

# Exploring Oral Health Care-Seeking Behaviours: Patient Perspectives on Western and Traditional Health Practices in Rural KwaZulu-Natal

SADJ AUGUST 2025, Vol. 80 No.7 P375-P380

S Dlamini,<sup>1</sup> I Moodley,<sup>2</sup> M Reddy<sup>3</sup>

## ABSTRACT

### Background

South Africa (SA) is currently undergoing significant demographic shifts, particularly in patterns of population distribution, while simultaneously grappling with a complex burden of disease characterized by high costs, mortality, and morbidity. Despite its classification as a developing country, SA continues to face persistent challenges in delivering effective primary health care, especially in rural communities. These systemic limitations often compel patients to seek alternative care, including traditional health practices.

The environment in which individuals live, particularly factors including accessibility, availability, and affordability of health services, plays a critical role in shaping their health-seeking behaviours. This is equally true for oral health care, which is intrinsically linked to overall health and well-being. In rural areas of KwaZulu-Natal (KZN), where access to formal dental services may be limited, understanding patients' attitudes and behaviours toward oral health care is essential. Such insights can inform targeted interventions to improve oral hygiene practices and reduce the prevalence of oral diseases within these rural, underserved communities.

### Objective

This study aimed to explore patients' treatment-seeking behaviours for oral health conditions and examine their perceptions of Western and African traditional health practices in the context of accessing oral health care.

### Methods

This quantitative study employed an explorative cross-sectional design, using a self-administered questionnaire to obtain patients' knowledge, attitudes, and preferences when

seeking oral health care in rural KZN. The sample size was 120, recruited using snowball and stratified random sampling techniques. Completed questionnaires were analysed using Social Sciences (SPSS) software version 26.0. The outcomes were presented by descriptive analysis using cross-tabulations, graphs, and other figures.

### Results

While dental professionals and traditional healers were reported as accessible within the communities, the choice of consultation was shaped by a complex interplay of dental pain, cultural beliefs, personal experiences, and perceived effectiveness.

### Conclusion

This study highlights participants' dual engagement with Western and African traditional health practices for treating oral diseases. Dental pain emerged as the predominant driver of treatment-seeking behaviour, significantly impacting participants' self-esteem, social interactions, and overall lifestyle. Understanding these nuanced behaviours is essential for developing culturally sensitive and contextually relevant oral health programs.

### Keyword

oral diseases, oral health care, health-seeking behaviour, dental professionals, traditional health practice

Exploring Oral Health Care-Seeking Behaviours: Patient Perspectives on Western and Traditional Health Practices in Rural KwaZulu-Natal

## INTRODUCTION

South Africa (SA) is currently undergoing notable demographic shifts alongside a persistent quadruple burden of disease. This burden encompasses a rise in chronic illnesses, the persistence of poverty-related diseases, increasing rates of injury, and the ongoing impact of opportunistic infections associated with HIV/AIDS<sup>12</sup>. Despite being classified as a developing country, South Africa's Primary Health Care (PHC) system faces ongoing challenges in delivering equitable and effective health services, particularly in rural and underserved areas. Addressing these challenges requires the development of informed health policies and programs grounded in an understanding of health-seeking behaviours. Such insight is vital for facilitating early diagnosis, ensuring timely and appropriate treatment, and implementing contextually relevant health strategies<sup>3</sup>. Understanding how individuals engage with the health system becomes increasingly important in this context.

### Authors' information

1. Sibusisiwe Dlamini, NGAP Lecturer, PhD student, University of KwaZulu-Natal, College of Health Sciences, Discipline of Dentistry. Tel: 0312607639, Cell: 0827581503. Email: DlaminiS27@ukzn.ac.za. ORCID: <http://orcid.org/0000-0002-9827-4290>.
2. Ilana Moodley, Senior Lecturer, Academic Leader, Co-supervisor. University of KwaZulu-Natal. College of Health Sciences. Discipline of Dentistry. Tel: 0312606215. Cell: 0849201088. ORCID: <http://orcid.org/0000-0001-5834-887>
3. Mogie Reddy, Senior Lecturer, Supervisor. University of KwaZulu-Natal. College of Health Sciences. Discipline of Dentistry. Tel: 0312608270. Cell: 0845844288 ORCID: <http://orcid.org/0000-0001-9830-451>

### Corresponding Author

Name: Sibusisiwe Dlamini  
Tel: 0312607639  
Cell: 0827581503  
Email: DlaminiS27@ukzn.ac.za

Health-seeking behaviour refers to individuals' actions to maintain or restore their health. These behaviours are shaped by a complex interplay of personal, social, and environmental determinants, including the availability, accessibility, and perceived quality of health care services<sup>4</sup>. Additionally, individuals' knowledge, attitudes, and cultural beliefs significantly influence their decisions regarding when, where, and how to seek care<sup>5</sup>. Therefore, a comprehensive understanding of rural populations' health-seeking behaviours is essential for designing and delivering responsive and culturally appropriate health services.

