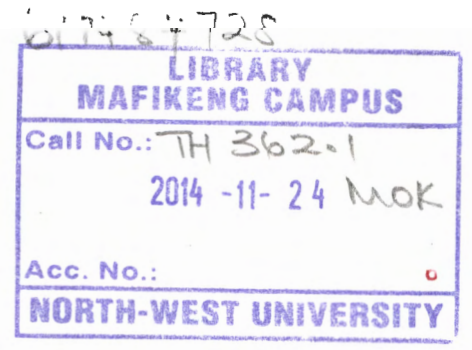
THE INTERGRATION OF TRADITIONAL HEALING AND MEDICINAL PRACTICES INTO THE MAINSTREAM OF MEDICAL FRATERNITY TO IMPROVE PRIMARY HEALITH CARE SERVICE DELIVERY IN BOJANALA WEST REGION: THE CASE OF MABESKRAAL AND SAULSPOORT VILLAGES.

BY

MABE MATTHEWS MOKOKA



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THE INTERGRATION OF TRADITIONAL HEALING AND MEDICINAL PRACTICES INTO THE MAINSTREAM OF MEDICAL FRATERNITY TO IMPROVE PRIMARY HEALITH CARE SERVICE DELIVERY IN BOJANALA WEST REGION: **The case of Mabeskraal and Saulspoort Villages.**

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A mini-dissertation submitted in partial fulfillment of the requirements for the degree of Master of Arts in Indigenous Knowledge Systems in the Faculty of Human and Social Science, at North West University, Mafikeng Campus.

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DECLARATION.

I, Matthews Mabe Mokoka, herby declare that the dissertation for the degree of Master of Arts in Indigenous Knowledge Systems at North West University hereby submitted, has not been previously submitted by me for the degree at this or any other university, that it is my own work in design and execution and all material herein contained has been dully acknowledged.

Signed.....

Date. 04/10/06

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ABSTRACT.

This study, was conducted in the two villages of Mabeskraal (Tlhakong) and Saulspoort (Moruleng) in the Bojanala West Region, North West Province in South Africa. The study was intended to establish the possibility of the Integration of Traditional Healing Systems and Medicinal Practices into the Mainstream of the Medical Fraternity in the region and the country at large to improve Primary Health Care Service Delivery.

The major findings of the study were that:

- The majority of the community members in the Bojanala West Region still support, respect and use Traditional Healing for their health care needs;
- Community members in the study area believe that Indigenous Knowledge and Medicinal Practices are authentic, efficacious and capable of curing a vast variety of diseases and ailments, some of which are unknown to Western Medicinal Practitioners.

On the basis of the findings, the following recommendations were reached:

- Traditional Healing and Medicinal Practices should be officially recognized and be integrated into the mainstream of medical system;
- Traditional Healing should be seen as a unique and authentic system which is independent from Western form of practices;
- Traditional Healing has an important role to play in the community health care and complements Western Health System.
- All practicing Traditional Healers should be properly registered with a body that is officially recognized and legally empowered by the state, that would issue certificates to all qualified practitioners, and
- Indigenous medicines should be registered and licensed

CHAPTER ONE

INTRODUCTION

1. 1 Background.

Traditional Healing and Medicinal Practices have existed since creation and for many centuries, it remained an integral part of the Health Care Delivery Service for the majority of the African Indigenous communities, and it had since played a prominent part in the lives of indigenous communities for many years. Many of the plants familiar to the Traditional Healers do have the healing powers that Traditional Healers attach to them. The therapeutic philosophy of plants use varies, but for thousands of years, plants have demonstrated efficiency as healing agents. In many Eastern countries herbalism is part of mainstream living. Herbal medicine is enjoying a much more deserved revival with more and more people turning to its safe, natural remedies which are free from harmful side-effects. Its holistic approach enables herbalists and traditional healers to restore and maintain well-being by treating the body as a whole (Hoffmann, 1996: 10).

Such a vast and valuable assert had been ignored and marginalized by the people who usurped power over Indigenous peoples and shunned upon the African way of doing things with the intention of making them to renounce their roots.

Indigenous Knowledge of the African communities is deeply rooted as a traditional science embedded in their socio-economic, political and cultural origin. Its theoretical perspective is evidenced by the ways this knowledge was conveyed from one generation to another through Fire-Charts, including folklores, story-telling, proverbs and idioms etc. The theoretical practice was actualized by active involvement in social activities, like performing marriage and birth rituals; in involvement in tribal politics or tribal matters, for example, strengthening the royal family and protecting the community members; and in economic development, for example, cleansing of the fields before they start plough

and the ritual performances of rearing stock and social life, for instance, provision of good health to the community.

These age-old inherent arts of Indigenous Africans, especially of the Herbalists, and of Traditional Healers should be tapped and be used judiciously to benefit the African communities as well as the communities in the Diaspora. The judicious use of plants in health care can make a major contribution towards reducing a developing county's drug bill. Such a traditional army of Traditional Healers, Herbalists and Spiritual Healers can help to make attainable goals of health care for all in the near future. Traditional treatments work and traditional medicine is very effective in calming agitated patients.

The coming of high-technology medicine in the 20th century did not mean to Africans that every body should stop using remedies based on old ideas. Traditional people were used to discussing their ailments with friends and neighbors and some bought medicines from the chemists or from the herbalist's shops, where traditional remedies were still sold, which is a thing that needs improvement and to be continued. Some of the communities still go to faith healers or try nature cures using diet and exercise. Despite all these immense contributions, Traditional Healing is still officially unrecognized by those in power and there is still no move towards that direction in this era of Democratic South Africa.

A Western Medical change that is taking place to date is the spread of high-technology medicine, which was developed in Europe and North America, to the poorer countries of the world. It is generally accepted as a major contribution that, some techniques like vaccination from Modern Practices have already saved many lives. The successful stamping out of smallpox all over the world had even saved more money for the rich and the poor countries alike. So, there can be little argument, that the spread of this completes a story of improvement.

Expensive hospitals and drugs of Western Systems, however, cost more than poor people in poor countries can afford. But these things come from rich people, and successful countries, like Britain or the U.S.A, and have a high prestige (Scotts, 1996: 71). As a result thereof, the leading people in poor countries may prefer Traditional Healing to their

own Traditional Healers and their low-cost remedies. It is also very profitable for the large drug-manufacturing countries in Europe, and the U.S.A, to advertise and sell their products all over the world. But these products can do harm as well as good, especially when used without proper safeguards with regard to indigenous people who do not have easy access to modern practitioners when they are mostly needed.

High-technology medicine, just like traditional medicines, can have harmful effects even in the rich countries, for example, patients admitted to hospitals probably suffering from a doctor-induced disease, viz, overdose on psychotropic, which is a mood changing drug. In the poor countries, it could destroy the traditional medical system, and leave the people worse off than before. Less than 10% of the Third World's three thousand million people live within walking distance of a modern health facility. Therefore, for most of the indigenous people, the Traditional Healer, with his herbal treatments, is their only contact with medicine of any kind. Thus, it makes sense to use the skills of local people with their knowledge of local materials, rather than a limited network of high-technology facilities in towns, far from the majority of the rural community.

Ch'enChieh, as quoted by Scotts (Scotts, 1996: 170), says that there is hope that the developing countries will make better use of the medicinal plants as a means to become self-reliant. He says this is an appropriate health technology that fits in with the culture and natural resources of the country. It is also within the financial reach of impoverished millions. Macpherson (1990: 3-10) asserts that it will be a pity that a body of knowledge, which could produce treatment as effective as that, which we had recently experienced, should pass into obscurity without trace. There are still contemporary beliefs and practices, which ensure that, some of this knowledge is preserved.

Indigenous and introduced systems, which differ in fundamental respects, can exist alongside one another, for example, they differ in concept of health and illness, a body of knowledge on which the practitioners draw, and the systems of organization etc.

Despite the divergence, the systems can co-exist in a unique synthesis and each assigned a legitimate place in the identification and treatment of illnesses. Both systems can co-exist, because the users believe that both systems are required to explain and manage

their illnesses. It is believed that the medical health care in South Africa did not and still does not adequately and effectively control and treat preventable and curable diseases. This presents a dire need for a system, which is effective, and that can adequately address the health care needs of the South African community, as well as people in the Diaspora, a system that is both accessible and acceptable to the community which is a multi-cultural health care delivery service that is accommodative of all racial groups.

This challenge calls for a multi-sectorial approach for close cooperation between orthodox medicine, and socio-economic sectors etc, inclusive of Traditional Healers, and putting health care as priority. This further calls for the review and assessment of the position and status of Traditional Practitioners and their medicines, and the possibility of their incorporation into the health care system, with a view of supplementing and strengthening orthodox practitioners, their medicines and treatments. Van Rensburg (1998: 321) supports the idea that alternative or supplementary low-cost systems, had to be found. In South Africa, as elsewhere in the world, Traditional Healing and traditional medicines are one of such explorable alternatives. Its utilization is worth considering, not only by virtue of its approval by the WHO, but by virtue of the high degree of its acceptance of, and general demands for, and consumption by a large portion of the black people in South Africa, and also as a result of successful experimentation in other parts of the world.

The other general concern is that African Indigenous Practices are not part of the Traditional Western biomedical traditions, and for the most part, since the period of colonialism and imperialism, are ignored or frowned upon by that segment of society. Even to-date, during the period of independence of South Africa, the government has no legal policies to protect and to advance such a much-valued indigenous legacy (hhtp:// www.writing.utc.ac.za. /ELL319F / Students2001/ Debora/webside/what is trad.htm).

Indigenous Healers have for so long been excluded and marginalized, and made to feel less important and less centralized to the development of their own knowledge. Although white settlement on African traditional religion had an impact, it would be a very serious mistake to believe and to support that the Sans, Khoikhoi and the Africa-speaking

communities, with their distinctive cultural, religious and traditional perspectives, were inertly awaiting the missionary tentacles of the Dutch and British colonialism, and that nothing of much significance had happened to them before them. Indigenous societies were adversely affected by White settlement and expansion, and ultimately to the point of succumbing to white dominance and control. The general view is that, while over time, missionary Christianity put education within the grasp of Africans, and introduced useful innovations in agriculture and construction, the cost was ineluctable erosion of customary, economic and political relationships, and they further targeted a small group as white collars and forced them to denounce partially or completely their culture.

As they gain a secure foothold, the missionaries true to their civilizing mission of christianization and westernization, set out deliberately to destroy essential institutions of African societies, viz, rain-making, initiation institutions, polygamy, sorcery, leviratic marriages, drinking sorghum beer, festive dancing etc. Although they were unable to eradicate these practices entirely, they succeeded in driving deep wedges into the cohesion of African cultures through their policies of segregation (Prozensy, 1995: 76).

Indigenous Africans had their own unique and valid ways of preventing, curing and treating diseases and illnesses. Indigenous Healers developed their own holistic healing systems, which blended readily into the socio-economic life of the people in whose culture it is deeply rooted, and that was the only health care before the advent of the Orthodox Medicine and Healing.

Traditional systems included physical, mental and spiritual therapies. Indigenous practitioner's remedies often come in multi-component preparations aimed at treating several ailments simultaneously.

Europeans came to Africa, bringing with them certain assumptions about the superiority of European civilization, combined with contempt of African culture, which they considered barbarous, primitive and uninteresting. They regarded traditional medicines as unscientific, unrefined and remote from clinical procedures of logical thought. Their attitude was often coated with paternalistic concern for the welfare of the Africans. They offered western education and training to a targeted group, which they turned into

transmission belts and multiplying factors of western civilization. The education emphasized heavily, the belief in the barbarity of African cultures, traditions and customs, and they insisted that this elite, renounced all connections with paganism and traditions, and that they accept the total validity of European culture. In this way they bred a generation of educated Africans, who were by then called natives, who completely or partially renounced their past.

Before the European colonization of South Africa, Traditional Healers and Traditional Medicines exerted great political influence in public and private affairs. With the arrival of the early missionaries, it was thought that the Africans could be won over, by showing them that the western health care, was superior to the Indigenous Traditional Health Care Systems. All Traditional Healers were regarded as witch-doctors, who exploited the ignorance and the superstitious of the unenlightened natives, (Van Rensburg, 1998: 320).

Despite this, traditional health care survived in South Africa, and has up to the present, continued to exist and it remains an established health care system in both rural and urban areas, where western culture and medicine are so rife.

Generally accepted assumptions in respect of traditional practices and medicines in Africa are that, this form of health care is enjoying widespread attention on the entire continent, and that these practitioners have an intimate knowledge of the socio-cultural background of the population they serve, that they enjoy considerable status, and that their work is highly respected.

Van Rensberg (1998:320), further points out that, assumptions about and condemnation of Traditional Healers and their medicines, are often made without substantial proof and evidence or in-dept analyses. The following points are indicative of the foundation and cornerstone of traditional systems, practices and medicines.

- Indigenous medicine is cheaper;
- It is relevant to the immediate needs of the people;
- Primary health care requires little technology;
- It is more accessible to most population;
- Most population rely on traditional forms of medicines because of the shortage of

Hospitals;

- Traditional practitioners live among the people;
- Traditional system blends readily into the socio-economic life of the people in Whose culture it is deeply rooted;
- Traditional medicines are natural products which are not invented in the Laboratory;
- Traditional practitioners serve as additional sources of health care manpower,
- In traditional systems there are no complicated and time-consuming processes of registration, and various diagnostic tests, seeing a nurse, waiting long queues before consulting a doctor, etc.

The traditional healing system in South Africa is expected to meet the following requirements:

- ❖ Availability;
- ❖ Accessibility;
- ❖ Affordability;
- ❖ Acceptability; and
- ❖ Accountability.

However, the western medical system is ineffective and lacking. The following examples are a few of the many other contributory factors that weaken the system;

- Biomedicine is expensive, and most Africans cannot afford it,
- Doctors are often under resourced in terms of drugs and equipments,
- Medical institutions are few and far away from the local communities, etc.

The general assumption is that, resources for health promotion are very inadequately distributed. It is apparent that little improvement is occurring, and that the situation is worsening, viz, medical contribution is insignificant, and the little they make, does not significantly counteract the imbalance in the spread of health promotion resources, and it is ineffective in disease prevention and disease cure.

Traditional healing has been used since time-immemorial. Though still unwritten science, it is established in the culture and tradition of our people, and has become a way of life of almost 80% of the people of Africa. Traditional Healers are still popular in many South African contexts and in recent years, are bridging cultural barriers, attracting urban whites.

Indigenous healing is the peoples' heritage, which lives in the hearts of the people, and for that matter there is a need for supporting the use of Indigenous Healers in government-sponsored health care programmes.

Traditional Healers did and do not attend formal institutions of learning, but tend to learn their art through theory and practice, i.e. apprenticeship. Their knowledge is based on practices used in diagnosing, preventing or eliminating physical, mental or social disequilibria and rely on experiences and observations handed down from generation to generation through a word of mouth or orality (Holland, 2000: 1).

This study was conducted in the Bojanala West Region (Rustenburg) of the North West Province. The Bojanala West Region covers a large area, comprising of a number of districts. It stretches from Marico area in the west, through Molatedi (Naaupoort) village in the furthest North-Western Region.

Mankwe area lies in the northern part of the region, with Swaartruggens-Koster district farming areas in the South and the South-Western areas. In the east, lies Hartebeespoort, including farm areas of Brits, Marikana and Kroondaal.

The area is mostly inhabited by rural African people, mostly Tswana-speaking people under the leadership of traditional chiefs. Most people in the area depend largely on traditional medicinal practices.

Rustenberg, a city in the Bojanala West Region, consists of smaller towns and large white farms and industrial sites. It is surrounded by township largely occupied by black communities, e.g. Tlhabane township, Boikagong, Pardekraal, etc, and a number of shacks or informal settlement.

These are scattered around the Platinum mines of Rustenburg. These squatter settlements are occupied by different Black communities with different languages and cultures. In these areas, it is where different forms of traditional practices and healings are experienced.

Communities are from all corners of Africa, e.g. Malawi, Ghana, Mozambique, Nigeria, Congo to mention but few. Therefore, the Bojanala West offers a suitable site for the study of this nature.

The area is chosen on the grounds of the following factors:

- Bojanala West Region is a multi-cultural area because of its rich platinum minerals;
- It makes it possible for the researcher to access different cultural healers and health providers with ease;
- It is economically viable and has less financial implications for traveling accommodation and catering;
- It provides ample time-frame for the research and for the researcher during contact;
- Rural areas around the town are within reach;
- The researcher has knowledge of the community;
- The community will/may accept him with no/less questions.

1. 2 Statement of the Problem.

The statement of the problem was based on the following research questions:

- What are the factors, which contribute to the ineffective treatment of preventable, curable and other chronic diseases by the western-oriented health care centers in the Bojanala West Region, North West Province?
- Why are traditional healers excluded from the mainstream of the medical fraternity?

- What role do/can traditional healers play in the health care of the community in the Bojanala West Region?
- What are the attitudes of the community members in Bojanala West Region towards Traditional Healing Systems as opposed to Western Systems?
- What should be done to facilitate the integration of Traditional Healers into the mainstream of the medical fraternity?

1. 3 The Rationale of the Study.

I was brought up in a traditional background and in an environment where the use of Traditional Healing and Medicinal Practices were very high. The majority of the community members in the area had high regard for and adherence to Indigenous Healing and Medicinal Practices.

I grew up around a family of Traditional Healers where this traditional art was a legacy. It is where I personally observed and experienced many cases in many occasions where diseases were diagnosed and successfully treated. Throughout my life I was exposed to Traditional Healing systems in the family, among the relatives as well as to other Traditional Healers in the community set up. My mother is an Herbalist and midwife, a gift she inherited from her parents and ancestors and she treats any kind of disease, particularly those which are related to infant and child mortality with much success. I enjoyed helping her or getting her herbs from the field.

The contribution of the following Traditional Healers was also significant in developing my interest. My youngest brother, motswalake/my cousin, mmamalome/uncle's wife are Bone-setters, while my other motswala is a spiritualist. I have seen people coming for help, I have seen healers at their work and this helped me to gain a better understanding of this art.

The following types of infant and child diseases were areas of speciality for my mother.

- Mmokwane;
- Phogwana;

- Khujwana.

The remedies for such diseases included among others:

- Tlhonya;
- Ditantanyane;
- Magakajwane;
- Matlhomaganyane;
- Serokolo;
- Majakabomo, etc.

These herbs were the most trusted treatments to prevent infant and child mortality. Other types of illnesses that she treated with apparent success include:

- Go duma ga motse/popelo;
- Popelo e e tsamayang;
- Go sa bone kgwedi sentle;
- Go opa ga tlhogo
- Tlhogo e kgolo/migraine, etc.

The successful treatment of various diseases I have observed and experienced throughout the years was the driving force behind bringing traditional healing to the fore. The main concern was that why is Traditional Healing and Medicinal Practices not used freely and openly? Why does the government not readily accept and recognize such a simple and good primary health care while infants, children and teenagers are dying in large numbers in clinics and hospitals?

