWE DISTRICT

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CHONGWE DISTRICT