Environmental factors, such as the accessibility and reliability of health care facilities, significantly influence how individuals seek care. In South Africa, these patterns are further shaped by deeply embedded cultural and religious practices, which inform community perceptions of illness and treatment<sup>6</sup>. Moreover, the pursuit of general health cannot be fully realised without addressing oral health, which is often overlooked despite its integral role in overall well-being<sup>7,8</sup>. The oral cavity functions as a critical gateway to systemic health, with oral diseases frequently serving as indicators or contributors to broader health conditions<sup>9</sup>.

Personal characteristics, including age, gender, and family background, also contribute to health-seeking behaviours and are associated with the progression of oral diseases in rural communities. These populations are particularly vulnerable due to geographic isolation, dietary habits, inadequate oral hygiene practices<sup>11</sup>, and stoicism in illness behaviour. Stoicism, characterized by silent endurance and emotional restraint<sup>11</sup>, marked by emotional restraint and the silent endurance of discomfort<sup>11</sup>, often results in delayed symptom reporting, contributing to "patient delay," "delayed diagnosis," and ultimately, postponed treatment initiation<sup>12</sup>.

In KwaZulu-Natal (KZN), the burden of oral diseases, including dental caries and periodontal conditions, remains disproportionately high<sup>13</sup>. Gaining insight into the health-seeking behaviours of rural patients is essential for identifying prevailing attitudes toward oral health, reducing neglect of oral hygiene, and mitigating the overall burden of oral disease<sup>14</sup>.

Despite the significance of this issue, there remains a paucity of research exploring the intersection of oral health care and traditional health practices. His study seeks to address this gap by examining patients' health-seeking behaviours about oral disease treatment, with a particular focus on their perspectives regarding both Western biomedical and African traditional health systems. It forms part of a broader mixed-methods investigation to identify strategies to improve oral health care in rural communities.

## OBJECTIVES OF STUDY

This study aimed to explore patients' treatment-seeking behaviours for oral health conditions and examine their perceptions of Western and African traditional health practices in the context of accessing oral health care.

## METHODS

### Study design

This quantitative study employed an exploratory, cross-sectional design to investigate patients' health-seeking behaviours and preferences when consulting Western and African traditional health practitioners to treat oral diseases.

Data were collected using a structured, self-administered questionnaire.

### Setting

The study was conducted across five KwaZulu-Natal (KZN) rural districts, including Amajuba, Ilembe, King Cetshwayo, Ugu, and Uthukela district municipalities. Initially, the study was to be carried out in the 11 district municipalities of KZN, but only five district municipalities participated due to the lockdown restrictions imposed by the COVID-19 pandemic. Private practitioners, including dentists and dental therapists in the selected areas, were approached to allow their patients to participate in the study.

### Sampling and selection criteria

A combination of snowball and stratified random sampling techniques was used to recruit participants for the study. Initially, dental therapists in the selected districts referred other practitioners in private practice. Following this, permission was obtained from five nominated practice owners to recruit patients from their practices.

Proportional allocation of stratified random sampling was applied using the formula:

$n_i = (N_i/N) \times n$ , where  $N$  represents the total target population,  $N_i$  the population size within each stratum,  $n$  the total sample size (initially calculated as 379 using Raosoft software), and  $n_i$  the sample size per stratum. Due to COVID-19 lockdown restrictions, the study was limited to five originally intended eleven district municipalities. Following consultation with a statistician, the estimated population size was revised, and the final sample comprised 120 participants, distributed as follows: Amajuba ( $n=23$ ), Ilembe ( $n=25$ ), King Cetshwayo ( $n=27$ ), Ugu ( $n=26$ ), and Uthukela ( $n=19$ ). Eligibility was based on residence in rural KZN and attendance at participating dental practices.