It remained a challenge to me to realize that the death rate is escalating because there are still people who do not accept openly or who deny the important role that Traditional Healers play in the lives of so many people (Prokensky, ed. 1995).

I have realized that there are still Africans including the government who have a bleak picture and bad publicity about Traditional Healers and Medicinal Practices and this is a situation to be turned around. Traditional Healing had been dented by media reports in the past to the extent that all the people and the then government believed that all traditional practitioners are bad (http//www.africanhistory.com).

My general observation throughout these years was that Traditional Healing and Medicinal Practices had saved and do save many lives. It is true that Herbalism is a broad ranging of supplementary diet that considers the nature's warehouse as medicine cabinet, waiting to be opened (Telesco, 1997: 205).

Traditional Healing and Medicinal Practice had saved and changed the livelihood of many people. It is on the basis of this background that compelled me to start to investigate the issue of Traditional Healers so that the documentation thereof would assist to make the public and the government aware of the immense and valuable contribution that Traditional Healers and Medicinal Practices had made in the past, are making at present and will make in the future in the lives of the African communities.

I hope that if the government can realize the importance of Traditional Healers as a bargaining advantage to fight against primary health care problems, if would readily accept and officially recognize such a valuable system. The integration of Traditional Healers and Medicinal Practices into the medical fraternity would bear significant benefits for the entire African communities, the Department of health and for the government from local levels up to international levels.

The unfailing hope is that after integration and cooperative bargaining, most of the problems of primary health care will vanish with the advent of simple traditional primary health care curatives and Africans in the Bojanala region, inclusive of African communities as a whole as well as the people in the Diaspora will lead a better healthy life.

1. 4 Aim of the Study.

To investigate the integration of Traditional Healers into the mainstream of the Medical Fraternity to improve the primary health care delivery services in Bojanala West Region of the North West Province.

1. 5 Specific Objectives.

The study examined the following specific aspects:

- The factors which contribute to the ineffective treatment of preventable, curable and other chronic diseases by the Western-oriented Health Care Centers in the Bojanala West Region of North West Province;
- The reasons for the exclusion of traditional healers from the mainstream of the Medical Fraternity;
- The role of Traditional Healers in the health of the community in the Bojanala West Region;
- The attitudes of the community members in Bojanala West towards Traditional Healing Systems as opposed to Western Systems;
- What should be done to facilitate the integration of Traditional Healers into the Mainstream of the Medical Fraternity.

1. 6 Literature Review.

The World Bank Group (2004) emphasizes the role of Traditional Healers in the health system. According to the World Bank Group, Traditional Healers play a significant role in the health system and the health system development. Traditional systems are usually informal, unrecognized by the government, and do not interact with the rest of the health systems. The populations throughout Africa, Asia, and Latin America use traditional medicines to help them to meet the health care needs, for example, in Africa, up to 80% of the population use traditional medicine, and in China, it is 40%.

WHO notes that these traditional medicines and Traditional Healers are significant in developing countries, because they are more accessible and affordable. Moreover, they are socially acceptable to the community they serve (http://web.worldbank.org/ WBSITE/ EXTERNAL/ TOPICS/ EXTHEALTHNUTRITIONAND).

Cunningham (1997) acknowledges the importance of the place and the role of traditional medical practitioners in the treatment of illnesses. He asserts that, in contrast with western medicines, African medicines take a holistic approach, viz, good health, diseases etc, are not seen as occurring by chance, but are believed to arise from actions of individuals and the ancestral spirits.

Practitioners of traditional medicines specialize in areas of their professions in the same way like orthodox medical practitioners. Some of the Traditional Medical Practitioners are experts in the use of herbs, and others are proficient in spiritual healing while others are combining both. In some African societies, one type of a Healer provides several therapeutic services. Most of traditional rural communities relied upon the spiritual and practical skills of Traditional Medical Practitioners.

The estimation of Traditional Practitioners in Tanzania is 30 000-40 000 as compared to 600 Medical Doctors. In Malawi, it is 17 000 Traditional Medical Practitioners to 35 Medical Doctors. Therefore there is a need to involve Traditional Medical Practitioners in national health care systems as they are a larger and influential group in primary health care.

Through urbanization, most Africans are concentrated in urban areas, and there is a competition going on with Western medicine. Traditional healing is also flourishing in urban settings, because it adapts itself to these new surroundings.

Rivera gives an example of the traditional and non-traditional treatments and healings of the Latino community. He gives an exposition of the importance of traditional medicines and traditional healing of the Latino community.

He asserts that traditionally, Latino families have rejected institutional health care in favor of folk medicine. The Latino communities, is a spiritual people and have developed spiritual ideas and beliefs relevant to treatment of problems affecting the community.

He further emphasized this by quoting one of the Latino community members: "The Latino community is following the traditions of our parents and grandparents. After all,

this is something that is in our blood. Deep in our hearts and souls there is a reminder of our heritage".

He said that Holistic Health Care deals with the whole self and does not separate the physical, emotional and spiritual from the self (http://www.varunaholzapfe.de/euro-orishanetwork/ healing. html).

Binsbergen (2004) explains the Sangoma tradition of South Africa and his identity. He gives a brief definition of a Sangoma as Traditional Healer and how they identify themselves, and how the community could quickly identify them. He defines a Sangoma as a Diviner-Priest in the tradition of the Nguni-speaking peoples (Zulu, Xhosa, Ndebele, Swazi) of Southern Africa.

This type of diagnosis and healing system of Sangomas has increasingly spread over the entire Southern African sub-continent during the 20th century. The Sangoma's powers are based on the incarnation of an ancestral spirit

Sangomas are considered to offer a public service and are conspicuous by their bracelets and necklaces of white, red and black beads. Clients consult Sangomas for physical complaints, psychic problems and for social problems, for example, conflicts, bereavements in the family, major traveling etc. Sangomas use a combination of Herbalism and Divination (http:// www. shikanda. net/ african religion/ diviner. htm.).

Afrol News (2004) indicated that Traditional Healers are recognized by South African Law-makers. According to Afrol News, South Africa's parliament has recently seen the importance of Traditional Healers, and it had approved a bill that formally recognizes the trade of an estimated 200 000 Traditional Healers in the country. Traditional Healers will register with authorities, and patients will be protected from mistreatments and malpractices.

Efforts are made to make a legal trade out of the estimated 200 000 Traditional Healers in South Africa. Registered Healers will be permitted to prescribe a sick leave and offer

cures for a number of diseases using widely different methods, to offer patients a treatment or cure, for example, for HIV/ AIDS and other fatal diseases.

South African Traditional Healers use different methods to address disease and other misfits, for example, Healers use spiritual healing based on Traditional African Religion, which is combined with herbal treatments. Some Healers perform their function like priests, while others are dedicated to herbalists' tradition. The role of Healers varies strongly from between South Africa's many nationalities.

It is further emphasized that South Africans at large are happy to welcome Traditional Healers into the fold of approved health services. The Health Minister, Manto Tshabalala-Msimang also emphasized this in this article that 70% of South Africans regularly consult Traditional Healers. The minister further acknowledges that the practice of traditional healing had suffered degradation during years of colonization in Africa, but traditional medicine has sustained many families for centuries in this continent.

This kind of reform of incorporation will make healers complement mainstream health practice. Further more, most drugs prescribed by Traditional Healers are produced locally and not imported. (http:/www.afrol.com/articles/13912).

Kitshoff (2004) briefly outlines the healing ministry in Africa. In African experiences, illnesses are ascribed to a disturbance of the balance between a person and the spiritual and mystical forces, and the aim of healing is to restore the equilibrium through rituals, ceremonies, sacrifices, medicines etc. The beliefs in and the experiences of spirit manifestations are found all over the world, and therefore, they are not only found in Africa. (http://www.zzengo.hpg.ig.com.br./healing Africa.htm).

Devanesen (2000) outlines the traditional aboriginal medicine practice in the Northern Territory. He emphasized the importance of the history of traditional aboriginal medical practices in the Northern territory of Australia. He says this history of traditional aboriginal medicine practice is retained in the minds and memories of successive generation of aboriginal people, passed on through a rich oral tradition of songs, stories, poetry and legend.

In Australia, western health services have been superimposed on traditional Aboriginal systems of health care, but these traditional systems have survived despite the dramatic influence of cultural contact. The Aboriginal medicine is still widely practiced in the Northern territory today.

Traditional medicine is a complex system closely linked to the culture and the beliefs of the people, knowledge of their land and its flora and fauna. It is embedded in their social life and culture. The Aboriginal approach to health care is a holistic one in that it recognizes the social, physical and spiritual dimensions of health and life.

In explaining the place of western medicine and practice, he acknowledges that western medicine has been incorporated into traditional system at the same level as herbal medicine. Thus, the Warlpiri of Australia are able to retain their beliefs in spirit causation of illnesses, while using western medicine for the relief of symptoms. They believe in bicultural medicine, which is based on the principle that if you can use what is best in traditional healing, the combination may be better than either one alone.

He further looks into the support for traditional healers. He says traditional healers were employed by the Northern Territory Department of health at various rural health care centres in Central Australia. A training course to teach traditional healers about western medical practices was attempted to no avail. It was soon realized that it would be better to leave traditional healers to their virtually important roles.

However, rural centres continue to recognize and to co-operate with traditional healers in the management of sick people. Presently there is a proposal to establish Aboriginal Healing Centre close to the Alice Springs Hospital. The center is hoped to develop a place to promote spiritual health, supported by a network of traditional Aboriginal healers.

The Health Centre in the Northern Territory, had carried out a study to compare the effectiveness of healing by the use of traditional remedies, Bauhinia root, and the use of western preparations in the treatment of boils, sores, and scabies. The conclusion was that

the herbal medicine was as effective as the western preparation. Moreover, the Aboriginal people felt more comfortable using traditional remedies, and this left them with a sense of pride in their own traditional knowledge and culture

Many modern medicines have their origin in plants, which have been used for millennia in the treatment of illness and diseases. Plants and their derivatives contribute to more than 50% of all drugs used worldwide. It is estimated that 70% of South Africans consult traditional healers. Many of traditional medicines in South Africa are derived from plants.

Traditional healers use plants in a variety of ways, for example, they use it as on wounds and cuts, prepare it as powder and use it like snuff, and they use it in the form of smoke or as infusion. This knowledge of healing is passed on from generation to generation by healers or received from ancestors through dreams.

Today there is a growing interest in natural and traditional medicines and scientists all over the world are looking for new cures in collaboration with traditional healers.

The drying and analysis of leaves in the laboratory are the same as what traditional healers do. Traditional preparations involve the reduction of plant parts into powder, infusion and smoke or fumes.

African herbalists are highly respected men or women who are called by ancestors to be healers. They may often be the spiritual leaders in the community. These rich traditions are passed down from generation to generation.

These healers are highly trained and are called "inyanga", "isangoma","ixwe," "nqaka," "kruiedokter" etc, depending on where they live or the language group and tribe to which they belong (http:// www. nativeremedies. com/rise of herbal. shtml).

In his discussion of African art and rituals of divination, Lambrecht (2004) explains Sangoma as South African Shaman. Sangoma in the concept of South African Shaman is a central figure in South Africa.

According to the research from Pietermaritzburn Institute of Natural Resources, 84% of South African populations consult, Sangomas more than three times a year, after or instead of going to western medical doctors or clinics. According to the research in 1997, it was estimated that, there were 200 000 practicing Sangomas or traditional healers in South Africa.

Lambrecht is citing one example of a well-known Sangoma, Daniel Baloi (Tsonga) who practiced for more than thirty years in Snake Park (Soweto). Many Sangomas or diviners are herbalists, while many herbalists practice divination and communicate with their ancestors.

Sangomas play many different roles in the community. They are involved in divination, healing, directing rituals, finding lost cattle, protecting warriors, for example, protecting freedom fighters during South African political struggle, smelling out witches, narrating history and myth of his/her tradition.

The main function of a Sangoma is to heal and protect people in the community. The healing that a Sangoma performs is holistic and symbolic in nature and is thus powerfully determined by cultural factors.

The three main causes of illnesses and misfortunes a South African Shaman seeks to divine and heal are ancestral illnesses, illnesses caused by witchcraft, and those due to pollution or ritual impurity, e.g. menstrual and miscarriage (http://www. metmuseum. org/explore/oracle/essay lambretcht. html.).

CWRU Anthropologist gives the experiences of his study of church healers in Mozambique. He asserts that traditional healers always have a place in many African cultures that do not separate problems of the mind and society from the body, and looks for spiritual causes of physical ailments.

The basic treatments of these healers are to address the social problems underlying the spiritual affliction, including remedies varying from herbal teas to medicine from a local

pharmacy. It is believed that most women turn to prophets in the church, instead of traditional healers (http://www.cwru.edu/ pubaff/univcomm/pfeiffer. htm.).

Edward explained how effective was traditional healing regarding war-affected children in Africa. In Mozambique and Angola, community leaders and traditional healers and families showed their knowledge of how to heal the social wounds of war in war affected children and adults.

Such disorders are in fact treatable by traditional healers, based on indigenous understanding of how war affects the mind and behavior of individuals, and on shared beliefs of how spiritual forces intervene in such processes.

There is evidence from throughout Africa that mental or psychiatric disorders are among the conditions for which modern or western medical help is least likely to be sought. African people generally turn to indigenous forms of therapy in case of mental health. Thus, as psychotherapists, indigenous African healers may be at least as effective as modern medical specialists, especially among those who share a common African culture (http:// www. africaaction. org/ docs99/ viol19907. htm.).

Daly also emphasizes the importance of African healers and healing systems in the health of the community. He asserts that urban Africans use hospitals, but will also use medicine men or traditional healers, since hospitals do not deal with the religious etymology of an illness.

Herbalists heal with herbs, roots, animal-skin, bone, sand and fat, just like traditional pharmacists (http:// www. mamiwata. com/ african health. html.).

The BBC News (South Africa) acknowledges that healers are to be licensed in Africa.
"This practice has suffered degradation during years of colonization in Africa, but traditional medicine has sustained many families for centuries in this continent", said the Health Minister Manto Tshabalala during the parliamentary session.

Many healers use herbs and some of these have been proven to be effective, and have been used as the basis of medicines marketed by western pharmaceutical companies.

National co-ordinator, Phephsile Maseko, also said that healers can play a positive role in the fight against AIDS. But Doctors for Life International says that healers should not be given official recognition because there was no proof that their remedies were effective. (http://news. bbc. co. uk/2/low/africa/3640270. stm.).

Hume believes that cooperation between biomedical and traditional healing approaches to HIV/AIDS in South Africa are imperative. He emphasized the importance of practical steps in a process of building a bridge of cooperation between traditional healers' community and the biomedical profession in South Africa. He believe that through such cooperation, South Africa can launch a more effective and coordinated campaign to reverse the spread of the deadly HIV/AIDS pandemic and to relieve the suffering of those affected by the disease.

He then emphasized that traditional healers have an important role to play in working with western- trained biomedical practitioners and researchers to disseminate information about HIV/AIDS, how it is contracted and how the disease can be treated and prevented. Most traditional healers can help conduct voluntary testing, counsel patients, and monitor treatment to help assure, patients receive the full benefit of comprehensive care.

The interaction between traditional healers and biomedical practitioners can result in cross-fertilization that stimulates new ideas and more effective strategies for combating HIV/AIDS. He further emphasized that traditional systems of health care are the first respondents in providing health care for about 80% of the population of South Africa.

He asserts that progress against HIV/AIDS will be real if western-oriented physicians can work closely with traditional health providers. He cited prominent people such as Credo Mutwa, Ngubane T. K, Dan Mkize, etc, as people who have contributed and who are still contributing significantly to the livelihood of the African communities (http://usembassy. State.gov/ Southafrica.wwwham6v.html.)

Richter (2000: 2) also emphasizes the importance of traditional medicines and traditional healers in South Africa. He asserts that traditional healers have a crucial role to play in building the health care in South Africa to strengthen and support the national response to HIV/AIDS.

The WHO estimates that up to 80% of the population in Africa makes use of traditional medicine. In Sub-Saharan Africa the ratio of traditional healers to the population is 1: 500, while medical doctors have a 1: 40 000 to the rest of the population.

The Department of Health estimated that there are 200 000 tradititional healers in South Africa, and that 97% of the people living with HIV/AIDS, first consult or use traditional or complementary medicine, and only then seeks help of biomedical doctors if the ailment endures.

Therefore, traditional healers and traditional medicine play an influential role in the lives of African people, and have the potential to serve as crucial components of a comprehensive health care strategy.

There are Traditional Healers Organizations which are already established to steer Traditional Healing Systems. The Traditional Healers Organization is the biggest - healer umbrella organization in South Africa established in 1970, with 69 000 traditional healers in Southern Africa, and 25 000 residing in South Africa.

The South African Traditional Healers Group is another example of an umbrella body of traditional healers. Richter (2000:16) emphasized that South Africa is lagging behind other African countries in recognizing traditional medicine, and establishing structures for traditional medicine and traditional healers.

The only government initiative to regulate traditional healers, is the Traditional Health Practitioners Bill of 2003 (richterm @ law.wits.ac.za.).

Anson Thom of Health –e News explains why South African consumers pay much for prescription drugs and who makes the profit. He explained that the old pricing structure

in South Africa is notoriously complicated, secretive and confusing with incentives, discounts and mark-ups hidden along the drug chains. The South African consumers who paid and still pay amongst the highest prices for prescription drugs in the world, have suffered the brunt of these huge mark-ups and profits. As a result, the pharmaceutical industries are making super profits. He cited an example of a situation in Pofadder, that an individual pharmacist would purchase Bactrim at a full price of R74.23, while a private hospital group would purchase it at more or less R12.25, but both selling the drug to the consumer at R126.92 (Star: 4/2/04).

Sebastian Ganca gave an exposition of the efficiency of traditional health care delivery system during initiation schools. Boys and girls were treated with much success and were cared for by highly qualified persons and treated with much precision. His views were supported by Aurelia Gulwa who asserted that in their culture, the youth respected tradition, and if a boy and a girl fell in love, they would never go so far as deep penetration which leads to STDs and other infections. Nowadays, and mostly in the Eastern-Cape, when the boys are sent to the mountains for up to two months, they develop infections, which was not the case in the olden days (MAIL &GUARDIAN July 28 to August 3 2000).

NMG-Levy talked about Medical Schemes which are under fire or criticism. He believed that the Government's plan to roll out a medical aid scheme to all South Africans, may be short-lived. He asserted that this is a worthy goal, but unless a way existed to control both the supply and the demand sides of health care services, the initiative will be a pipe dream. He further noted that the Department of Health's social health Insurance System is aimed at ensuring equal access, benefits and equality of health-care for everyone in South Africa (Citizen: 05/09/03).

