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Introduction

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This volume contains articles that were developed from a study contacted in Botswana to establish how religious beliefs impact health seeking and health provision behaviours among Batswana and, from the findings, to propose review of theological, medical and health education for the purposes of promoting holistic health through the integration of medical, traditional and faith healing. The study was conducted between July 2018 and 30 September 2019. The editors and the whole team of researchers are grateful to the Templeton Religion Trust for funding the project and to the Nagel Institute of Calvin University, Michigan, United States of America for administering the funds and the general running of the project.

From the time of the Enlightenment, the relationship between religion and science became very complex. As a result, to date, people hold different opinions concerning the relationship between the two. This is particularly so when it comes to the role of religion and religious beliefs to health seeking and health provision behaviours. Whereas there are those who see a close relationship between the two and therefore call for their integration for the good of humanity (e.g. Lucchetti, Lucchetti, Espinha, Oliveira, Leite and Koenig 2012:1), there are others (e.g. Sloan, Bagiella and Powell 1999: 664) who find religion and religious beliefs to be a hindrance to health seeking and health provision in the modern scientific world. The side-by-side existence of both religiously based health care systems and the medical care health systems in Africa and other parts of the world do make the debate even more complex and heated tearing the health seeker and health provider apart. This is because, despite the promotion of medical health care, alternative health systems remain very popular. Thus in 2002, the World Health organisation (WHO) called for the integration of alternative health systems into national health policies. Despite this call, Botswana remains one of the countries that have not developed guidelines for engaging traditional and faith healers in health provision. The Botswana Public Health Act does not recognize the role of faith healers, traditional medicine or other alternative treatment and healing modalities. Does this mean that Batswana do not use alternative health systems? From 2011 to 2016, Togarasei, Mmolai and Kealotswe (2016) undertook a research project funded by the University of Botswana Office of Research and Development to investigate Batswana health seeking practices. The objective was to establish how Batswana make use of the three available health systems in the country: traditional healing, faith healing and medical healing. The study established that Batswana make use of all the three although priority is given to modern health facilities. What the study did not establish, however, is how one's religious affiliation influences their health seeking practices. On the other hand, no studies have focused on how religion and religious practices influence health seeking

and health provision behaviours and how this knowledge can help inform medical, health and theological education.

In light of the above position established from literature, this study sought to establish the relationship between faith and science by considering Batswana's use of traditional healing, faith healing and allopathic (medical) healing. How do believers who belong to churches that emphasise faith for healing view bio-medicine? At the height of the HIV pandemic, because of some churches' teaching that with faith nothing is impossible, we learnt of people who gave up medication for faith healing (Togarasei 2010). We learnt of pastors who discouraged the faithful from seeking medical assistance. Was this teaching and the resultant health seeking practice limited to HIV and AIDS? What prevails in the contemporary times of non-communicable diseases that we have learnt are as devastating as HIV? Cases of people who give up their high BP, diabetes, mental health medication because of faith for miraculous healing have been reported but no study had been conducted in Botswana to establish empirically how one's religion influences this behaviour. What exactly do theological training institutions in Botswana teach concerning faith and science, in this case specifically on Christianity and health and healing? What do pastors teach their members and what goes on in counselling sessions? What theologies inform such teachings and practices? What about traditional beliefs and modern medicine? Broadly speaking, healing amongst most Africans should involve diagnosis of both the nature of the ailment and its cause, curative method and a preventive measure by protection and strengthening against witchcraft (Gluckman 1965). What then are the national policies concerning collaboration between traditional medicine and modern medicine? Are there specific ailments that Batswana believe are best treated by traditional doctors and is this influenced by their religious beliefs? Additionally, no study has established how the religious affiliation and/or beliefs of the health providers affects their health provision practices. Do medical practitioners who belong to churches that emphasize faith healing encourage their patients to seek faith healing? What about those medical practitioners that uphold traditional beliefs?

The above questions seek answers for a holistic health system in Botswana. This study therefore sought to establish the impact of religion, in this case African traditional religion and Christianity, to one's health seeking or health provision behaviour. The articles in this volume present findings to some of the questions investigated during the study.

While each of the articles describes the methodology in brief, they do so focusing on data relevant for the particular chapter. In this introduction we therefore give a full picture of the methodology to contextualise the articles in this volume. The study adopted a mixed methods approach. Beginning with detailed review of existing literature, it collected quantitative data using questionnaires and qualitative data through focus group discussions and individual in-depth interviews. The study was conducted among villages, towns and cities drawn from the northern, southern, eastern and western parts of Botswana. They included Gaborone, Tutume, Mahalapye, Maun, Bobonong, Molepolole, Hukuntsi and Tsabong with participants also drawn from the smaller villages surrounding the town centres to include both urban and rural perspectives.

To ensure validity and reliability of the data collection tools, tools were pretested before the main survey. This was done in Ramotswa which was not part of the selected survey sites. The site was chosen because of its proximity to Gaborone, where the research team was stationed. This made the pretesting less costly. Further, being a peri-urban area, it provided the characteristics of both a city and a village, characteristics that are

representative of the sampled sites and indeed the country of Botswana. The pretesting of tools also served as an opportunity to train research assistants.