### Data collection tool

The questionnaires were distributed to dental therapists in the participating districts, who recruited and facilitated completion by willing patients. Informed consent was obtained from all participants. The questionnaire focused on the patients' treatment-seeking behaviour for common oral diseases. To ensure confidentiality and privacy, participants completed their questionnaires independently in a private space.

### Pilot study

Due to the lockdown restrictions imposed by the COVID-19 pandemic, a pilot study was not done.

### Data analysis

Quantitative data was entered into an Excel spreadsheet and analysed with the Statistical Package for Social Sciences (SPSS) software version 26.0. The outcomes were presented by descriptive analysis using cross-tabulations, graphs, and other figures. Inferential techniques included correlation and chi-square test values, transcribed using the p-values.

### Ethical clearance

The researcher adhered to the ethical principles; consent was obtained from all participants, the study protocol was approved, and permission to conduct the research was granted by the Human and Social Sciences Research Ethics Committee of the University of KwaZulu-Natal (HSSREC/00000951/2020).

## RESULTS AND DISCUSSION

The results are presented in two parts: participants' demographics and responses.

### Socio-Demographic Characteristics

This study had a total sample size of 120. Most participants, 27% (n=32), were from King Cetshwayo, Amajuba district, with the least, 14% (n=17). Most patients, 62% (n=74), were males and 38% (n=46) were females. The participants' highest level of education is summarized in Table 1.

Table 1: Level of education

Highest level of education	Count	Percentage (%)
Primary School	14	12
Secondary School	4	3
High School	45	38
Tertiary Level	57	47
<b>Total</b>	<b>120</b>	<b>100</b>

Less than half, 47% (n=57), of the participants obtained a tertiary level, 38% (n=45) a high school level, 12% (n=14) a primary school level, and 3% (n=4) a secondary level.

The majority of the participants were single and religiously affiliated. Table 2 depicts the participants' religious affiliations and marital and employment statuses.

Table 2: Religion, marital, and employment statuses.

	Count	Percentage	
Religion	Christian	94	78
	Islam	1	1
	Hindu	3	3
	Shembe	17	14
	Other (specify): Africanist	5	4
Marital Status	Single	91	76
	Married	21	18
	Divorced	8	6
Employment Status	Unemployed	46	38
	Self-employed	16	13
	Employed by state	36	30
	Employed in the private	22	18

The majority of participants identified as Christian, 78% (n=94), followed by Shembe adherents 14% (n=17), Hindus, 3% (n=3), and the rest identified themselves as Africanists. In terms of marital status, most respondents were single, 76% (n=91), while 18% (n=21) were married, and 6% (n=8) divorced. The high unemployment rate in SA is reflected in the statistics, 38% (n=46) were unemployed, the state employed 30% (n=36), and 18% (n=22) were employed within the private sector.

### Socio-Economic and Cultural Influences on Health-Seeking Behaviour

Socio-demographic and socio-economic factors influence health outcomes, particularly their impact on individuals' beliefs about disease causation and treatment preferences<sup>15</sup>. This study supports such associations, as a significant proportion of participants (38%, n = 46) were unemployed—aligning with national and provincial unemployment trends. For instance, district-level unemployment rates were reported as follows: Amajuba (35.6%), Ilembe (31%), King Cetshwayo (28%), Ugu (36.3%), and Umzinyathi (57.8% )<sup>17</sup>.

### Prevalence of Oral Disease and Access to Information

A substantial proportion of participants (71%, n = 86) reported having experienced oral diseases. This finding is consistent with the World Oral Health Report (2003), which identifies oral diseases as a significant global public health concern due to their high prevalence and disproportionate impact on disadvantaged populations<sup>16</sup>.

Access to health information is a critical determinant of treatment outcomes. While 55% (n = 66) of participants indicated they had access to new information on oral health, a notable 38% (n = 46) reported lacking such access. This gap is concerning, as previous research has shown that patients often struggle to comprehend or retain information provided during clinical encounters, particularly those with low functional health literacy<sup>18</sup>. Tailoring health communication strategies to meet the needs of these populations is essential for improving oral health outcomes.

### Knowledge

Participants' knowledge of oral diseases and the roles of both Western and African traditional health practices in oral health care was assessed using a Likert scale. Knowledge scores were categorised as follows:

- **Good knowledge:** Participants who correctly answered more than 50% of the knowledge-related items.
- **Not good knowledge:** Participants who answered fewer than 50% of the items correctly.