Deenik said that drug law is flawed and will cripple health. He said that medicine is making the headline at the moment, and that medicines should be treated differently from other commodities due to its nature. Used incorrectly, it is dangerous, possibly even fatal, e.g. dynamites. As a result all the states control its sale to some extent. He asserted that legally, the new law is seriously flawed and will result in a chaos to the distribution of what may be a grudge purchase, but quite often a life-saving one. South Africa is served

by an excellent constitution and by an overabundance of laws and statutory bodies. For example, if a pharmacist was found exploiting any person or groups, legal action would be taken by the pharmacist council, which is constituted to protect the public and the furtherance of the profession. Apparently it appears this matter is totally ignored (The Star: Wednesday May 12 2004).

Jameson Maluleka spoke of the witchcratf season on its way. He expounded about the impact of witchcraft which is prevalent in the Northern Province, a fact which as well impact on Traditional Healing and Traditional Healers. He emphasized that witchcraft killing occurs in summer when lightning is common. He is supported in his statement by the South African Police legal adviser for occult related crimes, Gary Prince, who said that the raining seasons, in the Northren Province and certain parts of Kwazulu-Natal is when witchcraft related killings are at their heights. He further said that more often than not victims of witchcraft killings are the best subject of simple jealousy from the villagers. He asserted that such victims may have the nicer houses than their neighbours, and they are dealt with by their being accused of being witches. In his exposition, Maluleka did not feature Traditional Healers as perpetrators of witchcraft. UNISA's Fick de Beer correctly said that witchcraft is regarded as a crime among most of the African people. A person singled out by a divine bones thrower or Sangoma, but not by belief or suspect of the community is likely to be burned to death. Traditionally, alleged witches were banished from their homes, but in most recent years, they were killed to prevent their evil science from contaminating the society. Northern Province police spokesperson in the far north, captain, Ailcei Mashavhanamadi said South Africa's new democracy has meant a sharp decline in witchcraft related killings. There are no longer muti or witchcraft killings because the government has educated people and had discouraged them from believing in things they cannot prove (The Citizen Monday 28 August 2000).

Antanette Pienaar said that Christian Doctorsgroup is against the registration and regulation of Traditional Healers because they believe it to be a crime against the practice because it treats people with occult power. Moses Thandisa of Doctors for Life (Dokters vir Lewe :DVL) is of the opinion that Traditional Healers' medicine is not scientifically refined. Mev. Madonna Hodge, mediwoordvoerder van die Organisasie vir Tradisionele Genesers, het so reageer op DVL se stelling. "Ons moet tog die' mense beter opvoed.

Daar is baie meer mense wat op die hospital beland weens die' toksiese effek van Westerse medisyne". DVL moreover believed that Traditional Healers are priests of Traditional African beliefs, and if they receive the status of health practitioners, other religious leaders as well should receive the same status (Beeld: 13/8/04).

Swanepoel berig en beklemtoon die nut van tradisionele medisyne as "'n raat vir elke kwaal". Tradisionele medisyne, insluitend boererate, is die sleutel tot die oplossings vir baie van Suid Afrika se siekte. Die Wereldgesondheidsorganisasie(WGO) meen, tot 80% van die mense in die Suiderlike Halfgrond gebruik tradisionele medisyne as deel van primere gesondheid. Mijoene van Suid Afrikaners het 750 plantspesies in tradisionele medisyne gebruik. "Dis veral siektes soos Malaria, MIV/Vigs en tuberkulose waaroor oplossing uit tradisionele medisyne gesoek moet word," se Motlalepula Matsabisa, bestuurder van IKS(Health) in Kaapstad. Die IKS het die stelsel ontwikkel waarvolgens die talle aansprake dat tradisionele middles 'n kuur vir die een of ander kwaal is, ondersoek word. Volgens Matsabisa is so 'n platform nodig om vas te stel presies wat tradisionele medisyne doen. Tradisionele medisyne word lankal gebruik vir beheer van diabetes. WGO se' in Afrika, Noord-Amerika en Europa gebruik drie uit elke vier mense met MIV/Vigs, tradisionele medisyne vir verskeie simptome en toestande (Beeld: 7/11/02).

1. 7 Theoretical Perspectives.

1. 7. 1 Chavunduka`s View regarding Alternative Medicine.

Alternative medicine is the use of treatment and therapies that are not commonly practiced by the medical profession. Alternative medicine includes visits to chiropractors, faith healers, and folk healers, as well as acupuncturists, homeopaths, and naturopaths and the use of dietry supplements to prevent or cure diseases.

Sociologists believe that up to now, it is not clear whether many of the techniques actually work, or cause harm or are useless. Some procedures like acupuncture, appear to be effective, and are moving into the mainstream medicines, but most evidence

supporting the various types of alternative medicine is based upon personal observations, or testimonials from satisfied patients, not scientific testing. Yet the rise in the number of alternative practitioners has been accompanied by surprisingly broad acceptance of many of their therapies by the general public.

While little research has been conducted on these phenomena, it appears that many persons who use some form of alternative medicine have middle-or working class social backgrounds.

They also consult regularly with medical doctors and used these techniques, because they are dissatisfied with physician care, they want to be in control of their own health, to enjoy the experience, and their beliefs actually help them to be healthy and live longer.

Other people, those who use faith and folk healers, typically come from a lower-class background and they use these practitioners, because they are inexpensive and culturally similar. What both groups have in common, is that professional medicine has not met their needs.

1. 7. 2 Tshishiku Tshibangu's Views on Religious Tasks and Duties of Diviners and Herbalists.

Every Religious Tradition has individuals who perform specific religious tasks and duties. In African religion tradition, there are religious role, they include priests, rainmakers, and healers, viz, diviners and herbalists.

It is not surprising that healers are important in all African societies. African Religious Traditions include healers and religious leaders. In most religious traditions, there are two methods of healing, e.g. herbalists and spiritualists/diviners. To be a practitioner of either types of healing, takes experience and great skill development over many years of training.

Patients may seek protection from misfortunes, or want a remedy for safety on the trip, or want a remedy for wisdom and clarity for decision-making. Recently, western trained

doctors have gained a greater appreciation for African techniques and practices. Throughout Africa, it is now common to have western trained doctors working with traditional healers in the treatment of patients (http:/ ex. matrix. msu. edu/Africa. curriculum/ lm14/ acttwo14. html.)

The World View commended about belief systems and indigenous religion in Africa. Talking about the importance of traditional African religion, Tshishiku Tshibangu says:
" Religion impregnates the entire texture of the individual and commercial life in Africa. The African is profoundly, incurably a believer, a religious person."

To him, religion is not just a set of beliefs, but a way of life, the basis of culture, identity and moral values. He believes religion is an essential part of tradition that helps to promote social stability and creative innovation. He cites as an example, the continuing respect for ancestors, believe in the continuing involvement of ancestors in the life of their successors, and the vast of African life, which Christianity has invaded, but has not succeeded in completely displacing the area of health and healing (http:// worldview. igc. org/ awpguide/ relig. html.)

1. 7. 3 Maria Daly's Regard for a Syncretic Approach of African Healers to Healing Systems.

Traditional Healers can accommodate different belief systems into their healing art, and thus have a syncretic approach to healing. Traditional Healers are therefore flexible in their healing. They may agree with the esoteric approaches or even a psychotherapeutic approach necessary, and may make referrals to any number of different health care alternatives. Traditional Healers in South Africa use innumerable ingredients from all sources of nature to cure, i.e. plants, animals and minerals.

The reliance on all of nature for healing and being in balance with it, is paralleled by other non-western healing systems such as Traditional Chinese Medicines.

Healers do make recourse to western drugs, if the situation calls for fast acting drugs, such as analgesics, e.g. depending on the acuteness, intensity or urgency of the condition,

and will refer to western doctors, if the condition calls for it. The importance of Traditional Healers is the efficacy of the active ingredients in the medical plants the healers' use. Traditional Healers have numerous ways to prepare their muti or medicine, e.g. infusion, inhalants, snuff, liking powder, implantation under skin, bath mixtures, poultices, fatty creams, internal cleansing, etc, (http:/sunsite. wits. ac. za/izangoma/part 1. asp. asp.).

He exposes African magic as traditional ideas that heal a continent. Sociologists and researchers agree that, it is impossible to appreciate the inner lives of men and woman form foreign cultures without some insight into their spiritual scopes. They agree that teachers, employers and journalists of European descent have engaged with Africans for many years without understanding of their belief systems by which they make sense of their moral dilemmas.

They emphasized that they do not understand, nor appreciate the idioms or natural philosophy by which traditional Africa explains the relationship between people and unfortunate events, viz, the dynamics of good vesus evil. Therefore, non-Africans need to be helped to understand the invisible intelligence or magic, which informs traditional beliefs on the continent.

African magic refers to both divination and herbal treatments with special curative properties. It includes rituals and ceremonies involving material substances such as herbs and animal parts as well as verbal spells, which invoke divine intervention, if administered correctly.

1. 7. 4 Heidi Holland's view on African Magic: Traditional Ideas that Heal a Continent.

African magic is further viewed as referring to all esoteric methods of inquiry, and their subsequent interpretation by troubled individuals or their spiritual advisers. Diviners or Traditional Healers are found in virtually in every Africa community, urban as well as

rural. Their role is to search esoteric knowledge in order to provide solution where moral choices had to be made among individuals.

To validate Africa beliefs, any examination of African traditional beliefs in the twenty-first century must therefore question the mocking attitude with which African system of divination has for sometimes been dismissed by mainstream scholarship and journalists alike.

Part of the answer is the westerner's conviction that his own worldview is the only valid one and that what he fails to understand, is therefore rejected as superstition.

Western medicine has maintained a skeptical stance from traditional healers. Although some doctors are aware that the practice of psychiatry only became a recognized science in the twentieth century, and aware of international research showing that 40% of illnesses originated in psychological disorders, they are realizing that they can learn from a healing tradition, which has prevailed for more than thousand years.

Almost two billion people worldwide have no access to modern health care. The reason may be, because of the distance they live from such facilities or their inability to pay. Taking these and other factors into account, people will often turn for help first to a traditional medical healer, because this is some one they trust and respect, who acts as the interpreter of their beliefs about the origin of diseases, and who can suggest a proper treatment.

1. 7. 5 Ngoma's View on the Efficacy of Traditional Medicines.

Ngoma acknowledged the importance of traditional healing, in South Africa. He believes that, Traditional Healers can accommodate different belief systems into their healing art, and thus, have a sync approach to healing. Traditional Healers are therefore flexible in their healing. They may agree with the esoteric approaches or even a psychotherapeutic approach when necessary, and may make referrals to any number of different health care alternatives.

The Traditional Healer in South Africa uses innumerable ingredients from all sources of nature to cure, i.e. plants, animals and minerals. The reliance on all of nature for healing and being in balance with it is paralleled by other non-western healing system such as traditional Chinese medicine.

Healers do make recourse to western drugs if the situation calls for fast acting drugs such as analgesics, e.g. depending on the acuteness, intensity or urgency of the condition, and will refer to western doctors if the condition calls for it. The important aspect of traditional healing is the efficacy of the active ingredients in the medical plants the healers' use.

Traditional Healers have numerous ways to prepare their muti or medicine, e.g. infusion, inhalants, snuff, liking powder, implantation under-skin, bath mixtures, poultices, fatty creams, internal cleansing, etc (http://sunsite. wits. ac. za/izangoma/part1. asp.).

1. 8 Hypothesis.

The health care center in the Bojanala West Region was characterized by ineffectiveness in treating preventable, curable and other chronic diseases.

- There are factors, which contribute to ineffective treatment of preventable, curable and other chronic diseases by the western-oriented health care centres in the Bojanala West Region of the North West Province;
- There are reasons why traditional healers are excluded from the mainstream of medical fraternity;
- Traditional healers have a role to play in the life of the community in the Bojanala West Region;
- The community members in the Bojanala West Region have certain attitudes towards traditional healing systems as opposed to western systems;
- Something should be done to facilitate the integration of traditional healers into the mainstream of medical fraternity.

1. 9 Significance of the Study.

The study will have a significant contribution to the following beneficiaries:

Western Practitioners will understand that the health care is not complete without the aid of the people with various abilities each of which is important. They will know that healing is not about power, money, fame or glory, but about helping people.

The study will clarify misconceptions about herbalism and traditional healers. The bad publicity and the bleak situation which had been reported by the media are going to be turned around. The intention is to encourage South African young people to reassure the traditions that are unique to each culture and yet related in so many was. Non-racial and the highest quality health care will be established. Equitable provision and distribution of health care will be achieved.

The co-operation between traditional system and orthodox system will provide a leeway against the suffering of mankind, preventable as well as curable diseases will be controlled and treated, and the rate of deaths will be reduced. Both practitioners will treat each other as equal partners. Traditional Healers will receive certificates, be recognized and traditional systems will be regulated.

The study will assist to change the views of the people, particularly the western thought, viz, it will help them to understand that traditional Africa is a history, mainly oral history, but that does not mean to say it must be ignored. The community will receive primary health care, which is rooted in their cultural background, which is accessible to them, that is readily available, affordable, and which they accept whole-heartedly. The rate of community ailments and deaths will be reduced.

Religious people will understand that religion and magic both depend upon beliefs in the existence of the supernatural power, but there is a distinction. They will understand that

medicine approaches mirror religious patterns, like prayer and invocation, and that religion and medicine walked hand in hand for many years.

Outsiders studying African Religion will understand that African Religion is not written in scriptures, but it is inscribed in the minds and hearts of the people.

Politicians will understand that healing is not about power, money, fame or glory, but it is about helping people. The government will introduce policies for the regulation of herbal medicine. Herbalists and those who support them, will have to be active politically to keep the art from being extinguished by red tape. Just as the community had accepted the constitutional rights of people to their own religious beliefs, it should be prepared to accept the rights of people to their own culture.

The government is expected to take an active role in providing government-sponsored programmes for Traditional Healers to bridge the gap that existed and still exists between both systems. The government is encouraged to formulate policies, introduce rules and regulations to control and regulate the activities of the health service for both systems. This will stop untrained healers from exposing the community to dangerous treatments such as sepeite/inspuiting and go phalatsa/vomiting.

1. 10 Methodology.

This was a case study on the integration of Traditional Healers and medicine in the mainstream of medical fraternity. The study was an investigation of an individual or a group of people with the aim of obtaining information through the methods of in-depth interviewing and observation. The advantage of this case study was that I would be able to enter the subject's life world through interaction. Through that I was able to analyse the conversation and to interpret the meaning of symbols that the subjects have. The following theories were used as strategies in the case study to understand the subjects and to obtain data.

- Ethnography,

- Phenomenology and ethnomethodology,
- Symbolic interactionism.

The study involved the participation of Traditional Healers and Medical Practitioners in the study region. The case study also involved observing Traditional Healers while performing their art and offering explanation to patients.

In this case study, the qualitative approach was used to collect data. This approach was used because of the purpose of the study, the nature of the research questions, the skills and the resources available to the researcher (Morse, 1994: 223).

Denzin and Lincoln (1994: 202-208) identify among others the following strategies of enquiry or "tools" that could be used in designing qualitative research.

- *Ethnography.*

This strategy was characterized by observation i.e. participatory observation) and description of the behavior of a small number of cases. Data analysis was mainly interpretative, involving description of phenomena. The main aim was to write objective account of lived experiences (i.e. fieldwork experiences). The main data collection was participant observation.

- *Phenomenology and ethnomethodology.*

These approaches aimed to understand and interpret the meaning that the subjects give to their everyday lives.

In order to accomplish this, I had been able to enter the subject's life world and place himself in the shoes of the subject. This was mainly done by means of naturalistic method of study, analyzing the conversations and interaction that I had with the subjects.

The researcher using this strategy of interpretative inquiry will mainly utilize participant observation and interviewing as method of data collection. Data are systematically collected and analysed within a specific context (De Vos, 2000: 80).

- *Symbolic interactionism.*

With this strategy of inquiry I was able to interpret the meaning that symbols (e.g. actions, signs, words etc,) have for the subjects. In order to accomplish this, I entered into the world of the people being studied. Data gathering was formalized and data were rigorously analysed.

With the symbolic interactionist perspective I focused on the behaviour expressed and the meaning and interpretations that the subjects gave to the spheres of living. Data will therefore mainly be collected by means of participant observation and interviewing, and analysed systematically.

De Vos (2000: 81) says that the qualitative researcher could in the process of designing qualitative research, start off with ethnography and participant observation as a strategy to gain understanding of the life world of the subjects.

Then in order to gain a better understanding of the meaning that they attach to their world, he may use a phenomenological or ethnomethodological strategy and thus decide to conduct in-depth interviewing with the subjects. The researcher may even decide to select one or two participants for a case study in order to provide an illustration of the needs of individuals and group.

1. 10. 1 The Scope of the Study.

The study was conducted in the Bojanala West Region (Rustenburg) of the North West Province. The investigation was conducted in two rural areas, and in one semi-urban area, i.e.Mabeskraal village, which is situated about 78km north-west of the city of

Rustenburg, and Legkraal area in Saulspoort village (Moruleng), which is situated about 76km west of the city of Rustenburg, as well as in Tlhabane township which is situated about 4km north of the city of Rustenburg.

1. 10. 2 Subjects

.

The following were the sources of information for the study:

1. Key persons:

- Traditional healers (males and females);
- Religious leaders;
- Medical practitioners;
- Practicing nurses;
- Traditional leaders; and

The key persons were selected on the basis of their age, experience, and the areas of specialization, to assist to bring about diversity in the approach, and to involve all categories of Traditional Healers in the study. Since some of the religious leaders performed the act of healing as prophets and spiritual healers, they were included in the study. Medically trained doctors and nurses were involved with a view for understanding their views regarding traditional healers and their medicines.

Traditional leaders are the protectors of the community. They have the knowledge of what Traditional Healers are doing in the community, and even some of the traditional leaders held traditional healers as their sole protectors including some of the chiefs, who were also involved. Thus traditional leaders' knowledge is also indispensable.

Some areas are set aside as sacred places for the performance of rituals and for deep secretes performed by Traditional Healers. Some such places were visited or explained by Traditional Healers as well as traditional leaders with the know-how.

The following categories of traditional healers were contacted in accordance with their areas of specialization.

- Bonesetters or general practitioners (Bo-nka- dilatlha or ngaka ya ditaola),
- Herbalists (Ngaka-e- tshojwa),
- Spiritual healers (Bo-Sedupe or Bo-mankge).

1. 10. 3 Sampling Procedures.

A purposive sampling procedure was used. The informants were selected from known people personally as well as those related. The purpose was to ensure that the quality of the material is not compromised by reluctance to discuss matters with strangers or conversely, by the desire to impress the researcher.

The subjects of study comprised of old and young woman and men whose ages ranged from 20 to 50. Their education ranged from none to complete secondary school education and above, and some paramedical training. It included people who had trained in villages with quite different natural resource based and had practiced in rural villages or towns.