To ensure respect of the rights and autonomy of participating individuals and institutions, the study underwent ethical review and throughout the study, ethical standards were held in high regard. Ethical clearance of the study was done by the IRBs of the University of Botswana and the Ministry of Health and Wellness. The Ministry granted us the research permit. The study proposal was also reviewed by the IRBs of the District Health Teams (DHTs) in the different districts where the research was undertaken. All respondents completed a standard consent form. Questionnaires did not request for self-identifying information. Rather, each respondent (even for individual interviews) was given a code only understood by members of the research team. It is these codes that are used in the presentation of the results.

All data in form of completed questionnaires, audio records of interviews and researcher notes were kept under key and lock in the office of the project leader at the University of Botswana. Electronic data was kept in password protected computers.

The volume comprises eight articles. Amon Marwiro and Lovemore Togarasei open the volume with a review of the policies and guidelines that govern medical practice in Botswana with the aim of establishing implications for holistic health services provision in the country. The article established that although many Batswana make use of alternative health systems, there are no policies to regulate the practice of alternative medicine and, especially, to allow collaboration of both medical and alternative health practitioners. The article recommends that Botswana should establish policies and guidelines to govern the practice of alternative health systems guided by World Health Organisation recommendations.

The next article is by Sana Mmolai. This article explores major determinants of health-seeking behaviour, with the view to establish how health-seekers' religious beliefs, spirituality and faith influence their health-related decision making. It argues that since religious beliefs have a significant influence upon health-seekers, health providers should be fully aware of this issue. The article then challenges health providers to integrate health seekers' religious beliefs, faith and spirituality within their profession. It concludes by appealing to both medical and theological institutions to infuse the interdependence of religion and health into their curricular.

Whilst studies abound on the impact of religion on patients' health seeking behaviours as stated above, studies on how religion affects medical practitioners' (especially doctors and nurses) medical practice are limited. In view of this, Rebecca Kubanji's article addresses this subject. The article explores the role of religious and traditional beliefs on medical practitioners' health provision behaviours. It establishes that religious beliefs of the medical practitioner play an important role in the provision of patient care. The article therefore recommends that the healing power of science needs to be linked to the dynamics of curing and caring that is derived from religious and traditional contexts.

Noting the lack of collaboration of different health care practitioners in Botswana, the two articles look at this subject of collaboration. Abel Tabalaka's article looks at ethics of health collaboration using perspectives from Batswana health seekers. Tabalaka observes that the increasing number of studies on the importance of the collaboration between medical healthcare professionals with other players from alternative healthcare. He notes

that, notwithstanding the amount of research that underscores the significance of this collaboration, on the ground the nature of this collaboration continues to be riddled with challenges and there are pockets of uncharted areas that still need to be explored. The article then explores perspectives of health seekers in Botswana on the collaboration of medical and religious healthcare systems. He concludes that health seekers support the view that the collaboration between modern medical system, represented by medical practitioners and religious healthcare systems should be complementary in nature.

The second article on collaboration is by Tshenolo J. Madigele and Abel B. Tabalaka who note that despite the availability of Western medicine across the country, many of Batswana continue to utilize either of the three or all available health systems: traditional, Western and pastoral systems of healing and care. They argue that the three need to collaborate for effective and holistic health care provision. They then argue for the development models of collaboration that promote a workable relationship amongst these three health systems. The article advocates for holistic care as it acknowledges the need to give attention to all dimensions of human existence and ultimate healing. It also calls for the implementation of interprofessional health policy in Botswana, collaborative patient centred practice, changes in attitude towards interprofessional collaboration and for the development of interprofessional curriculum in educational institutions.

Beginning with the time when scientific medical institutions were solely run by Christian churches, pastoral care has been associated with heath care provision in Botswana. Tshenolo J. Madigele's article visits this subject by assess the contribution that local churches in Botswana make to health and wellbeing. The article is built on the hypothesis that religion contributes immensely to better health and wellbeing. It therefore argues that biomedicine by itself has limited capacity in fulfilling the human quest for meaning. Thus, employing a holistic pastoral theological methodology, the article argues that it is necessary to include pastoral care as a valuable and necessary human resource and partnership for healthcare and development.

With the need for taking religious beliefs and practices seriously in patient care established, the last two articles of this volume zero in on the need for curriculum review in both medical/health and religious/theological education. Tinoonga Shanduka's article discusses Batswana medical practitioners' views on the impact of religion and spirituality on health and medical education. Noting that religion and spirituality are essential aspects of patients' life which ought to be addressed by medical practitioners during healthcare provision, the article concludes that spirituality and religion should therefore be part of medical/health education. Lastly, Lovemore Togarasei's article joins the call for theological education review by focusing on the need to incorporate health and healing in this review. The article argues for incorporating health and healing in the revised African theological education curriculum, among other reasons, on the pursuit for healing in African churches. While Africans seek healing from the church, theological institutions are not producing graduates trained in this area.

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