Overall, participants demonstrated a generally acceptable level of knowledge. However, notable variations were observed across district municipalities. The Ilembe and Ugu districts recorded the lowest proportions of participants with good knowledge, at 45% and 43%, respectively. In contrast, King Cetshwayo and Umzinyathi districts exhibited the highest knowledge scores, with 59% and 57% of participants, respectively, demonstrating good knowledge. In Amajuba, 47% of participants showed fair knowledge, while 53% demonstrated good knowledge.

More than half of the participants (55%, n = 66) reported having access to new information on oral health, while a significant proportion (71%, n = 86) indicated that they had experienced oral diseases. The choice of health care providers, whether Western or traditional, is often influenced more by perceived quality, reputation, and anecdotal success stories than by formal qualifications or institutional affiliations. This aligns with findings in consumer decision-making literature, which highlight the power of word-of-mouth as a trusted, influential, and credible source of information<sup>19</sup>.

When participants were asked whether they had ever recommended a traditional health practitioner (THP) to

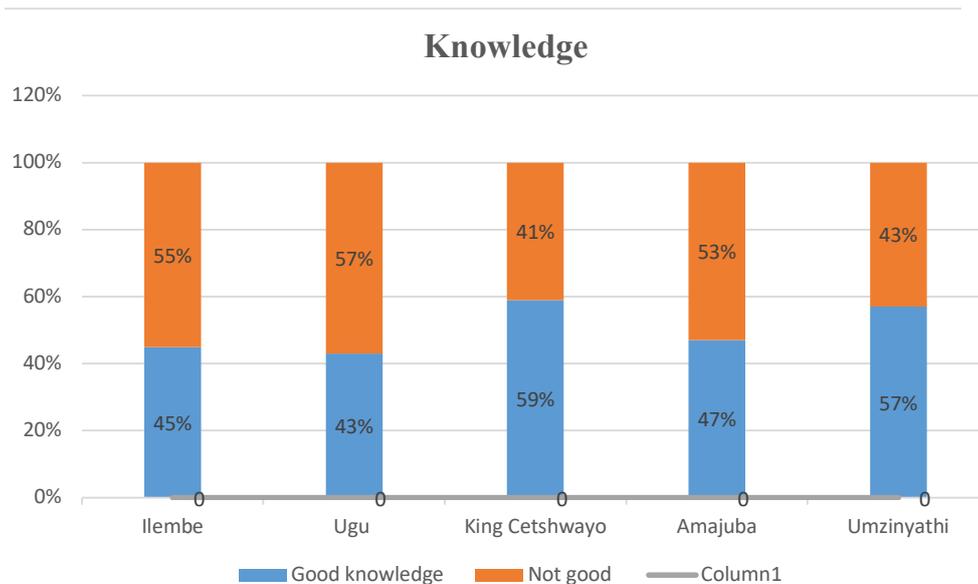


Figure 1: Knowledge levels of oral health care per district.

someone for an oral health-related condition, 68% (n = 82) responded negatively, 28% (n = 34) responded affirmatively, and the remaining participants were unsure. In contrast, when asked the same question regarding dental professionals, 76% (n = 91) reported that they had recommended a dental practitioner, while 24% (n = 29) had not.

### Attitude

This section explored participants' attitudes toward oral health-related quality of life and the perceived role of traditional healers in oral health care.

Although a slight majority of participants (56%, n = 67) reported satisfaction with their current oral health status, a substantial proportion (44%, n = 53) expressed dissatisfaction. Given that general health cannot be achieved without good oral health<sup>7,8</sup>, this study examined oral health-related quality of life (OHRQoL) through a broader lens. Literature suggests that oral health providers should assess physical symptoms such as pain, discomfort, and functional limitations (e.g., mastication and speech) and psychosocial dimensions including appearance, self-esteem, and social interaction<sup>20</sup>.

Numerous studies support the notion that oral diseases significantly impact quality of life<sup>21-24</sup>. The concept of health-related quality of life acknowledges the importance of psychological and social well-being alongside physical health<sup>24</sup>. As such, a shift from a narrow biomedical focus to a more holistic, patient-centred approach is essential for effective oral health care<sup>25</sup>.