The following factors were considered in selecting the respondents:

- The place of birth of the healer or place of residence,
- The setting (the place where the practice is done),
- The actors (who will be observed or interviewed),
- The events (what the actor will be observed doing or interviewed about),
- The process (the evolving nature of the events undertaken by the actors within the setting),
- The availability of the healer during the study,
- The willingness of the healer to participate,
- The size of the respondents to be contacted, and
- The size of the area and number of healers serving the area.

This allowed fair comparison of different healers and the attainment of fair results.

Other sources of information were used in the sampling procedure. A stratified random sampling of 50 community members, stratified on the basis of gender, i.e. 25 men and 25 woman, was used. This was done in order to provide both gender sections to participate in the study.

1. 10. 4 Instruments.

On the basis of the nature of the sources of information the following methods were used to collect data. Different methods of data collection were used in order to cross-reference and validate the different sources of information.

- Interviews with both key persons and respondents community members;
- Direct observation of the activities of traditional healers;
- Examination of secondary sources such as archival records kept by the community;
- Diaries kept by traditional healers.

1. 10. 5 Data analysis.

Morse and Field (1996 in De Vos, 2000: 335) state that data in qualitative analysis are usually in the form of textual narratives (transcribed interviews, written description of observations (Field notes) and reflections (ideas and conjures recorded in the research diary).

In this study, I had been attentive to words and phrases in respondents' own words vocabularies to capture the meaning of what they do or say.

When the theme was noted, acts and statements were compared with one another to establish whether there was a concept, which could unite them. As I identified different themes, I looked for underlying similarities between them.

Most of data gathered from this study were qualitative. Field data were mostly qualitative. The qualitative data in the form of attitudes, opinions, experiences, beliefs, etc, were analysed on the basis of content.

1. 11 Ethical consideration.

For the goal of a successful study to be realized, the recognition and handling of ethical aspects are imperative. In this study the following ethical considerations were taken into account.

- Harm to experimental subjects.

Dane (1990: 44) asserts that an ethical obligation rests with the researcher to protect the subjects against any form of physical discomfort, which may emerge within reasonable limits from the research project. Thus, in this study, the respondents were thoroughly informed before hand about the reasons for the study and the potential impact of the investigation.

Such information offered the respondents the opportunity to withdraw from the investigation, if they so wished.

- Informed consent

Informed consent was obtained from informants. According to De Vos, (2000: 25-26) obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the procedures that will be followed during the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed, and the credibility of the researcher be rendered to potential subjects.

On the basis of this information, the researcher obtained informed consent from the informants to participate in the project. This accurate and complete information helped

the subjects to fully comprehend the investigation and consequently were able to make a voluntary decision about their possible participation.

Adequate information was necessary because it gave the informants opportunity to assess the demands that the project required from respondents in terms of time, activities and disclosure of confidential information.

There were adequate opportunities for subjects to ask questions before the study commenced. The right of privacy of the respondents was respected and confidentiality was observed, viz, no concealed media was used such as hidden cameras etc. Any tape-recorded information was played back to the respondents to ensure adequate level of trust (De Vos, 1998: 30).

1. 12 ORGANISATION OF THE FINDINGS.

Chapter One: Provides the background, statement of the problem, rationale, aim, objective, literature review, theoretical perspectives, hypotheses, significance, methodology, data analysis and ethical considerations.

Chapter Two: Looks into the factors which contribute to the ineffectiveness and inefficacy of the primary health care system in the treatment of illness and ailments.

Chapter Three: Explains the role of Traditional Healers and Medicinal Practices, attitudes of the communities towards Traditional Healing and Medicinal Practices and the role of Traditional Leadership regarding Traditional Healing Systems.

Chapter Four: Examines the reasons for and against co-operation between western Medical practitioners and traditional practitioners to foster integration or to work against it.

Chapter Five: Provides the conclusion and recommendations of the study.

Bibliography.

Addendum

CHAPTER TWO.

LIMITATIONS OF WESTERN MEDICAL SYSTEMS.

This chapter examined the different factors, which limit the efficiency and effectiveness of Modern Medical Systems in providing primary health care service. It explained the ways these factors impact on the efficacy of modern system to provide medical service to the study community. It contains and the following aspects:

2. 1 Comparative Functionality of Western and Traditional Health Care Systems.

Kellerman gives a brief exposition of the functionality of both primary and traditional care systems and their intended effective purpose, and this served as a starting point for the investigation into the ineffectiveness of Western Health Care provision. According to him, Traditional Healing is not just a reality amongst Africans, but also among Easterners and Westerners. It is something pertaining to the core of all these cultures. He says that non-African Traditional Healers refer to, homeopathy, acupuncture and moxibustion, aromatherapy and many more others.

He assets that the challenge in the Primary Health Care System is not a matter of cultural-ethnic one, but rather the struggle to promote, attain and secure true-healing - true wholeness of the individuals, families and communities – in a way that will not lead to exploitation of, or harm to any one person in South Africa, especially the rural people.

He further quoted "Doctors for life" who maintains that, health is not just the absence of diseases or infirmity, but the state of complete physical, mental, social and spiritual well being. He further emphasized that Primary Health Care should be quality health care and not primitive health care, irrespective of the cultural, economic and educational context (http//www. dfl. org. za. issues/trad-heal/tradhealing&hcs. htm.).

In this chapter the investigation was conducted to find out whether the official western oriented medical system promotes, attains and secures true-healing for the individuals and the community, and whether it provides quality health care that satisfies the individuals and the community the community members as a whole.

According to the respondents in the study, Western oriented medical systems are characterized by problems, deficiencies, constrains and discrepancies, especially in rural areas with regard to availability, accessibility, attainability, affordability, acceptability, equality, and supply. For instance, the Primary Health Care Systems are beset of the problems of the provision of personnel, facilities and services which constitute to the care supply at the disposal of specific clientele, as a result of the problem of geographical distribution of personnel and facilities to be in reach of the communities, and this lead to shortages or lack of service, viz, mal-distribution of personnel and facilities. There was an acute under-provision and insufficient coverage in certain geographic areas or population, amidst overprovision or sufficient coverage elsewhere. Other factors, which hampered availability included infra-structural deficiencies, blockages in the professional referral systems, discriminatory measures, time-spatial impediments, ignorance, to the extent that the care which was supplied was not really available to the communities.

The primary health care was running short of making open services and facilities to the needy communities. There was a problem of unequal accessibility, and inaccessibility of health care occurs all over, especially in rural areas. Other factors which determine inaccessibility are, inter alia, inability of the people to pay for services and facilities due to poverty, non-membership of health insurance schemes, infra-structure of the health systems, cultural preferences and prejudices.

The patients were not able, or not in position to get the supplied services and facilities. The supply did not reach the patients because of geographic impediments such as long distances, mountain, floods, etc, which make it impossible for the patients to reach to the service points, or conversely impossible for the service provider to reach the target population.

2. 2 African View of Traditional Healing.

Many African researchers assert that there is no doubt that orthodox medicine has been immensely successful in dealing with certain types of afflictions. The observation is that traditional healers have no ambivant attitude towards orthodox medicine.

Most accept it as an essential part of their practice and admit their dependence on it in certain areas. What most healers want is not the abolition of orthodox medicine, but the recognition of their contribution to the relief of afflictions.

For this reason, traditional healers are recently combining traditional medicine with orthodox medicine, and they do this with apparent success. Recently, western trained doctors have gained a greater appreciation for African healing techniques and practices.

Throughout Africa it is a common practice to see western trained doctors working together with traditional healers in the treatment of patients (http:// ex.matrix. msu.edu/ Africa/curriculum/lm14/acttwo14.html.

The World Health Organization emphasized that the clash was not of science versus superstition as it was, and so often portrayed. It related rather to the socio-political function of health care in society. Despite advances of western medical techniques over the past years, their uneven distribution and abrasive social relations which have accompanied their application meant that considerable number of Africans still place confidence in traditional practitioners. Even in contemporary South Africa, modes of thoughts from precolonial society have been manipulated by the settler state, and at the same time, have proved resistant to its assaults.

According to Mbiti (1991), there is a direct relationship between African Traditional Medicines and African Indigenous Religion, and there is reason to say, African Traditional Healing originated from African Traditional Religion or vice a versa. In real perspective, both systems bear common characteristics such as beliefs in God the All Mighty, rituals, religions and sacred places, for example, in the performances of healing

practices, Traditional Healers invite ancestral intervention while Western Practitioners invite the intervention of Jesus Christ.

Chavunduka (1996), asserts that Traditional Healing requires a very intensive training in order to acquire knowledge and skills about the potential properties of plants, the functionality of medicinal preparations and the performance of the healing art.

2. 3 The use of Hospitals as Health Care Centres.

Of the total population of South Africa, 70% are blacks, many of whom live in developing rural areas. South Africa faces the problem that approximately 80% of doctors are in cities and large towns. This tends to be the position in other countries, where there are similar reasons for attracting doctors to cities and towns, where there are greater facilities for education, better housing, better chances of personal and professional advancement, and access to diagnostic and technical resources at medical centers. The professional medicines in hospitals have only existed in the 19th century. Before that time, society was served by a variety of healers, and only a small proportion of whom were physicians.

Today then, if the profession is failing to meet the needs of the public, society will find some way of meeting the needs, and if necessary by turning to a group outside the profession of which traditional medicine strikes the relevance. The general acceptance as of late, is that modern medicine is not nearly as effective as most people believed (Phillip.1990: 6).

2. 4 Limitations of the Modern Health Care Systems in South Africa.

The pestering concern is that, there are insufficient doctors to meet primary health care needs in the foreseeable future in South Africa among the communities, nor there are doctors who are necessarily the most suitable agents. Resources for health promotion are even very inadequately distributed.

It seems that little improvement is occurring for the most of communities, in actual fact the situation is worsening. In the poor countries, it could destroy the traditional medical system and leave them worse off than before (Sott.1996: 170).

The medical contribution does not significantly counteract the imbalance in the spread of health resources. The production of more doctors by more medical schools, which will take many years, cannot meet the present urgent primary health care needs, and this is aggravated by the fact that doctors will continue to be attracted to more sophisticated centers.

2. 5 Effective Primary Health Care Systems of Traditional Healing.

Van Rensburg (1998 : 22) states that the type of health care system in a country refers to that system from which the majority of the population of that country receives care. It is therefore quite evident that two or more systems can co-exist in the same country.

There is good reason to believe that there could be variability in the healers' beliefs and practices, that would be systematically related to personal, structural and environmental factors. The social characteristics such as gender, age, educational background, social status, and religious affiliation, could all systematically influence both beliefs and practices.

Healers' religious belief, for instance, could influence their beliefs about contraception, abortion, blood, and diet, and their willingness to carry out certain procedures.

Infrastructural factors, such as ease of access to western medical services, might influence the nature of indigenous practice in different regions, e.g. where a district hospital was readily accessible, demand for traditional medicine and procedures might decline, which can be a similar case with western medicine (Macpherson, 1990: 11).

To be effective, primary health care should be simple, accessible, acceptable, fitted into the cultural background of the people, involve community decisions, draw on community resources as far as possible, be integrated through proper referral channels with the total health care system of the country, and be subject to close supervision and constant evaluation.

The involvement and consultation with the community is essential. Traditional or any medical practice requires approval and support of the people. People should not be told what the health services think should be done, but rather be asked what they consider their main problem to be, and how they and the health personnel may best work together in meeting their health needs and advancement, in such a way as to be acceptable to them, and to fit in with their cultural background and circumstances.

For most of the communities, Traditional Healer, with his herbal treatment, is their only contact with medicine of any kind. So, it makes sense to use the skills of local people with their knowledge of local materials, rather than a limited network of high-tech facilities in the towns.

The community should have an active part in their own health care, and contribute to the planning, development and operation of health, environment and community services in whatever way possible. The general trend is that, the physician's dominance is considered inappropriate by those who believe that the patient is entitled to a more active role in both the definition and management of the illness.

2. 6 Herbs and Holistic Healing in the curing of Illnesses.

The belief is that there is nothing new about the use of herbs and traditional practitioners to promote recovery, health and well-being. Every culture throughout the world has at some point used healing plants as the basis for its medicine and had a basic healing flora from which remedies were selected.

The range of plants would vary from area to area depending on the local ecosystem, but the human problem they dealt with, were the same. Herbal medicine is enjoying a much, deserved revival with more and more people turning to its safe, natural remedies which are free from harmful side effects.

Its unique holistic approach enables the herbalists to restore and to maintain well-being by treating the body as a whole. Similarly, Orthodox medicine has its roots in the use of herbs, e.g. manufacture of drugs indicated a herbal origin. Only through the refinement of chemical technology, has the use of herbs diminished, though the majority of drugs still have their origin in plant material (Hoffman, 1996: 10).

Another development was that, the indigenous medical system, especially the use of the expertise of, and herbs of the Khoikhoi, increasingly formed the basis of the folk-medicine of the White settlers. Today the popularity of herbalism is growing more and more, and people are discovering that this is an effective and comparatively inexpensive form of health care.

African communities appreciate the fact that traditional medicines draw exclusively on natural products. They have learned that, it is as useful in preventing illness as it is in curing it.

There are other factors that attract people to herbal medicine, like its holistic nature. Holistic medicine deals with the whole person. It treats the body as a whole and as integrated system, not as a collection of isolated parts.

Herbal medicine recognizes that herbs can work on the whole being, not just on a specific system, that is it works synergistically. Medicines can only be truly holistic, only if they acknowledge the social and cultural context in which the illness and the desired healing take place. The emphasis is on assisting people to understand, and to help themselves on education and self-care, on prevention of disease and promotion of healthy lifestyle. In many eastern countries herbalism is part of mainstream living.

Rural people have the same level-headed approach as their urban counterparts. Since both western and traditional approaches have obvious failings, people are inclined to try both. Many people attend the local clinics because drug-based western medicine can clear up the symptoms of their illness, but they go to the spiritual healers to deal with the cause.

2. 7 Spiritual Midwifery and its Counseling Aspects regarding pregnancies and births.

The majority of modern Africans are religious. Religion can be studied in terms of its ceremonies and rituals, the philosophy that informs religious activities. Telesco (1997: 24-237), strongly asserts that medicine and its approaches mirror religious patterns, like prayer and invocation and had walked hand in hand for years. No matter the approach, the goal is the same, viz, to ascertain the problem and offer ideas for a potential cure.

He says this about spiritual midwifery and its counseling: "Women in every society have helped other woman give birth. These people were not trained in any way, other than through what experience and other females offered. Birth came where and when nature dictated, without hospitals, without sterilization, and without a great deal of commotion. It was, after all, a natural thing for indigenous midwifery".

Those practicing midwifery were rarely aware of such noble concepts. Theirs was a folk tradition, passed down from mother to daughter through careful memorization. Thus much of the early transcripts regarding midwifery are steeped heavily in superstitions.

The religious midwives give us first glimpse into how religion, spirituality, folk wisdom, and midwifery combined. European midwives were so popular until the renaissance.
Then, slowly, as modern medical techniques developed, they were integrated into the system under a physician's supervision. Unfortunately, with this supervision, an odd attitude developed wherein pregnancy began to be treated like an illness.

Macpherson (1990:3-5) gives a sociological account of Samoan indigenous medical beliefs and practices, and that it is different from that which a medical practitioner, an

epidemiologist, biological scientist or public health specialist might construct from observation of the same facts. It differs because it starts from different assumptions about the nature of medical belief and practices, and about the connection between these and the society in which they are found.

Sociological account, focus on the ways in which culture, viz, complexes of beliefs and values shared by human groups, shape their understanding of, and their response to illness. People's beliefs and reaction to illnesses can only be fully understood in the context of the culture that has shaped them, and how culture influences medical beliefs and practices.

What people think and how they react to illness in any society, including western societies, is patterned by culture. The causes and remedies which biomedical scientists and laity assign to the same set of symptoms, can differ significantly. Failure to appreciate the importance of indigenous beliefs and practices lies behind the limited success of various western health interventions in the Third World.

Social sciences and biomedical sciences may approach illness in different ways, but should not be seen as mutually exclusive. Sociologists benefit from a clear understanding and appreciation of biomedical dimensions of the conditions they discuss.

Biomedical professionals who seek to transform people's health behavior are likely to be more effective when they understand why people respond to health and illness in particular ways, and this depends in turn on an understanding of society and culture.

When, this is available, can beneficial and indeed effective, intervention be designed. Unfortunately much potentially merging and co-operation do not occur.

2. 8 The growth of Traditional Medicinal Practices in South Africa.

Traditional Africa is a history, mainly oral history, but this does not mean that it can be ignored or dismissed as empty tales. Most of the people who studied traditional Africa,

studied it as outsiders, and this involved interpretation of information, and thus, their interpretation was never free of subjective judgments to discredit it.

For example, just because traditional medicine does not work in a minute, does not mean the service is ineffectual. The fact of the matter is, no matter what the approach, the goal is the same, viz, to establish or to ascertain the problem and to offer ideas for a potential cure or remedy.

The general acceptance of the communities is that herbalism has its roots in antiquity, and has been used effectively by wives, warriors, doctors, etc because it was readily accessible and available.

If both systems can walk along side, more medically based curatives, and traditional application would add an awareness of toxity and other factors of which the medical orthodox were unaware. In that way traditional and western will merge and fuse to create improved wellness for all (Telesco, 1997: 205).

2. 9 Separation of Health Care Centers and Services for black and white patients in South Africa.

From the medical sociological point of view, the Republic of South Africa has been experiencing massive social change in recent years, with the end of white rule coming in 1994.

According to Cockerham (2001 : 343-345), the major features of South African health care up to the present, result from a lengthy molding process of more than three centuries. While various native tribes in the region had their own system of traditional healers, the first western medical care arrived shortly after 1652 when the Dutch East Indian Company established a resupply station at what later became Cape-town.

In 1795 the British occupied the Cape area, and the descendants of the early Dutch, viz, the Boer who later became known as the Afrikaners, moved into the hinterlands.

Eventually, the British obtained control over the region after defeating the Zulu in the late 19th century and the Boers in the early 20th century.

The new country that was set up in 1910, the Union of South Africa sealed cooperation between the whites. Other racial groups were not consulted. The health care system that had developed in the meantime was unplanned, uncoordinated, and fragmented along racial lines.

Political unification had little meaning in terms of a unified health care system. The structure of health care delivery was divided in many ways.

Firstly there was the dominant western and scientific components which existed largely in urban areas, and traditional healing which mostly took place in rural areas. The former served whites and some urban blacks, whiles the latter was used exclusively by blacks.

Even today, there is dual system of health care, and many South African blacks use traditional healing or a combination of traditional and western medicine.

Secondly, a racially differentiated western system arose, that divided health care providers and hospitals. Whites were given health care by whites, blacks by blacks. Each racial group had its own practitioners, but whites controlled the official health care system for the nation as a whole.