Findings from this study reinforce this perspective. Most participants (72%, n = 86) reported that dental pain negatively affected their social lives, while 84% (n = 100) indicated that oral pain or discomfort disrupted their lifestyle and diminished their sense of hope. Furthermore, 86% (n = 91) agreed that dental pain adversely impacted their self-esteem.

Regarding the role of traditional health practitioners (THPs), 23% (n = 29) of respondents expressed satisfaction with the treatment received from THPs for oral health conditions. However, a significant majority (76%, n = 91) reported never

disclosing their use of traditional healers to their dental professionals, highlighting a potential gap in communication and integrated care.

### Perspectives

This section explored participants' perspectives on the attitudes of dental professionals toward traditional health practitioners (THPs) and the extent to which societal influences shape their health care choices. THPs continue to play a vital role in the health care systems of many South Africans and other African populations<sup>26</sup>. Previous research suggests that THPs are often perceived as attentive, respectful, and responsive to patients' concerns, contributing to their enduring popularity<sup>26</sup>.

Given their cultural relevance and accessibility, this study considered THPs as alternative oral health care providers. When asked about their beliefs, 39% (n = 46) of participants expressed confidence in the healing powers of traditional healers, although only 20% (n = 24) reported having used traditional medicine for oral health-related conditions.

Health care providers' knowledge, attitudes, and perceptions influence patients' decisions. Some practitioners hesitate to advise on or engage with complementary and alternative medicine (CAM), despite acknowledging the validity of certain therapies<sup>30</sup>. In this study, 38% (n = 46) of participants felt that their dental professionals were comfortable with their use of THPs, while 36% (n = 43) disagreed, and 26% (n = 31) were unsure.

Consistent with previous findings<sup>27</sup>, most participants (76%, n = 91) reported never disclosing their use of THPs to their dental professionals. Only 17% (n = 21) had done so, while 7% (n = 8) were uncertain. This aligns with Bahall's research, highlighting patients' reluctance to discuss CAM use with conventional health care providers. However, literature emphasizes the importance of open communication between patients and providers regarding CAM use<sup>28</sup>. Health professionals also bear responsibility for initiating such discussions, particularly when conventional treatments are ineffective or adverse effects are observed<sup>29</sup>.

When asked whether their dental professionals had ever advised against using traditional healers, 58% (n = 70) said they had not received such advice. Encouragingly, 80% (n = 88) of participants expressed satisfaction with the treatment received from dental professionals. However, 54% (n = 65) were unsure whether their providers were uncomfortable with their consultation of THPs for oral health issues.

### Societal Influence on Treatment Choices

Figure 2 illustrates participants' perceptions of how societal norms and expectations influence their treatment decisions. A majority (74%, n = 89) reported that society did not affect their choice of treatment, with 42% strongly disagreeing and 32% disagreeing with the statement. Meanwhile, 21% (n = 26) were unsure about the extent of societal influence.

Figure 2 represents how patients' perceptions of society influence their treatment choices.

Influenced by society to consult THPs

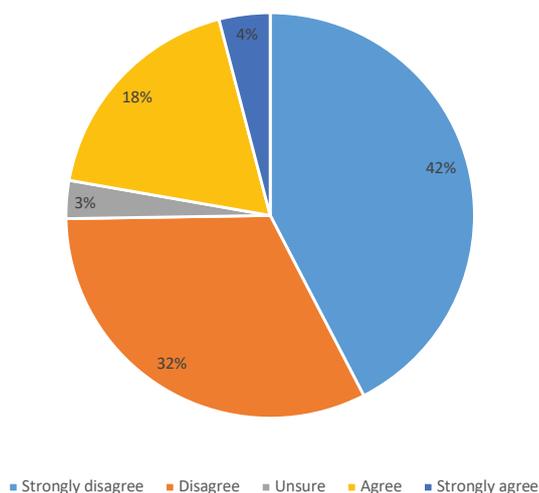


Figure 2: Participants' perspective on how society influences their treatment choice.

### Preferences

Currently, there is limited literature explicitly detailing whether patients prefer conventional Western or traditional African health practices for oral health care. Findings from this study suggest that participants often engage with both systems, though it remains challenging to determine a clear preference.

Most participants (80%, n = 96) reported not consulting traditional health practitioners (THPs) before seeking care from dental professionals for oral health-related conditions. In contrast, 44% (n = 53) indicated they do not consult dental professionals before visiting THPs. This overlap suggests a pattern of dual consultation rather than exclusive reliance on one system.

When asked about the influence of cultural beliefs on their choice to consult THPs, 34% (n = 40) were unsure, indicating some ambiguity in the role of belief systems in shaping health-seeking behaviour. Additionally, just over half of the respondents (51%, n = 61) stated that their cultural or belief systems did not influence their decision to consult dental professionals. These findings highlight the complexity of patient preferences in oral health care and underscore the need for culturally sensitive approaches

that acknowledge the coexistence of multiple health paradigms.

### Treatment-seeking behaviour

Previous research on sexually transmitted diseases (STDs), including HIV/AIDS, has shown that traditional health practitioners (THPs) are often the first point of consultation for many individuals in both urban and rural areas of KwaZulu-Natal (KZN)<sup>31</sup>. However, findings from this study suggest a different pattern in the context of oral health. When participants were asked whom they consult first for oral health-related conditions, 52% (n = 63) reported consulting dental professionals before THPs, while 16% (n = 19) indicated that they consult THPs first. A notable 32% (n = 38) were unsure, reflecting some uncertainty or variability in consultation patterns.

Several factors influence individuals' treatment-seeking behaviour, including familial, cultural, and environmental elements. Families often share similar lifestyles and belief systems, which can shape collective attitudes toward illness and health care utilisation<sup>32</sup>. Shared physical, economic, and social circumstances may reinforce specific health behaviours within family units<sup>33</sup>.

In this study, 74% (n = 89) of participants reported that family did not influence their decision to consult THPs, while 22% (n = 27) said it did. Regarding cultural beliefs, 55% (n = 66) disagreed that such beliefs influenced their decision to consult THPs, whereas 34% (n = 40) agreed, and 12% (n = 14) were unsure. When asked whether cultural beliefs influenced their decision to consult dental professionals, 51% (n = 61) disagreed, 41% (n = 49) agreed, and 8% (n = 10) were unsure.

Accessibility also emerged as a key factor in treatment-seeking behaviour. While 51% (n = 61) of participants reported that they could easily access a dental professional in their area, 47% (n = 56) indicated difficulty in doing so, and 3% (n = 3) were unsure. In contrast, 48% (n = 57) said they could easily access a traditional healer, 35% (n = 41) disagreed, and 18% (n = 22) were unsure.

Research has shown that perceptions of dentistry can either facilitate or hinder oral health care-seeking behaviour. These perceptions are often shaped by a range of barriers, including fear of pain or discomfort, the inability to cope with symptoms, particularly when they disrupt sleep, limited access to dental professionals, and the high cost of dental treatment<sup>34</sup>. In this study, pain and discomfort emerged as significant motivators for seeking care, with 77% (n = 91) of participants identifying them as primary reasons for consulting about oral diseases (Figure 3).

Responses were mixed when asked whether cost influenced their decision to consult traditional health practitioners (THPs). While 32% (n = 38) agreed that cost played a role, a majority (65%, n = 78) disagreed, and 3% (n = 4) were unsure. These findings suggest that while affordability may influence some individuals' choices, the decision to consult THPs is likely shaped by a broader set of contextual and cultural factors. (Figure 3)

### CONCLUSION

This study highlights participants' dual engagement with Western and African traditional health practices for treating