Thirdly, a mixed funding system came into being that featured a private fee- for- service system, and a public system financed by the government that served the poor and elderly. Again, the former approach was principally for whites and those who could afford private care at the hands of the physicians of their own race, and the latter was largely for blacks and other racial minorities.

2. 10 The Policy of Segregation in Western Healing Practices.

Efforts to establish a non-racial health service failed in 1940. In 1948, a nationwide policy of apartheid or separation of the races, officially divided the entire society, including health care.

Whites maintained power through an all white government that controlled the police and armed forces and imposed a strict system of racial segregation in jobs, schools, townships, and health care delivery. The apartheid policy discriminated against traditional healers, their medicines and their healing systems.

2. 11 Inequality in Health Care Service Delivery between Rural and Urban Communities.

Considerable inequality in levels of health care exists among the races in South Africa. The highest quality care is in the fee- for – service private sectors and is used principally by whites. Inequality in health care is matched with inequality in employment, education, housing, and overall quality of life. It is therefore not surprising that racial difference in health care still persists.

Van Rensburg succinctly and clearly explains the situation in South Africa when he says: "The tendency to separate people of different race or color has for decades and even centuries dominated the scene in the organization, provision and distribution of health care, engraving undeniably race-differentiated imprints on the health care system. Consequently grave race related disparities, inequalities, fragmentation and discrimination in health care and health determining spheres of live with divergent outcomes, are reflected in the health indices and health status of the different "color" groups in South Africa" (as quoted by Cockerham, 2001: 344).

Every Religious Tradition has individuals who perform specific religious tasks and duties. In African religious tradition, there are different religious role, they include priests, rainmakers, and healers, viz, diviners and herbalists. In most African Religious Tradition, women and men serve as priests and healers. It is not surprising that healers

are important in all African societies. African religious traditions include healers as religious leaders.

In most African Religious Traditions, there are two methods of healing, e.g. herbalists and spiritualists/diviners. To be a practitioner of either type of healing, takes experience and great skill development over many years of training.

The World View commended about belief systems in Africa as well as indigenous religion. Talking about the importance of traditional African religion, Tshishiku Tshibangu says: "Religion impregnates the entire texture of the individual and commercial life in Africa. The African is profoundly, incurably a believer, a religious person".

To Tshibangu, religion is not just a set of beliefs, but it is a way of life, the basis of culture, identity and moral values. He believes religion is an essential part of tradition that helps to promote both social stability and creative innovation.

He cites as an example of the continuing respect for the ancestors, the belief in the continuing involvement of ancestors in the life of their successor, and the vast of African life which Christianity have invaded, but has not succeeded in completely displacing the area of health and healing (http://worldviews.igc.org/awpguide/relig.html.).

Diviners or Traditional Healers are found in virtually every African community, urban as well as rural. Their role is to search esoteric knowledge in order to provide solutions where moral choices have to be made among individuals.

2. 12 Factors that Impede the Efficacy of Primary Health Care.

Primary Health Care system is unable to address the health care problems owing to the following factors:

This unattainability of such services and facilities resulted from, inter alia, socio-cultural impediments such as transport, means of communication, mal-distribution and

disproportionate deployment of services and facilities, distance between the communities and the service providers.

Unaffordability was another pestering and a much more problem of the health care system. This was indicative of financial inaccessibility owing to lack of financial means to obtain services and facilities. Individuals or individual household are unable to obtain or procure necessary and sufficient medical services and facilities owing to limited financial means.

On the other hand, the health care system or state institutions are unable to develop or procure applicable remedies, to train necessary manpower, to establish, upgrade or extend health facilities, because of lack of financial resources.

This problem of unaffordability is recently linked to cost escalation in health care, and this is stimulated by high technology, specialization and the unrestrained high demands of the community. These factors contribute to Western Health Care being unaffordably expensive for the communities as well as for the state.

The Western Medical Personnel alienates the patients by ill-treating them. The personnel of Primary Health Care service delivery do not respect patients and do not take into account the customs, beliefs and wishes of Indigenous patients.

The care supply or service, which is offered, is unacceptable because it is not provided on culturally, interpersonally and on personal levels, which are geared to the health perspective of the patient, e.g. feeding the child at prescribed intervals is incongruent with custom differences.

The health care system is unacceptable because there are obstacles of communication and interaction between the patient and the health provider. It is unacceptable because the care supply is experienced as unsuccessful by patients who regularly and repeatedly consult for the same illness without progress.

There is a problem of unequal distribution or under- provision of services and facilities in most parts of the health care sectors, coupled with inequality in the provision of the amount or quantity of services and facilities provided in different groups, inequality in the standard or quality of services and facilities rendered to different groups, inequality because of uneven or unequal distribution of health personnel, services and facilities, i. e. mal-distribution of over-concentration of manpower and services and facilities in urban areas and under-concentration in rural areas.

These lead to significant inequalities in the health status and unequal health risks in certain population groups. Generally in South Africa, the provision of services and facilities is not equal and uniform in all the sectors of the health care or for all the population, especially with regard to the indigenous population in the rural areas.

Shortages of resources is very rife, especially in rural areas, and this is because of limited financial means, limited manpower, limited growth potential of means and of manpower, and escalating demands of explosive population growth. These resource shortages indicate primary or real shortage in health care.

At certain levels, the shortage is caused by mal-distribution, and the wrong ways of utilization of manpower and material resources. Shortages are further more as a result from deficient or ineffective management and organization of health care services and facilities. These shortages are acute in rural areas in terms of both personnel and facility provision and the unsatisfactory quality of both. For example, in 1990, in South Africa, the total hospital bed: population ratio was as 91: 156 (Van Resnberg et al, 1998: 238).

In general, the situation regarding the provision of and availability of hospital-bed in South Africa has been deteriorating in recent years. As primary care and facilities are trying to improve, and outpatient care and home-care are expanding, and hospital stays are becoming shorter, the need for intramural care facilities decreases.

Van Rensberg emphasized that the public sector bears the total responsibility for Primary Health Care provision, and thus, in this sector, the financing of curatives, and intramural health care has long enjoyed preference over community-based, primary and preventive

services. The inferior standard of general hospital services in rural and semi-rural population in Africa are ascribed to hospital facilities being overburdened as a result of the inadequate provisioning of primary and preventive services.

The shortage of nurses in those areas is high, and this leaves much for concern because of the key role they play in community-based health care. Furthermore, the personnel is unwilling to settle in remote areas unless they get an incentive.

In general, availability of facilities is extremely poor amongst poorer communities as compared to self-sustained white communities, and the existing facilities are depleted. The existing resources, e.g. financial, human and structural stabilities are insufficient to meet enormous demands and needs for health care in rural areas.

2. 13 The Attitudes of the Community Members towards Western Medical Systems.

Attitude is part of the health care perspective. It refers to what people feel and experience regarding health, diseases and care, whether there are feelings or experiences of powerlessness, preparedness or dependency during disease episodes, or distinctive attitudes towards care and care providers, e.g. skepticism towards faith healing or negativism about the quality of care in public hospitals.

The following are expressions of dissatisfactions and recommendations of some of the community members about the provisions and service delivery of the western oriented medical system.

Mrs Motsisi G. of Mabeskraal, said that, western treatment relieves pain and symptoms for a certain period of time. Patients frequent clinics and hospitals many a time for the same illness with no success. Western treatment is unable to root out the illness completely.

Radikeledi Daniel said he stayed at J.G. Strydom and at Rietfontein hospitals for quite a time, but there was no change in his health. He then resorted to traditional treatment in 1995, and there was a tremendous change in his health. He said he was diagnosed brain tuber, and he could not see, but traditional treatment helped him to see. He said that his experience taught him that western treatment is efficient only in drips and blood infusions. He is of the opinion that Western treatment is not working effectively for Indigenous Africans and that it is not working for long-term period, and the pills are not working effectively.

Moilwa Banda said he was very ill and consulted clinics and hospitals several times with no change in his health. He was advised by a friend to consult traditional treatment, and since than, he feels better now, and he is still consulting traditional treatment. He said that western treatments do not work for Africans that much.

Magodielo Edward's father was a Traditional Healer. When he, Edward was ill, suffering from STD, he consulted western treatment for three months, but it could not help him. Through advices of Traditional Healers, he resorted to traditional treatment, where he was cured within three days. He said Traditional Healers helped him when western healing failed. He said in clinics and hospitals most of the patients receive panado, while they are suffering from different ailments.

He further went on to say that, nurses give proper or effective treatment to a person who is known to them, but if the person is unknown to them, one receives diluted or imitation medicines. Moreover, hospitals and clinics are dead elephants, as they cannot provide simple primary health care. The community is not being treated well in clinics and hospitals even by fellow African Western oriented practitioners, and this may be one of the reasons why traditional communities are developing a negative attitude towards Western Practitioners. There is a tremendous lack of medications and service to patients, and poor people are buying medication from private sectors at very expensive costs.

An assistant of Mrs Nechipal (Maiden surname is Mzanani), an herbalist and retired nurse, who opted to be anonymous, shared extensively his experiences both as a nurse

and a herbalist before he retired. He asserted that western system is unable to cure certain diseases even simple illnesses.

He explained that he was suffering from urine problems, i. e. his urine ducts blocked and urine got into the tissues, and his feet got swollen, when he was still practicing as a nurse.

He went through clinics and hospitals, but he could not get any help. He then resorted to traditional treatments and within three days, everything had dramatically subsided because traditional medicines had drained the urine from the tissues.

Since than he took interest in Traditional Healing, and as a nurse and herbalist, he could prescribe traditional treatment where, western treatment was failing. He emphasized that western way cannot explain or treat some of the traditional illnesses.

He complained that most of the people die of operations. As a retired nurse, he said he had extensive experience, and asserted that western oriented system has lots of failings. He said an illness which is treated traditionally, disappears completely and for good.

"I have seen people suffering in hospitals and discharged before they are cured," he said. He cited an example of a man who suffered from the cancer of the bones, whose bones where exposed and western doctors could not help him. He, as an herbalist, helped that person with herbs. Traditional medicines helped him, it narrowed the tissues until the wound was completely healed from cancer of the bones.

He further emphasized that traditional medicine is simple, strong and effective as compared to western medicines. He repeated that traditional medicine and healing can treat all illnesses very simple and it is so effective and perfect. He further asserts that western treatment has/is no match for traditional healing.

Western medicines treat the symptoms and ease the pain only, but traditional medicine has an everlasting effect, and a long-term effect. Once the illness is treated traditionally, everything is sealed. He believed that western oriented system is quite aware of the importance of traditional healing and medicines. The fact of the matter is that western

system is selfish, and has fear of competition. According to his opinion, western system is second- class to traditional system.

The following arguments from the media coverage which invited public commends about the effectiveness and efficacy of primary health care delivery service are used in this study as supporting evidence to the research findings of this investigation.

Media coverage: SABC 1: 16/10/05: 18:30. Programme: "Azikhulume", "Lets Talk". This was a Media interview with Western Medical Practitioners, and an invitation to the Public comments regarding efficacy of primary health care delivery services.

The main question was: Do you have confidence in health care providers, and are you satisfied with their health care delivery service?

The following responses were given by Western-oriented Practitioners about how they feel about the primary health care service delivery. The responses and opinions of the communities below are indicative of the attitudes of the communities towards Western-oriented Medical Systems.

Response from medical point of view: Ankura affirmed that, there is a serious lack of human resources, problems of policy implementation, a failing of professional decent salaries, and that resulted in competent human resources leaving South Africa for better salaries or green pastures elsewhere.

Response from medical point of view: Minister of health: Manto Tshabalala-Mzimang affirmed of such problems and deficiencies, and asserts that the health care department and the government are aware of that, and that the health care has plans in place to eradicate that, especially in rural areas. She emphatically stated that there are revitalizing policies to be implemented as well as plans for human health care in place.

The MEC, Peggy Nkonyeni also affirmed such deficiencies and added to say that the government is committed to address such issues.

Public response: The public in general expressed a motion of no confidence in public health care services. They deemed it as the poorest service delivery. They further said that public service delivery is a disgrace to the community, and the communities cherish no hope for better delivery service. The employees are so lazy, and they do not care about patients, and the government hospitals are death traps.

The MEC, Pogisho Phasha, said that the health department is doing its best to deliver. New policies are recently promulgated, such as training programmes. She said that the government is aware that nurses are overloaded or overworked, but they are underpaid, and because of this, people are left without service and are dying, and the "batho pele campaign " is an answer to government departments.

Monwabisi Gongwane from the department of health affirmed that there are referrals from primary health care or clinics to hospitals, but he also stated that primary health care needs to be strengthened, because referral system is not enforced. A mechanism needs to be in place.

Public commend: The personnel is so demoralised, although some nurses really care. Something should be done, e.g. with regard to direction and care. The long queues really take some lives of too many people. Conditions in hospitals are really appalling because of lack of good supervision or management to steer service delivery. There are too many patients to one doctor.

Mulder from the health department affirmed that the capacity is not enough, there is a shortage of infrastruture and the system is ineffective, but there are programmes in place to improve the health care centres, and other systems to capacitate the personnel.

Public commend: It is like you are in hell. No water for two days, patients are not treated well, nurses discuss their own personal matters instead of helping the patients. The public felt it is better to die at home rather than in hospitals. Nurses are not dedicated. The government is unable to meet public demands because there are no medicines.

Rispel from the health department said that it is good that people are talking and this will open the eyes of the health department.

Public response: The public hospitals are those built during the apartheid era, and are old and dilapidated. Government hospitals are useless and people do not go to consult.

The media coverage requested people to cast their votes through SMS's, and only 14% were confident and satisfied about the service delivery of the western system, while 86% passed a motion of no confidence and expression of dissatisfaction to modern service delivery.

The general feeling of both the department of health and that of the community members who were interviewed is that, Primary Health CareService Delivery is too weak to cater for the majority of the needs of the majority of the African population, and that the only option for efficient alternative healing is Traditional Healing.

CHAPTER THREE.

THE CONTRIBUTION OF TRADITIONAL HEALERS IN COMMUNITY LIVELIHOOD.

This chapter discussed the role of Traditional Healers, with reference to the importance and the efficacy of traditional healing and medicines in the treatment of illnesses and ailments among the Batlhako-Ba-Matutu community and those living at Legkraal in Saulspoort. It also examined the attitudes of traditional leaders towards traditional healing system. The data gathering of the study was done through conducting interviews with some of the community members as well as observation of archival records.

3.1 Historical Background of Batlhako-Ba-Matutu Community.

The origin, historical background of the Batlhako, and the role of traditional leadership with regard to Traditional Healing and medicines have a long history. In this investigation, an interview was conducted firslty with two persons from the royal family, namely, George Mokate Mabe and Molefinyane Mabe about the historical background of the Batlhako and their involvement with traditional healing and traditional medicines.

George Mokate Mabe is the son of the late chief Rakoko Mabe, and Molefinyane Mabe is one of the elders of the royal families, i.e. a paternal relative of the royal family.

According to George Mabe, the Batlhako are historically the descendents of the Ndebeles under chief Matshobane. This origin is traced back from centuries ago and it is evident in some of the verses or stanza in the Batlhako's praise poems, "Ke Matebele a mantsho a ga Matshobane, Masonya a mantsho, maloma a fodisa " , which means " The black Ndebeles of chief Matshobane."

The Batlhako is one splinter group from Witwatersrand, from the then Transvaal region. During the advent of the voortrekkers and Mzilikazi, this group fled to areas around Pilanesberg Mountains. Around the 16th centuries, the Batlhako split into two groups

because of leadership disputes. The one group lead by the elder brother, Leema Mabe, remained at Tlhatlhaganyane area which formed part of Pilanesberg and they called themselves, Batlhako- ba- Leema.

Another group under the leadership of the younger brother, Matutu Mabe, called themselves Batlhako- ba- Matutu and settled at Motsitle Mountain. According to Molefinyane Mabe, this group of Matutu roamed around many places, such as Marulakop, Phella (Matlhako), and to Mokwena in Botswana, and then came back and settled at Boshoek, and went back to Phella, then to Moreteletsi mountaian, and eventually to Motsitle mountain. Some other places are unknown, until they settled at Motsitle Mountain, under chief Mabe Mabe, the son of chief Matutu. This place is now known as Mabeskraal (Tlhakong). There are interesting and conflicting arguments about how this name came about. The one side believes that the name was given to the place because there was a plenty of indigenous trees called Motlhako, while the other side believes that it is because, when this group arrived at Motsitle Mountain, they found footprints at a fountain at the foot of Motsitle Mountain, but all in all, both symbols are equally significant.

According to the informants, Chief Mabe Mabe moved to Molepolole in Botswana because of tribal conflicts. After his death, his son Moetlo Mabe came back to Motsitle Mountain, and founded the present Mabeskraal as far as 1899. This group of Batlhako-ba-Matutu went through the leadership of the following chiefs and acting chiefs after the death of chief Moetlo Mabe.

- Chief Molopyane Mabe, son of Moetlo Mabe;
- Rakoko Mabe, younger brother of Molopyane (acting);
- Mokgatle Mabe, younger brother (acting when Rakoko was in exile);
- Chief Ramokata Mabe, son of Molopyane;
- Modisakgomo Mabe, younger brother (acting);
- Ntsatsi Mabe; and
- Ezekiel Molopyane Mabe.

After the death of chief Ntsatsi Mabe, another leadership dispute erupted as to who will be the chief of the Batlhako-Ba-Matutu, as the succession of the son of chief Ntsatsi Mabe, namely Ezekiel Molopyane Mabe was clouded with rumours of illegitimacy. When all these ups and downs were still on, Ezekie Molopyane was appointed as chief of Batlhako-Ba-Matutu by the overwhelming majority of the community members and he was further promoted as chairperson of Traditional Leaders in North West Province on the basis of his leadership qualities. A commission of inquiry was instituted to investigate the alleged rumours that Ezekiel was not a legitimate child of the late chief Ntsatsi Mabe. After a long period of thorough investigation, the findings and the recommendations revealed that Ezekiel Molopyane Mabe is the legitimate son of the late chief Ntsatsi Mabe. Based on that, the magistrate ruling at Mogwase Maggistrate Court was that Ezekiel Molopyane Mabe remaines on and occupies his legitimate position as chief of the Batlhako- Ba-Matutu as he is at present ruling.

Batlhako community is a well read community and it was one amongst the black communities to accept education in the area, and it was the first village to establish a school to cater for all rural areas around Rustenberg west-north and parts of east. It was the first community to start the first secondary school education in the area, namely, Rakoko high school.

Batlhako were and are still the custodians of traditional medicines and of traditional healing system. All over the years, traditional healers had been of assistance to traditional leaders. In their migratory movements, traditional healers had been of assistance to traditional leaders, e.g. traditional leaders were seeking help from Traditional Healers by checking and ensuring safety before moving, asking for solutions to problems to be encountered against enemies and wild animals as well as asking for good health.

This culture of the use of traditional medical systems were continued from generation to generation by traditional healers. For the Batlhako, it was a culture to sort traditional assistance from traditional healers. It was a norm in Batlhako-ba- Matutu community for traditional leaders to summon traditional healers to prepare rituals at a given time.

The whole community was invited to participate in those rituals, e.g. go gagaola morafe, masimo le lefatshe (cleansing of the village, community and the fields), when the time for cultivation arrives.

All traditional healers were instructed by the chief to move around the village to seek out all objects regarded as impurities or pollutants (dibeela), because these were regarded as responsible for hindering the rain, as causes of droughts, miseries, misfortunes etc, that befall the community.

All these traditional healers worked under the strict supervision of a special traditional healer or healers who was/were responsible for the traditional leadership.

The Batlhako community had consulted traditional healers for many years ago, and had the strongest belief in the power of traditional systems. This is also evident in the embodiment of their beliefs and respect for sacred animals, trees, places, and names of herbs.

According to George Mabe, the name, Batlhako came from a tree, which was called Motlhako and their totem is an elephant. This was supported by Molefinyana Mabe, who related how, these came about. During the wars, when these people were running around, they hid themselves behind the Motlhako trees, and their enemies could not see them.

Consequently, they were saved by these trees. Suddenly they saw elephants and they drove the elephants along with them. Thus, they were saved by these trees and the elephants. From that time they named themselves, the Batlhako and their totem was the elephant. Batlhako had sacred places where they believe that the spirits of the ancient ancestors prevail there:

- Sacred places.

The Mokgalo tree is the place were the Batlhoko settled on their arrival, and this place became the old chieftainship kraal, and it is where chief Moetlo is buried. Traditional rituals for rain-making, and lepasha i.e. voluntary services on the chief's fields were

performed by traditional healers at this place and are still performed by the community and the leadership in co-operation with the traditional healers.

Chief Rakoko Mabe, son of Molopyane Mabe, was known of having the power to make the rain. It is believed that he inherited that power of rain-making as far as 1942 as chief and was so well- known even around the whole area.

- Other revered sacred places.

There are other sacred places on Motsitle Mountain. Every villager passing that place, throw a stone to make the ancestors aware that he is passing peacefully and that he/she needs their blessings. There are timeframes for passing at those places. This culture is still practiced by the community.

Mophatong is the place of initiation and regimentation. Traditional healers performed initiation rituals at this place. It is a place, were young men and woman were initiated into the community, e.g. wifehood and manhood. It was a taboo to pass at this place during midday. These places were traditional institutions, where traditional healers, together with traditional leadership, performed the entire processes of initiation.

Young men were also initiated as regiments for the protection of the community, and were strengthened by traditional healers before they become full members. Such regiments are still existing within the Batlhako community. There were regiments such as Mafiri, Mannenne, Masitaphefo, Majapoo, Maloma-kgomo. Ramokata and Ntsatsi were members of Maloma-kgomo, which was the last regiment to be initiated in the 20^{th} century.

Traditionally, each regiment was headed by any paternal uncle of the chief or any member of the royal family. This culture was revered because of the believe that the royal family is immortal, hence the head of every regiment was from the royal family.

The traditional leaders tried cases of witchcraft and in the investigation thereof, Traditional Healers were involved by leaders in finding the truth or to reveal the cause of the conflict, and to come out with a solution or to give the direction.

Sediba is a fountain found in the cliff of Motsitlte Mountain, which supplied Batlhako with water for many years since their arrival and it is still serving the same purpose. Soon the royal family moved form Mokgalong, and settled at the foot of Motsitle Mountain near the Sediba. It is this sediba that made settlement possible, as it was used as a source of water. The community and life-stock survived because of this fountain.

Traditional Healers as well, use this water for traditional therapies. They use the water from this well to mix their medicine and to sprinkle, when they cleansed a person or the village as well as the fields. All these places are value-ladden, and their importance to the Batlhako, indicates how deep-rooted was this traditional healing system amongst the Batlhako community.

3. 1. 1 Migration and Affinities of the Tribe.

The following information was collected through observation of archival records. The records revealed that before this tribe branched off from the Ndzundza, they lived near the Premier Mines (Mangolwana) and Wonderboom near Pretoria. They moved and lived for a while at Pharami (Boshoek) and later settled along the Tholane River near Phela towards the end of the 17th century. Afterwards the tribe split and took differ routes under the following chiefs:

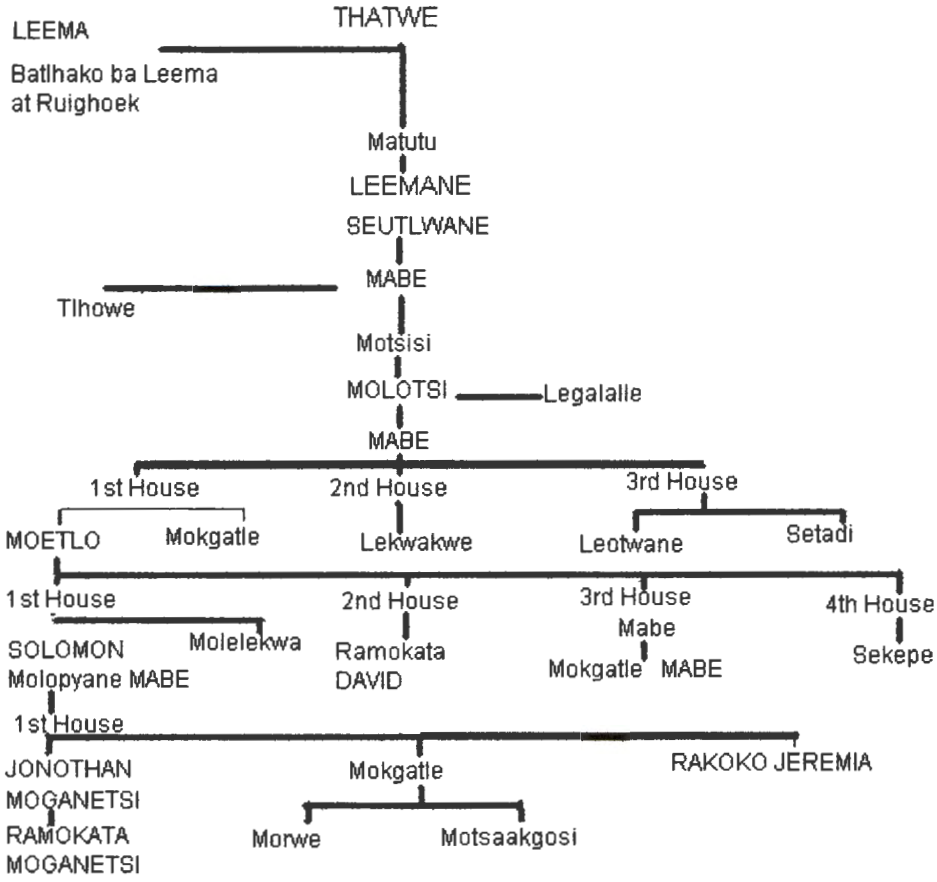
- Chief Seutlwane trekked to Maseletsane near Pilwe Hill;
- Chief Mabe moved to the north of Mothoutlung;
- Chief Motsisi went to Legatalle(north-east of Ruighoek where his son Molotsi died in 1820;
- Chief Mabe settled at Motsitle, the present site of Mabeskraal;
- Apart of the tribe followed Mzilikazi to Zilkaatskop in the Madikwe area, but returned after 1837. Around 1850, they fled to Molepolole in Botswana and settled at

Magagarape where Mabe died; and

- Chief Moetlo returned to Mabeskraal.

The tribe, Btlhako-ba-Matutu is related to Batlhako-ba-Leema, a small tribe living at Ruighoek. Few small groups have, during the course of time, left the tribe, for example, the Lekwakwe's people moved to Phela and lived under chief Mosome, and some of the Batlhako lived and are still living among Bakgatlha-ba-ga-Kgafela at Legkraal.

3. 1. 2 Genealogy of Chiefs.



Through the observation and examination of the records, I was able to get first hand information of genealogy of the chiefs of the Batlhako tribe. First they came from

Zululand and later lived as Ndzundza (Matsutsa) Ndebele at Mangolwana near Premier Mines around the 17th century. The numbers used here indicate the order of succession.

1 THATWE had an elder son **2** LEEMA and a younger Matutu. While still under amaNdzudza, a regiment was sent to discover new grazing ground, and when they found unoccupied land they said "You stand here", i. e. Leema. LEEMA lived at Tholane River in Rustenburg district. Matutu came from Mangolwane (PREMIER mines) to Wonderboom near Pritoria, and afterwards moved to Pharami(Boshoek), and eventually reached Tholane near Phela.

The tribe split into two groups of LEEMA, which is today Batlhako-ba- Leema at Ruighoek and those of Matutu who had a son called Leemana (the small Leema). This group left for Mabyanatsiri along the Elands River near Selon and later trekked to Moreteletsi (Rietfontein) at the foot of the Matlapengsberg.

3 LEEMANA was succeeded by his son **4** SEUTLWANE who trekked to Maseletsane near Pilwe Hill. His successor **5** MABE moved to Mothoutlung near Palmietfontien. MABE had two sons, Tlhowe who left the tribe, and the younger son **6** MOTSISI succeeded his father. Because of the stuggle with Bakgatla, he moved to Legatalle where he died.

MOTSISI was succeeded by his son, **7** MOLOTSI who lived and died at Legatalle around 1820-30. MOLOTSI had an elder son **8** MABE and younger son Legatalle who was a well known rainmaker. MABE settled at Motsitle, the present Mabeskraal.

When Mzilikazi invaded the country from south in 1827-30, they did not leave the village, but became subjects of Mzilikazi. It appeared many Batlhako accompanied him across Marico River where he established his headquarters at Silkaatskop. After the defeat of Mzilikazi by the Boers, the Batlhako returned to their old home at Motsitle.

Around 1860, chief MABE had troubles with the Boers who gave him a flogging, he then left with his tribe for Molepolole and settled at Magagarape, where he died. MABE's eldest son in the 2nd house was Lekwakwe, and the sons in the 1st house were **9**

MOETLO and Mokgatle, and in the 3rd house were Leotwane and Setadi. After the death of MABE, they returned to Mabeskraal. MOETLO and Lekwakwe quarreled and because Lekwakwe feared MOETLO, he moved and settled at Sedutlane and later at Phella.

Later on his way to join his brother's tribe, he was killed in an accident when he fell from a wagon. His people returned to Phela. It was believed MOETLO had sent a medicine-man (Ngaka) to bewitch the wagon of Lekwakwe. Leotwane and Setadi also had quarrels with MOETLO and they were expelled from the village, and they settled at Mochudi where they died. It is said that this tribe was called "Magegeru" by others because "they did not understand one another".

MOETLO MABE became chief in 1870 and was a very strict chief. He sent a regiment to raid the cattle from the Kwena chief, Sechele at Molepolole and succeeded in capturing a good number. MOETLO furthermore agreed with the farmers/Boers to supply them with labourers for 6-12 months, and they were paid in cattle. The chief allowed the labourers to keep the cattle on condition that the first calf of each cow had to be reported and belonged to the chief. Workers from urban areas had to pay some money to "greed the chief" Those who failed to bring the gift in the following morning after their arrival were fined.

MOETLO was succeeded by his eldest son **10** SOLOMON MOLOPYANE MABE who died in 1939, and it was alleged that his second wife, Boteka bewitched him, and afterwards she fell ill and died. It is said that several members of the royal family were involved in these accusations of witchcraft, but no Diviner was consulted as to the cause of her death because it was believed that, a medicine-man had bewitched her.

All of SOLOMON's children except MOGANETSI, RAKOKO and Nthana, are believed to have been bewitched and killed by their paternal uncle Tumagole. Tumagole is said to have bewitched the house of his elder brother by means of a lightning bird and burnt it, because his brother has excluded him from lekgotla and he was not a councilor. He was as well believed to have buried medicine in the lekgotla, the meeting place of councilors, at night.

11 JONATHAN MOGANETSI was appointed acting chief with civil and criminal jurisdiction in 1938, during the lifetime of his father. Later the criminal jurisdiction was revoked owing to his weakness of character, and for that reason he was never appointed as chief. MOGANETSI died in 1944, when his son Ramokata, the heir to the chieftainship, was only 6 years of age.

12 JEREMIAH MOLOPYANE RAKOKO MABE, the chief''s younger brother, was appointed acting chief by the government in 1945. Several complaints were raised about his conduct and in 1947, his appointment as acting chief was withdrawn by the government.

13 MOKGOTLE MABE, a son of a brother of the 3rd house of chief SOLOMON was appointed in 1947 with civil and criminal jurisdiction to act for RAKOKO MOGANETSI MABE. MOKGATLE's regiment was Masitaphefo. The conflicting issue of circumcision between RAKOKO and MOKGATLE divided the tribe. Because RAKOKO was so influential and had a large number of supporters behind him for his re-instatement, he ignored the presence of the acting chief. The Native Affairs Department terminated the duties of MOKGATLE in 1951. **12** JEREMIAH MOLOPYANE RAKOKO was reappointed as acting chief. **14** RAMOKATA MABE, **15** MODISAKGOMO MABE, **16** NTSATSI MABE, at present **17** EZEKIEL MOLOPYANE MABE

3. 1. 3 Regiments.

The following were regiments during the reign of the abovementioned chiefs. According to the tradition of the Batlhako, any initiated regiment was to be headed by achief or a person from the chief's family or royal descendants.

Nane of regiment	Leader.
o Mafata 1	MOTSISI
o Matshema 1	MOLOTSI
o Madima 1	MABE
o Makonopya	Moganetsi Ramabe

o Matlatsa	MOETLO**
o Mapotokese	MOKGATLE**
o Makantwa	Keakile** These three regiments took part in the Sekukuni war.
o Matladi	Sefatlhwe
o Mafatshwana	Makwele
o Malosa	SOLOMON MOLOPYANE
o Mafata II	Tumagole
o Matshuba	Mokoke
o Matshema II	MABE
o Maganelwa	Motseakgosi
o Madima II	MOGANETSI
o Mafiri	Seame
o Masitaphefo	MOKGATLE
o Mannenne	RAKOKO

3. 1. 4 Political Organisations.

The Batlhako tribe consisted of 19 clans (dikgoro) below in order of their respective ranks:

Clan (kgoro)	Head (kgosana)	Totem
▪ Bakgosing	Tumagole Mabe	Tlou (Elephant)
Sub-clans: Masogana	Keabetswe Molotsi	||
Mainyana	Lot Motsisi	||
▪ Monneng	Ben Ramokgadi Motone	||
Sub-clan: Mmangwato	Rankgethe Moalefe (came under the rule of MOETLO)	Phuti (Duiker)
Thari	Michael Nkotswe	Tlou
▪ Gopanyane	Amos Setshogoe	||
Sub-clans: Powe	Moatlanegi Powe	||

	Masiana	Sedupe Modise	||
	Mogale	Zibilon Kgasoe	||
▪ Masudubele		Mishack Modisane	||
Sub-clans: Tshwana		Rakgethe Modise	||
	Khunou	Petrus Madikela	||
	Malete	Fanteng Mokgosi	Nare (Baffalo)
▪ Leema I		Joshua Moganetsi	Tlou
Sub-clans: Leema II		Dikgosi Mabe	||
	Magasa	Lekgethe Moatlhodi	||
	Makotsane	Tollo Morobadi	||
▪ Magodielo		Mokgosi Magodielo	Tau

3. 1. 5 Khuduthamaga of the royal family

Apart from the above structure, the chief had a private family council (Khuduthamaga). The tribunal (Lekgotla) is elected jointly by the chief and the tribal community. The following councilors were formed:

Clan	Leader
❑ Leema I	Johannes Mabe (leader of the Council
❑ Magasa	Jafta Magasa
❑ Gopanyane	Ernest Setshogoe
❑ Leema II	Orbert Moeketsi

3. 1. 6 Constituencies of the Batlhako villages.

- Motsitle as the main village (Mabeskraal);
- Seolong in Leeukop;
- Makweleng in Tambotiesrand;
- Kolobeng in Vlakfotien, and Mmamakau.

3. 1. 7 Traditional Beliefs of the Batlhako community.

The prayer for rain were made both at the grave of chief MOETLO and under a large shady tree at a place called Mokgalo. In the caves of Ratumuga Mountain to the south of Rakatane Hills, there are sacred places of the spirits of the ancestors of long ago. Generally the Batlhako people were afraid of and complained of witchcraft. The history of the latest generation of chiefs contains many cases of witchcraft.

Before a village was built, the site was examined by medicine-men (Dingaka) by means of their Divining Bones. They had to see whether it was safe and suitable for the establishment of a village or whether other people had buried harmful medicines there. The Divining bones were capable of telling whether there was anything harmful. If the site was safe and suitable, the chief's medicine-man would go and first mark the spot for the chief's kraal. He would burry the pegs marking the chief's kraal. He would dig in the chopping block and treat it medicinally with the blood of an uncastrated young beast because the chief is regarded as the bull of the village.

When women went and pitched the poles, the medicine-man went to see that everything is all right by inspecting it. The medicine-man went round the place doctoring it with his medicines so that everything will be all right.

In the kraal of cattle, goats and sheep, pegs were buried. A grindstone was fastened on the horns of a bull so that it cannot leave the cattle to go to stranger ones (ya upiwa ka setso). Other different rituals were performed to guard the kraal, for example, rubbing the stick with the medicine of the bull, fixing the stick in the branches of the cattle kraal. There was also a medicine for the protection of the community in the grindstone. Traditionally, the witch-doctors' fee was a beast, and the beast was also paid for the medicine in the grindstone.

Even every Motlhako herdsman knew how to heal the broken leg of an animal by setting it in splint of back held tight with cords of MOUMO back. Protective medicines were put on the lands of the families by the medicine-man who also made known other rituals to be obeyed by those who worked on the land, for example, when eating sweet trees in the

lands, they had to sit down. After the corn had been taken home, it had to be doctored so that nobody could bewitch it.

The Batlhako community is naturally and traditionally the custodians of Indigenous Knowledge and Heritage of African Wisdom, from all life perspectives, and their beliefs in Traditional Healing and Medicinal Practices in the primary health services is evident from the investigation in the next section.

With reference to Batlhako-ba-LEEMA, who are living at Ruighoek, the performances of rain crermonies were done on the Kgojane Mountain which has been regarded as a sacred place since ancient times. The prayers for rain were offered under a large morula tree. The sacrificial animal to be slaughtered in such occasions had to be a black ox from the chief's herd or from the clan (kgoro).

3. 2 The Role of Traditional Healers in community Livelihood.

Data in this section was based on interviews conducted with randomly selected Traditional Healers about traditional medicines and their healing powers. Some of the traditional healers who were contacted included Mponyane Sebole and Kariki Molemane of Legkraal, Girly Motsisi, Lindi Mzanani-Nechipal Dingake Mokoka, and a group of spiritual healers under Tlhalefang Medupe, all from Mabeskraal.