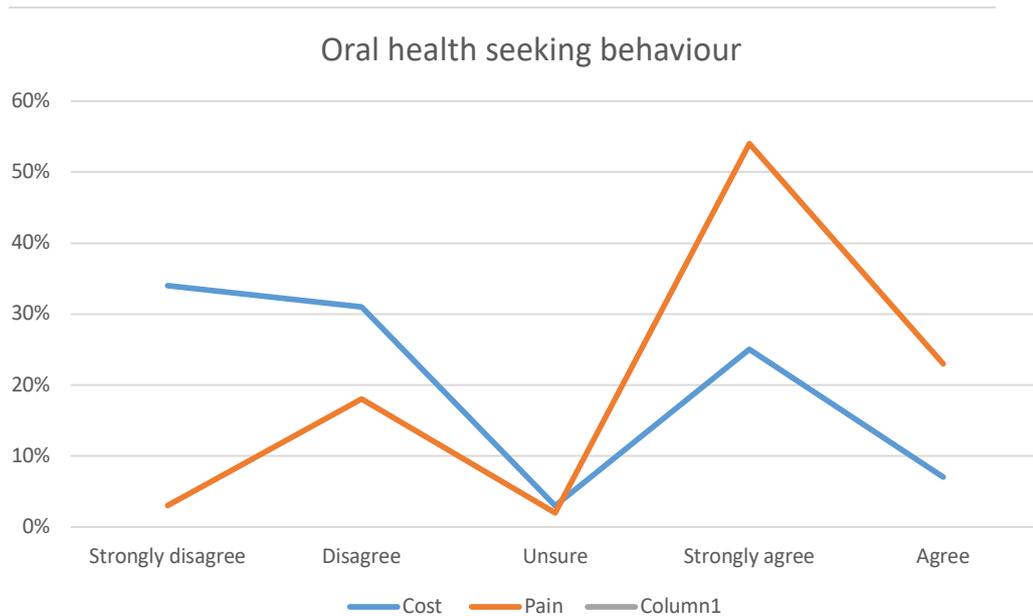


Figure 3: Influence of pain and cost on the respondents' oral health seeking behaviour

oral diseases. Dental pain emerged as the predominant driver of treatment-seeking behaviour, significantly impacting participants' self-esteem, social interactions, and overall lifestyle. While dental professionals and traditional healers were reported as accessible within the communities, the choice of consultation was shaped by a complex interplay of cultural beliefs, personal experiences, and perceived effectiveness.

Understanding these nuanced behaviours is essential for developing culturally sensitive and contextually relevant oral health programs. By aligning health interventions with rural populations' lived realities and preferences, policymakers and practitioners can enhance service delivery, promote early diagnosis, and improve oral health outcomes in underserved communities.

## ACKNOWLEDGEMENTS

The researcher would like to thank everyone who contributed to the study, the universe for connecting and aligning itself with me, my children as my source of inspiration, and my family and colleagues for their tremendous support throughout the research.