According to Mponyane Sebole and Kariki Molemane of Saulspoort (Moruleng), Bohule section (Legkraal), who are both herbalist and Traditional Healers, Traditional Healing is a very deep art and it is difficult to understand it as a foreigner, or if one does not believe in it. They said that traditional medical system is a heritage, i.e. " Ngwao boswa."

They further said that it is difficult to explain how these started and when, but one can say that our parents inherited it from their great grandparents (ancestors), and passed it down from one generation to another. Different cultures have different talents of healing, as there are different kinds of herbs, which are used differently.

Traditional healing is working effectively. Traditional Healers are able to use the same herb(s) in a variety of ways. With regard to healing as heritage, traditional healing and traditional healing systems differ tremendously from one culture to another, but also from the same culture.

An example of how the herb can be used in a variety of ways is the use of Moologa. Traditional healers use it to solve problems or conflicts, to ward off misfortunes, as well as cleansing the village of evils and misfortunes.

Traditional Healers use it as well to cleanse the life-stock and to make it multiply quickly, and to cleanse the fields before cultivation. It is used to treat and cure illnesses such as high blood pressure and low blood pressure, HIV/AIDS in its initial stage, SDT's, etc. He said many people are not aware or do not believe that this medicine treats HIV/AIDS.

The preparations of traditional medicines, comes out in multi-components, but every one will perform its function very effectively. Traditional Healers have knowledge of herbs, of those, which are used internally and those, which are used externally, but expert traditional healers are able to use external medicines also internally.

Herbs such as Monngogo and Morekhuri are dangerous and they cause blindness. But experts are capable of using monngogo and morekhuri as laxatives. Although they differ in their preparations, they both clean the stomach and intestines.

Sebole agrees with Molefinyane Mabe with regard to instructions to herbs. Traditional Healers have the power to control or manipulate herbs and medicines in a variety of ways, and to instruct them to perform the desired task as directed, and they are able even to send them to go and perform a duty somewhere.

For example, when the patient is unable to reach the healer, the healer is able to treat the patient in absentia, by calling the name of the patient or by examining the clothes of the patient and then treat him or her by blowing off the preparation in his hand or palm. Although the preparation falls on to the ground, it moves directly to where it is instructed to go.

According to Sebole, traditional medicines are named after the function they perform, and the name signifies the effectiveness of the medicine. For example, when morula, (from the verb rula: which means, enliven or revive) is added to the preparation or mixture, it revives, activates and gives the medicinal preparation more power.

When the earth is not green or is lifeless, it is said " Naga e tshetlha" meaning the habinger of death or loaming trouble. To ward this off, then for traditional healers, the mosetlha, is use to ward off or remove troubles of any kind by cleansing the village with this preparation.

He said names are a traditional healer's dictionary:

- Moologa: cures a variety of illnesses (which means to enliven);
- Dira-ga- di-bonwe: meaning protection against or obscurity from enemies, used to keep enemies away;
- Moetapele: unstoppable, used for success during testing times;
- Monna-motsho, Mopipi and Tlhonya: are used as opium, or to hypnotise, as well as blinding enemies. It is used to end or to delay court cases in farvour of the user;
- Lesitwane and Tlhoka-matshwaro (unvulnerable) are used to conquer enemies, rende them vulnerable. Traditional healers used them to strengthen chiefs and the regiments;
- Setlhola-banna (stimulant): is used to clean and stimulate male sex organs and prevent STD's. It is also used for external cleansing;
- Moralla: stimulates organs, e.g. of both the people (and prevent STDs) and live-stock;
- Serepe: is a traditional condom. It is multi-purpose in the sense that, it is also used to prevent lightning, as well as protection for the family.

Traditionally, all herbs have proved their power and effectiveness according to their names and functions. Traditional healing system goes as far as healing broken bones without using western way of using cement or plastering, but they use Moroka and Thobega for bringing together and wielding the broken bones.

Such medicines are mostly used for the treatment of livestock and soccer player who are exposed to such dangers including twisted muscles or strained ligaments. Traditional healing of these ailments usually lasted for two months, and the affected area is healed forever. Traditional Healers diagnose illnesses differently. There are those who diagnose like western practitioners, where the patient explains his/ her problem of the illness.

Traditional Healers also establish doctor-patient relationships, where the patient explains his / her symptoms of the illness, how it started, how he/she feels, eat and drink, viz, how the illness manifests itself. Then, the traditional healer ensures the patient of trust and confidentiality. While cross-questioning the patient, the traditional healer is able to diagnose the type of ailment and decide on treatment.

Another form of diagnosis is through prophecy. In this form, ancestors tell the traditional healer about the illness, how it started and how it manifests itself and they prescribe treatment for the illness. Some traditional healers are careful about the signs of their bodies, and are able to interpret them, e. g. sign for a patient coming to consult, signs for an ailing person near to him.

According to Sebole, an important concern among the initiates in South Africa is the quality of training they receive from practicing diviners. The withholding of healing knowledge by the teaching healers and the abuse of the Thwasa initiates, at the hands of senior healers, are major issues that need addressing and investigation. There are gathers selling muti at the market places directly to the public, while in the past these gathers used to deal directly with traditional healers.

Sebole raised a concern about the registration of traditional Healers. For him a major issue is the lack of accountability for malpractice by Traditional Healers. Of late, there is nothing done to protect the innocent citizens from malpractices by Traditional Healers.

Molefinyane Mabe is an herbalist, the art that he inherited from his father Morakile Mabe. According to Molefinyane, herbalim is so powerful, effective and helpful. He said Morakile was so respected even by bonesetters for his prestigious work.

He emphasised that Traditional Healers are so strong, powerful and they do their work effectively with dedication and honesty. Traditional Healers differ according to the degree of giftedness from their ancestors. He stated that, with his vast experience as an herbalist, he had helped the community, and he is still helping them.

His diagnoses is made whiles the patient is explaining his kind of illness, how it started, the symptoms etc, and then the relevant treatment is prescribed.
He said that 90% of the people around Rustenburg are using traditional treatments. He stated that ancestors come in a dream to many Traditional Healers especially herbalists, revealing to them the relevant herbs and treatments including new ones. Ancestors show herbalists the herb, and direct them to the place, and when the herbalist wakes up, he goes straight to the place.

He further on said that ancestors do live, and they live like any person living on earth. Molefinyane confirmed what Sebole said, that Traditional Healers are able to send treatment to a patient or person if one has the patient's or the person's clothes or just by calling the person's name. Molefinyane stated that, there were no hospitals, nor clinics in Mabeskraal, but the community survived for centuries, because of the use of traditional medicines.

He further said that woman gave birth, and they were helped by other woman who, consulted traditional healers, to ward off delivery problems and severe pains. Delivery infanticide was not that rife as it is recently in modern delivery systems.

According to him, symbols have different functions according to a given culture, e .g. mode of dress, symbols or emblems etc. The colours of the clothes that a traditional healer wears, has a symbolic meaning with regard to his /her healing powers. The kinds of beats he / she wears, the kind of the rod he / she uses, also plays a prominent part with regard to his /her power to heal.

Lindi Mzanani's mother, is a Pedi, her father is a Venda. Mzanani, who was born at Moledji in Bopedi, received her traditional healing as bonesetter from her ancestors and

started practicing in 1962. She worked for a long time as a traditional and bonesetter, especially in Mabeskraal.

According to Mzanani, traditional healing is so beneficial to the community. Most of the communities have long realized the power and effectiveness of traditional healing. The bones of traditional healers tell the story like any other person reading a book or using a microscope or looking at a television. She emphasized that traditional healing and its medicines are so effective. People whom she had helped are healed and they do come back to her to thank her.

With regard to ancestors, she said ancestors are existing, and they are living. She said that if one is always upright, pure and perfect, obeying their instructions, they would always be with him/her, direct and guide him/her.
Mzanani asserts that rainmakers are possessed and they communicate with the ancestral spirit to find the cause of the draught. After identifying the cause of the draught, the ancestral spirit provides the rainmaker with the remedy.

Herbalists use extracts from plant-fruits, berries roots, leaves, and barks, which provides the bases of the medicines used by Traditional Healers in Africa. Herbalist healers go through hard training through which they learn about healing properties of a variety of plants.

On completion of training, Herbalist Healers are able to prescribe herbal remedies for different illnesses. When they are confronted with a new or strange illness, they seek assistance from the spiritual world, and the spirit will lead the healer to an appropriate remedy.

Dingake Mokoka, is a Bone-setter. He said that African Healer-Herbalists and Diviners also practice preventive medicines. Patients come to the healer to seek protection from misfortunes. A person undertaking a journey may want a remedy that would provide safety on the trip. Another patient may want a remedy that would provide wisdom and clarity in an important decision.

The initiation ceremonies, festivals of the first fruits, birth of a child and other such communal activities, were regarded as renewal and the revitalization of the people. The initiation schools taught youth survival skills, communication skills, safety, conflict resolutions and prevention.

For all these to take place, Traditional Healers are first consulted to bless and lead them. For these rituals to be effective, people needed songs, dance and works of art. These rituals stimulate creativity and vitality of the individual and the community.

Mzanani is presently practicing as a prophet and spiritual healer and she heals by using water. She said she is instructed by her ancestor to stop using the bones and herbs. According to her experience of using the water since, healing with water and prophecy is more powerful than healing with herbs. With her prophecy and healing with water, she performs the art of protecting marriages through counselling and protecting the fields, homes etc, against misfortunes.

Motsisi is a Priest, Spiritual Healer, and an Herbalist. Micky Ramafoko and Siella Setshogoe assist her in her performance of her healing and rituals. She has an extensive experience of traditional healing and had helped many people, e.g. she had helped people suffering from breast cancer and other serious diseases. She asserts that she is able to cure the cancer of the breast, insanity, diabetics as well as high blood pressure.

She said that as long as Africans see illness as a religious experience, traditional healing will be the most revered body of knowledge next to the chief of the village. Traditional Healers are the custodians of the theories of healing and the hope of society. Traditional healers as well as the community believe that God removes the diseases with the help of Traditional Healers.

Micky Ramafoko, former bonesetter for 30 years, presently working together with Mrs. Motsisi, asserts that traditional healing is powerful and effective and it is a God-given talent. She has a very long experience of people whom Motsisi had helped, including people suffering from mental disorders and madness.

She had an experience of people coming from the clinics and hospitals, people who were discharge but still being ill, and were helped by her. She has seen many people leaving the clinics and hospitals to come and consult at Motsisi.

Shiela, who also worked with her for more than three years, affirmed this by saying that Motsisi does refer patients to clinics and hospitals for drips and blood infusion only. She prescribes diet for the patients, and also performs midwifery etc. All her delivery performances were done with much success.

Her diagnosis is done in different forms, for example, when she is delivering church services, when she sings as well as when she had a dream, ancestors prescribe treatment by prescribing herbs and how to use them, and they show her the direction and the place where the herb can be found.

She also emphasized that ancestors are living, and are the mediators between the living and God.
According to her, ancestors are angels or they act like angels of God. They are the servants whom God sent to communicate with the living. They are the messengers of God.

Motsisi combines spiritualism and herbalism. She deals with the spiritual part through prayer and preaching about the power of the Holly- Spirit, and she deals with the body through the use of herbs and water, smoke etc. She preaches about the belief in the powerful word of God, which Christ used to heal the people.

Motsisi asserts that symbols have a major role in the healing. The following symbols were displayed in her archive: a pot (pitsana), a basket (seroto, le tlatlana), lenaka, and different beats with different colours, the robes with different colours etc.

She said that, all these symbols have deep meaning, and special meanings. Traditional Healers do not wear these symbols for fun, but for a special purpose, as instructed by ancestors and God. She said that the attire and curtains in her house, all have specific meanings attached to them, e.g. skins of animals displayed in her house. She further said

that everything, in her workplace, were revealed to her by ancestors and God, and these have a great healing power.

She emphasized the importance of African healing dance with a lead dancer spiritualist and drummers of the club. It is a dance course on healing traditions and spiritual movements that are special to the African dance heritage. In Africa, dance is much more than the physical movements. It is a direct way to celebrate life and create healing.

Motsisi has a number of videos of celebrating the healing processes on the mountain of Ntlhane. She further said that African dance is a step-by-step of the healing tradition and expressive movements that are unique to African dance heritage, for example, the dance of the ZCC.

From the movement of the nature and everyday life, the tribal people and the community of Africa develop a specific dance to summon the energy of the world or the people around them into their bodies for connection and healing.

The real dance comes from the heart and it is a deep expression of the inner-self and it is beautiful to watch. Watching dancers and for the dancers themselves, it gets the heart pumping and it is the greatest fun for all.

She was vocal to asserts that there is a continuing respect for ancestors, believe in the continuing involvement of ancestors in the life of their successors, believe in the forces of good and evil that can be manipulated by direct access to the divinities through prayers and sacrifice, believe in the efficacies of the charm and amulets to ward off evils and the vast area of African life, which is an area of health and healing.

Mrs Medupe is a spiritual healer. Her group of spiritual healers included men and woman who were interviewed, amongst were Molompe, Mfundisi, and Motsisi.

This group believes in the healing power of the spirit, which is carried out through prayer and the touching of a person. According to them, the prayer has the power to heal when

you invite God the Almighty to assist. They believe that herbs can heal when God is invited.

The herbs can work effectively if the people, who are using them, used them for a good purpose. Herbs cannot work for a bad purpose because God is a loving God and will not let His people suffer. They said that traditional healers had been there and they did their work effectively. The same methods of diagnosis through the spirit, apply as well to traditional healing of diagnosing by self-explanation of the disease and its manifestations, as well as through feeling or touching the patients' body.

This group of spiritualists believes that there are similarities between religious activities and traditional healers' activities. Some Traditional Healers detect the illness through smelling, e.g. Sedupe, and could send a person to go and do something to be healed.

They said that similarly, Jesus Christ could detect an illness from a person, and instructed that person to go and to perform a certain ritual and the person became healed, a blind man. They cited many biblical events where people were healed because they believed. What matters, is the belief trust and faith in God that make everything possible.

Every person is gifted differently and thus some of the Traditional Healers perform miracles through cleansing (sewasho).

These spiritualists (Basebeletsi) or spiritual workers asserted that modern medicine is derived from traditional products, but the belief and trust in of Traditional Healers in traditional medicines is powerful than in western tradition. Medupe once lived with a prophet, but did not use herbs during her ailment. The prophet used prayers, and holding a rod, could heal mental illness by giving instructions and could as well elicit luck. She said that the use of a rod resembled a way of traditional healing.

She believed that herbs can heal only the body, but not the spirit, and that western medicines as well cannot heal the spirit. Prayers and songs are the best remedies for spiritual ailments. She accepted that some spiritualists use herbs, water and prayer to heal people effectively.

These spiritualists believe that rituals are important to African indigenous religion. Rituals are cultural or religious ceremonies that celebrate or commemorate specific events that have deep religious significance. Rituals serve to reinforce important religious believes through meaningful activities that bring comfort or joy and thus strengthening unity of the followers of the religious tradition. These rituals are often associated with important human events such as birth, marriages, death, planting and harvest.

3. 3 The Contributions of Spiritual Healers.

In African Religious Traditions, there are different religious roles such as priest, rainmakers and herbalists, i.e. diviners and herbalists. In some African traditions, these various roles may be served by one and the same individual, whereas in other traditions different persons may serve each position. In most African religious traditions, woman and men serve as priests and healers like Medupe and Motsisi.

The group explained their illness in terms of the imbalance between the individual and his or her physical, social, and spiritual world. They believe that health and illness come from the supernatural. Although they believe that all medical systems focus on preventive and curative medicines, but good health among the community centres on personal rather then on scientific behavior.

They argued that all religious systems have elaborate rules that determine appropriate and inappropriate health care behavior, i.e. rules for giving care and receiving care. Their religious experiences include blessings from spiritual leaders, apparitions of dead relatives, and miracle cures. They believe that power to heal is found in animate as well as inanimate objects, which have regard for traditional knowledge and faith in tradition.

In general, most of the population in South Africa, especially the rural poor, asserts that they have no access to modern health care, because of the distance they life from such facilities, or because of their inability to pay. As a result they recommend traditional healers and thus turn for help to traditional medical practitioners, whom they know and

respect, who will interpret their beliefs about the origin of the disease and how to treat the disease.

They emphasized that the local people naturally continue with their traditional medicines, because in many cases a traditional remedy works perfectly well and it is very much cheaper to make, and it becomes a considerable fact to take into cognizance. Their opinion is that department should consider to formulate a policy of how to combine traditional ideas and western scientific ideas.

Traditional methods can treat an illness that modern medicine is incapable of dealing with. Modern medicine is capable especially in those cases that require surgery or high-technology equipments.

For most of Traditional Healers, herbal treatment is the only treatment of medicine. Therefore it makes sense to use the skills of local people with their knowledge of local materials.

Traditionally, the use of muti is so popular, because many plants are used for their curative properties, and plants have medical uses for physical disorder or ailments, e. g. diarrhoea, epilepsy, asthma, coughs, parasitic infections, madness, headaches, and some are used for self-fortification and to ward off evil spirits.

Mokgothu, a service provider at a rural Mabeskraal village, who provided his service at the rural Moreteletsi hospital, elaborated on the importance of the role of Traditional Healers in the health system and the health development on the basis of its accessibility and affordability as well as its holistic approach, their expertise in the use of herbs, proficiencies in spiritual healing, and the use of a combination of both traditional and western practices.

He emphasized that traditional communities rely mostly upon the spiritual and practical skills of traditional medical practitioners. He further emphasized the importance of the registration of traditional healers with authorities, and in this event, patients will be protected from mistreatments and malpractices.

He indicated that South Africans at large are happy to welcome traditional healers into the fold of approved health services, and that the kind of reform of incorporation will make healers complement the mainstream health practice.

He further asserted that, traditional medicine is a complex system closely linked to the culture and the belief of the people, knowledge of their land and its flora and fauna. It is embedded in their social life and culture.

He finally said that the herbal medicine is as effective as the western preparations. He believed that recently, there is a growing interest in natural and traditional medicines and that scientists all over the world are looking for a new cure in collaboration with traditional healers. Africans use hospitals, but will also use Medicine Men or Traditional Healers, since hospitals do not deal with the religious etymology of an illness.

He suggested some important steps in a process of building a bridge of cooperation between traditional healers' community and the biomedical profession in South Africa, i.e. through cooperation, South Africa can launch a more effective and coordinating campaign to reverse the spread of HIV/AIDS pandemic, and to relieve the suffering of those affected by the disease.

Traditional Healers and traditional medicines play an influential role in the lives of African people, and have the potential to serve as crucial components of a comprehensive health care strategy.