## REFERENCES

- Bradshaw D, Groenewald P, Laubscher R, Nannan N, Nojilana B, Norman R, Pieterse D, Schneider M, Bourne DE, Dorrington R, Johnson L. (2003). "Initial burden of disease estimates for South Africa, 2000." *S Afr Med J*, (93): 682-688.
- van der Hoeven M, Kruger A, Greeff M. (2012). "Differences in health care seeking behaviour between rural and urban communities in South Africa." *International Journal for Equity in Health*, 11(31).
- Hausmann-Muela S, Muela Ribera J, Nyamongo I. (2003). Health-seeking behaviour and the health system response. Disease Control Priorities Project (DCPP).
- Chaunan R, Manikandan C, Purty AJ, Samuel A, Singh Z. (2015). Determinants of health care seeking behaviour among the rural population of coastal areas in South India. *Int J. Scie Rep*: 118-122.
- Siddiqui M, Sohag AA (2011). "Health-seeking behaviour of the people: knowledge, attitude and practice study of the people of urban slum areas of Karachi." *Professional medical journal J* 31(18): 626.
- Chukwunke FN, Ezeonu CT, Onyire BN, Ezeonu PO. (2012). "Culture and Biomedical care in Africa: the influence of culture on biomedical care in a traditional African society, Nigeria, West Africa." *Nigerian Journal of Medicine*. 21(3).
- Seymour G. (2007). "Good oral health is essential for good general health: the oral, systemic connection." *Clinical Microbiology and Infection*. 13(1): 1-2.
- Kane S. (2017). "The effects of oral health on systemic health." *Journal of General Dentistry*, 65: 30-34.
- Alpert P. (2017). "Oral health: the oral systemic health connection." *Home Health Care Manage Pract*. 29(1): 56-59.
- Karnam R, Kumar NS, Eshwar S, Deolia S. (2016). "Cognitive ability as a determinant of socio-economic and oral health status among adolescent college students of Bengaluru, India." *Journal of Clinical and Diagnostic Research*. ZC(ZC): 62-66.
- Murray G, Judd F, Jackson H. (2008). "Big boys don't cry: An investigation of stoicism and its mental outcomes." *Personality and Individual Differences*. 6(44): 1369-1381.
- Shaikh B, Hatcher J. (2007). "Health-seeking behaviour and health services utilization trends in the national health survey of Pakistan: What needs to be done?" *J Pak Med Assoc*. 8(57): 411.
- Reddy M, Singh S. (2015). A framework for integrated school oral health promotion within the Health Promoting Schools Initiative in KZN, Doctor of Philosophy, KwaZulu-Natal.
- Deolia S, Kela KS, Sawhney IM, Sonavane PA, Nimbulkar G, Reche A. (2020). "Evaluation of oral health care seeking behaviour in rural population of central India." *J Family Med Prim Care*. 2(9): 886-891.
- Ajaegbu OO, Ubochi II. (2016). "Health Seeking Behaviour among Undergraduates in the Faculty of Health Sciences and Technology, University of Nigeria Enugu Campus." *Journal of Evaluation and Research Education* 5(3): 181-188.
- Petersen PE. (2003). The World Oral Health Report 2003: continuous improvement of oral health in the 21st century- the WHO Global Oral Health Programme approach. *Community Dentistry and Oral Epidemiology*. 31(1): 3-24.
- KZN Department of Health. (2017). KZN Annual Report 2017/18. KZN, Department of Health. 7.
- Schillinger D, Piette J, Grumbach K, Wang F, Wilson C, Daher C, Leong-Grotz K, Castro C, Bindman AB. (2003). "Closing the loop: physician communication with diabetic patients with low health literacy." *Archives of Internal Medicine*. 163(1): 83-90.
- Khalid S, Ahmed MA, Ahmad Z. (2013). "Word-of-Mouth Communications: A powerful contributor to Consumers' decision-making in the Healthcare Market." *International Journal of Business and Management Invention*. 2(5): 50-59.
- Kandelman D, Petersen. PE, Ueda H. (2008). "Oral health, general health, and quality of life in older people." *Special care in dentistry*. 28(6): 224-236.
- Heydecke G. (2002). "Patient-based outcome measures: oral health-related quality of life." *Schweiz Monatsschr Zahnmed*. 112: 605-611.
- McMillan AS, Wong MC, Lo EC, Allen PF. (2003). "The impact of oral disease among the institutionalized and non-institutionalized elderly in Hong Kong." *J Oral Rehabil*. 30: 46-54.
- Biazevic MG, Michel-Crosato E, Iagher F, Pocter CE, Correa SL, Grasel CE. (2004). "Impact of oral health among the elderly population of Joacaba, Santa Catarina, Brazil." *Pesqui Odontol Bras*. 18: 85-91.
- Sandberg GE, Wilkbold KF. (2003). "Oral health and health-related quality of life in type 2 diabetic patients and non-diabetic controls." *Acta Odontologica Scandinavica*. 61: 141-148.
- Sarment DP, Antonucci TC. (2002). Oral health-related quality of life and older adults. Hanover Park, Quintessence Publishing Inc.
- Moshabela M, Zuma T, Gaede B. (2016). "Bridging the gap between biomedical and traditional health practitioners in South Africa." *South African health review*. 1: 83-92.
- Bahall M. (2017). "Prevalence, patterns, and perceived value of complementary and alternative medicine among cancer patients: a cross sectional, descriptive study. ." *BMC complementary and alternative medicine*. 17: 345.
- Illamola SM, Amaeze OU, Krepkova LV, Brinbaum AK, Karanam A, Job KM, Bortnikova VV, Sherwin CMT, Enioutina EY. (2020). "Use of Herbal Medicine by Pregnant Women: What Physicians Need to Know." *Frontiers in Pharmacology*. 10: 1483.
- Wahner-Roedler DL, Vincent. A, Elkin PL, Loehrer LL, Cha SS, Bauer BA. (2006). "Physicians' Attitude Toward Complementary and Alternative Medicine and Their Knowledge of Specific Therapies. A survey at an Academic Medical Centre." *Evidence-based Complementary and Alternative Medicine*. 3.
- Peltzer K, Mngqundaniso N. (2008). "Patients Consulting Traditional Health Practitioners in the context of HIV/AIDS in urban areas in KwaZulu-Natal, South Africa." *Afr. J. Tradit. Complement. Altern. Med*. 5(4): 370-379.
- Litman L. (1974). "The family as a basic unit in health and medical care: a social-behavioural overview." *Soc Sci Med J*. 8: 495-519.
- Cardol M, Groenewegen PP, De Bakker DH, Speeuwenberg P, van Dijk L, Van den Bosch WJ. (2005). Shared help-seeking behaviour within families: a retrospective cohort study. *British Medical Journal*. 330(7496):882.
- Fox C. (2010). "Evidence summary: what do we know from qualitative research about people's care-seeking about oral health?" *British Dental Journal*. 209: 225-231.