In general, some of the community feels that the recent trend about traditional healing is the loss of oral transmitted healing knowledge. Most of the rich medical plant lore has been lost with time and culture change. Acculturation of new generation resulted in a divergence from traditional customs and knowledge, and children have lost interest in traditional ways.

Some people view traditional people as rural illiterates who practice traditional medicine and spread their knowledge through oral communication among themselves. They

believe that oral communication can give rise to inaccurate and even dangerous information where cheaters can penetrate and operate within the health system.

Other people proposed the modification of some training programmes to produce traditional health care information to providers. They recommend the media as the most effective method of transferring knowledge to those unable to read.

Traditional Healers assert that diviners are trained on how to throw, analyse and interpret the position of divine-bones in order to find out the cause of the client's misfortune or ailments. Traditional Healers are thoroughly trained. During informal training, a Traditional Healer is given relevant medicines to have power and prophecy and to strengthen his soul.

Hereafter, he is initiated into the public through prescribed rituals. He learns the cause, cure, prevention of diseases, misfortunes, barrenness, poor crop yields, magic, witchcraft, sorcery, and how to combat illnesses and to treat his people.

At the end of the training, Traditional Healers are able to find the cause of illness, to find criminals who had caused it if it is witchcraft, find the nature of the illness, and apply proper treatment as well as preventing misfortune from happening again.

All over the world, plants used to be the main source of medicines, but western people saw herbal medicine as old stories, but recently the majority of the people realize and believe that herbal medicines really work as they are now found in chemists and shops, e.g. Timjan, African potatoes etc.

3. 4 The Attitudes of Traditional Leadership with regard to Traditional Healing Systems.

According to Sebole, traditional leaderships are custodians of traditional healing who used the services of traditional healers during the period of the cleansing of the villages, and of the fields and of the young men and woman. During the time of cleansing, the

chief and the traditional leadership summoned young man and young woman to the tribal kraal to be cleansed by traditional healers. Traditional leadership ordered traditional healers to move around the four corners of the village to cleanse it.

The tribal authority and headmen enforced observances of myths, respect for sacred places and sacred trees. Their strong words regarding observances were obeyed, e.g. observance of the time-frame for certain trees which were not to be cut or chopped down, because they are believed to cause harm to the community.

Examples of such trees include morula and mokgalo. Morula nuts also were not to be cracked when maize is in its puberty stage. These trees were strictly forbidden by traditional leadership in support of traditional healers.

Traditional leadership also enforced observance of taboos, e.g. boswagadi (rou in Afrikaans). They determine its timeframes and the movement of such people. Traditional leadership consulted and co-operated with traditional healers on all these matters.

Of late, because of the work requirements and the demand for work as well as the pressure of poverty, people are unable to observe timeframes but only rituals. It is now believed that this lack of observance of such a taboo result in incurable diseases because such people indulge in other relationships before they are completely healed.

According to Molefinyana, traditional healing was and is a cornerstone for traditional leadership, e.g. kgosi Ramokata Mabe used to consult Baphoko or baroka- ba- pula for cleansing and performing rain-rituals. Traditional leaders also consulted traditional healers for protection during the times of wars. This culture was continued through ages by chiefs, including, Rakoko, Ramokata and Ntsatsi.

Mzanani added that the support of traditional leadership is very great. Traditional leaders believe in traditional healing, medicines and rituals. The following healers were usually summoned by traditional leaders to perform rituals, Mzanani, Masebetlhe, Morakile Mabe, Mosala Pilane, etc. They were called to throw bones, to select herbs and to make

preparations for the rites. They worked under the supervision of a special traditional healer of the royal family.

Motsisi emphasized the role of traditional leadership by saying that they are so supportive. Culturally leaders have been consulting healers in all occasions that warranted healing. Traditional leaders participate in her annual celebrations, which she organized on the mountain.

CHAPTER FOUR

INTEGRATION OF TRDITIONAL HEALERS INTO THE MAINSTREAM OF MEDICAL SYSTEMS.

This chapter examined the attitudes of Traditional Healers and the study community members with regard to the integration of Traditional Healers into the mainstream of the medical field. It also emphasized the important role of the government to regulate traditional systems by putting in place the policies to control traditional healing systems. Integration in this case generally denotes the application of Traditional Healers in the official medical sector as an inexpensive way of increasing the availability of the efficacious services. Integration also entails the recruitment of Traditional Healers or practitioners into a modern instituted framework of community health workers with a purpose of complementing, supplementing as well as strengthening the primary health care provision.

4. 1 The Attitudes of Traditional Healers and the Community Towards Incorporation into the Medical Fraternity.

Different respondent Traditional Healers had different opinions and views regarding their integration into the main stream of medical fraternity. Sebole said that consultation of Traditional Healers by the white community is gradually taking root. He said that some whites despises Traditional Healers in public but do consult them in secret.

The whites do come to him and to other Traditional Healers, and they receive help, and this is an indication that whites will accept them in hospitals and clinics. Most of the whites are beginning to realise the importance of traditional healing systems and to appreciate traditional healing, and they are gradually coming closer. Most of the whites on tours, at Pilanesberg Game Reserves, do visit him and consult him, e.g. people from America, Germany, Kenya, etc, do come to him for help.

There are some factors that inhibit or hamper integration. Traditional healing is a deep secrete, and Traditional Healers have a great sense of ownership of this heritage, and that they cannot dispose of it freely or just give it away, e.g. the secrete of rain-making, and walking in the rain without getting wet.

There are other miracles, such as, the use of invisible vehicles that Traditional Healers with the know-how cannot reveal. Such Traditional Healers with that expertees, are so selfish with such concealed skills, and they cannot share them with strangers. Such great legacies are hard to share and this will make integration impossible.

Some example of inhibiting factors, are with reference to rainmaking. Cief Rakoko Mabe was known of such a potential to make the rain (moroka-wa-pula or rain-maker), but he did not share it with anyone until his death. This was confirmed by George Mabe, the son of Rakoko. At Moruleng, rain rituals are preformed by traditional healers and the Bakgatla community at a place called "Letlapa-la-ga-Mmatshinangwe" Such skills are not just give-aways, and these precious legacies are preserved solely for the Africans.

Integration can be facilitated and made possible by some factors in that some Traditional Healers allow their patients to consult western kind of treatment or to continue with western prescriptions. In general, patients consult Traditional Healers after consulting western practitioners. Western practitioners are consulted for quick relieve of pain.

Based on this factor, co-operation and integration of both systems can intensify the fight against illnesses, e.g. diagnoses of high or low blood and its treatment, can easily be treated by Traditional Healers without the use of pills and drugs in an event where there is a shortage of such, or similarly, the patient may use traditional and western therapies simultaneously.

Traditional Healers have treatments for both simple and acute diseases, e.g. for loose urinary systems, menstrual problems, for cleaning the body as a whole, for backaches, for stomach disorder etc. All of these indicate the feasibility of better co-operation for better health and integration to deal with illnesses.

Sebole cited another example of whitchcraft that western system is unable to deal with and this area is the specialization of Traditional Healers.

Patients consult western practitioners several times before they can be healed or they are not healed at all for ailments of witchcraft of which westerners have no knowledge about, but western practitioners are good at relieving the pain quickly. When the patient is healed traditionally, it is healed for good. Therefore, traditional healing and western healing can complement each other on this matter.

Another hampering factor for integration is that, there are some Traditional Healers who are dishonest, and they will not come forth for integration and registration, but honest and experts healers, will readily join, because they are dedicated and determined to serve the community.

The emphasis is that traditional healing is so embedded in the community to an extent that even if the government is reluctant to recognize traditional healing, Traditional Healers will continue doing this work secretly, despite all the problems which are deliberately created by the government to discredit traditional healers and their healing systems.

In the past, traditional healing thrived under such awkward situations. Because of lack of government regulations of Traditional Healers, some traditional healers used to buy certificates, and this tarnished the image of Traditional Healers and their practices, and those who are selling the certificates are not honest to the practice and the welfare of the system.

He stated that integration is possible because some doctors and nurses at George Stegman hospital refer some patients to him for assistance (as he was informed by patients who came to him), especially people from Lerome and areas around Moruleng. He pointed out that government representatives visited him several times and promised that they are going to build him a surgery as they appreciated his work. He said that the government is now taking a keen interest in traditional healing systems.

According to Mzanani, integration is not possible, but what the government should do, is the recognition of traditional healers. She stated that it would be best if Traditional Healers could have their own places of practice or surgeries independently from western practices. Traditional healing is otherwise and it must not be interfered with, and traditional rituals cannot be performed in public like in hospitals and clinics.

Traditional Healing is alive, i.e. it is living, it has eyes to see, has ears to hear, has mouth to speak. When you talk to traditional medicines, they hear you, when you instruct them they carry out instructions. Traditional Healers invite God when they perform all these traditional rites.

She emphasized that some Traditional Healers like herself do co-operate with western oriented practitioners. For example, she used to refer patients to doctors in Rustenburg town for check-ups or final verification of the treatment.

She had sent many patients to surgeries, clinics and hospitals for blood infusion and drips, which she could not handle traditionally. These are the two areas where western system excels the most.

She further said that Western Practitioners also refer patients to her and she helpd them greatly. Some western practitioners are aware of or are convinced of the power of this traditional heritage. Some of the western practitioners are readily accepting the fact that Traditional Healers should be recognized and assessed so as to prove the effectiveness of their art.

Mzanani states that generally, the community is accepting this wonderful job, but there are those who look otherwise to traditional healers, who call themselves the born-agains or baselwane or bapholosiwa, who denounce their roots completely because of western influence and indoctrination.

Shiella Setshogwe, said that most of the people accept and appreciate the services of Traditional Healers and they feel satisfied. She further said that only those who call

themselves baselwane or the born-agains, do despise traditional healing, but most of these people do consult in secrete, and this is not a secrete, that we Traditional Healers do help them.

Molefinyana Mabe, who is in possession of a traditional medical certificate, said that there are those traditional healers who are already registered. There is 90% possibility of integration, because a step is already made. Many traditional healers are free or willing to register.

But the change of shifts in official prescriptions and regulations of Western Practices of which some of the Traditional Healers are afraid of, will create such a huge problem after integration, and in addition to that, there are some factors that will disturb integration, such as departmental official administrations for an example, when the Traditional Healer is instructed by ancestor to go elsewhere to perform a certain duty meanwhile he/she is booked at a clinic or hospital at that time, this will create a conflict between the department and the incumbent.

Micky Ramafoko said that Traditional Healers would not accept integration, because of the differences in treatments and cures. She also said that another hampering factor towards integration is the conflict amongst Traditional Healers for superiority.

Western system also would not accept integration because they are aware of or have realized the wisdom of Traditional Healers, which surpasses theirs. Traditional Healers are culturally differently gifted and this is the root cause of a division amongst them.

Western system believes in experimental proves and as a result would not accept verbal explanations from Traditional Healers, which is something that cannot be proved scientifically in the laboratory. It is going to take time for incorporation to take place despite the government intervention.

Motsisi agreed with Mzanani that integration would be impossible, because Traditional Healers and western practitioners operate differently. Western practice operates with timeframes, e.g. doctors and nurses are booked in and out at given times, they take time-

offs etc. She stated that Traditional Healers like herself operate 24hoo as long as there are patients to attend to or to serve, and furthermore as long as there are instructions from ancestor or from God to be carried out.

She was of the opinion that integration would result in conflicts, e.g. to attend at calls or to honour the time-schedule at clinics or hospitals, while one is expected or have to honour instructions from ancestors or God to be elsewhere. She stated that most Traditional Healers like herself do not have control over themselves, but the service to the community is the priority.

Thus this is another factor that will hamper co-operation and integration. On the contrary, integration can benefit the community. She indicated that the best way should not be to involve Traditional Healers in clinics and hospital. Traditional Healers must just be recognized and that they work independently.

The government's responsibility is to assess or evaluate Traditional Healers, to support them and to improve their places of practice. Most Traditional Healers would accept examination in order to prove themselves to the outside world as well as to prove the effectiveness of their medicines. Traditional Healers who are honest and are experts will readily come forth.

One of some of the inhibiting factors is the diversity of cultures which relates to the diversity of cultural quality of treatment. Traditional healing is diverse when coming to training and inheritance. Western Practitioners despise Traditional Healers, just because they are so jealous of Traditional Healers and they fear a competition from Traditional Healers.

Western system do not believe that cleansing or washing in a bath with candles or any other treatment surrounding the bath can heal or cure a person. Such attitude from western orientated opinions will hamper integration, because it is not their culture.

Traditional medicine is part of traditional culture. Its recognition and respect accorded by community members boasted the self-confidence of traditional people, as it had improved

the health conditions of most of traditional communities. The two streams need to be supported and developed with ongoing research to evaluate the therapeutic value of traditional medicine. The popularity and use of traditional medicine would assist in the development and sustainability of traditional medicine and healing in South Africa.

Traditional Healers play a significant role in a health system. Traditional Healers are informal, unrecognized by the government and do not interact with the rest of the health system. The population throughout South Africa, Asia and Latin America use traditional medicine to help them meet the health care needs.

Traditional Healers are especially significant in developing countries like South Africa, because they are more accessible and affordable. Moreover, they are more accepted as compared to formally trained health workers from the urban areas.

Traditional Healers have a greater leverage in treating illness when behaviour change is needed, e.g. STDs, because they are often integrated and accommodated in the community. They are influential in reaching and changing the behaviour of low-status, stigmatized patients, who often ask for public providers or are neglected by the public health systems.

There are several issues for integration which need to be addressed, which limit the Traditional Healers from becoming more involved in helping the government to meet national health objective. For example, lack of collaboration between Traditional Healers, poor skills of Traditional Healers, and inadequate documentation of the safety or efficacy of Traditional Healers services.

Collaboration fails because of the large and various types of Traditional Healers and the lack of a central officially recognised organization, and in addition to that, there is a lack of collaboration among Traditional Healers. The absence of a central Traditional Healers' association makes it difficult for public sector to collaborate with traditional healers to improve overall services.

Many modern medicines have their origin in plants, which have been used for millennia in the treatment of illnesses and diseases. Plants and their derivatives contributed to more than fifty per cent of all drugs used worldwide.

Many of the traditional medicines used in South Africa are still derived from plants. Large quantities of plants and their derivatives or extracts are sold in informal sectors as well as in big companies, for examples, from Makgonatsotlhe, there are types of remedies such as Qubulaxexe, Thimjan, etc, some of which are having the properties of Mokgopha and Sekaname.

The harvest of plants, their drying and analysis in the laboratories, is the same as what Traditional Healers do. Laboratories use a variety of solvents to extract molecules of the active compounds, which are made into medicines in the form of liquids, ointments or pills, while traditional preparations involved the reduction of plant parts into powders, infusions and smoke or fumes. Such similarities may form the bases for integration.

More recently, people have come to realize the importance of traditional medicines, and there has been a return to more traditional ways of living. The quest for healthier lifestyle has meant that people are once again recognizing the healing power of herbs. There is no need for animosity or unhealthy competitions between herbalism and modern medicines. They both have their part to play and much more to learn from each other. For example, Khomanani community services, is engaging both Traditional Healers and modern practitioners to fight against diseases like HIV/AIDS and TB.

4. 2 The Attitude of the Government Towards Traditional Healing Systems.

This section discussed government attitude towards Traditional African Healing Systems. The government has not embarked on the recognition and registration of Traditional Healers with the intention to integrate Traditional Practitioners into formal medical structures. It has not accredited them, which is something that would bring recognition and the approval of the important role of Traditional Healers. This would as well allow

ongoing training of Traditional Practitioners in all areas, including the sustainable use of plants upon which their practice is totally dependent.

Some people accepted that African knowledge is the key to indigenous plant use and has been accumulated through trial and error over years. They said that unfortunately this, valuable knowledge is gradually disappearing at an increasing rate as skilled herbalists and practitioners die.

Trans-cultural and other influences before, during and after apartheid prevented even woman and traditional healers to enter into medical profession, both in traditional practices as well as in western practices. Other factors included sexism and racism, which influences the profession in various ways.

In South Africa, the monopolistic professional organization of the medical fraternity and the hated concept of separate development both had a profound influence on Traditional Healers and traditional medicines.

Western formal medicine remained a rigid monopoly maintained along class and sex lines and this formed a strong frontier against cooperation with traditional medicines and finally with integration. Medical doctors rarely worked in rural areas where they were needed by Africans, because their income would be low.

There is a serious need for more medical personnel in South Africa if the needs of the patients are to be met. The engaging of Cuban doctors, compulsory community service for newly graduated South African doctors and the extension of powers offered to suitably trained nurses, partially filled this need.

Some people are skeptical of distinction between a person who has gone through the whole training process and the one who sits on the corners of the streets or sidewalks with a cardboard an a couple of bottles of medicines, and call themselves traditional healers. Such kinds of skepticisms undermine the integrity of Traditional Healers to be recognized and integrated into modern medical system.

Motsisi said that according to traditional Africans, both living and dead things influence an individual's health, because live is directly related to nature. Being born in harmony with nature means good health, whereas illness reflects disharmony with nature.

She believed that the gift is more important than training, and therefore, the individual, whose healing ability was gained by academic training, is only able to cure the simplest kind of the illness, those natural problems caused by the entry of cold or impurities into the body. Such individuals are unable to deal with problems resulting from divine punishment, or those which result from witchcraft.

She emphasized that to be born with the power to heal or cure is a sign of God's highest approval, a sign that the individual is to have special powers throughout life. A person born with power can cure all illnesses. Traditional healers of that caliber report that they have the ability to see or hear the diagnosis of illnesses naturally or unnaturally, usually with the aid of spiritual aid.

The cure is send by air, and sometimes the healer may not have to see the patient, but simply thinking about the illness, he can heal it. It is easy to see how such people outrank the ordinary physician in the assessment of curing ability.

The cooperation between Traditional Healers and biomedical practitioners as well as the government at national, provincial and local levels, and with non-governmental organization is recently imperative to help facilitate the incorporation of such important role of Traditional Healers into the mainstream of the medical fraternity.

Traditional Healers have a crucial role to play in building the health system in South Africa, strengthening and supporting the national endeavour to respond to different illnesses and HIV/AIDS at present.

The background of Traditional Healers in South Africa, the international policies and guidance, and the South African legal framework on the traditional health practitioners should be used as the cornerstone for the advancement of international health delivery system.

The regulation of Traditional Healers and traditional medicine should be aligned to the application of human rights principles within the traditional healing profession. An advocacy for strategies and ways of aligning traditional healing with a human rights framework should be observed for a better health life for all humanity, and in particular the rural disadvantaged.

Traditional healers have their own traditional spells to ward off sexually transmitted diseases, including HIV/AIDS, without the use of condoms or abstinence. According to Traditional Healers, HIV/AIDS is not a fissionable disease. The denial of the powers of Traditional Healers that they can heal such a disease led to such diseases, because people are vulnerable to a multiple of diseases.

The popular media in South Africa sometimes carry horror stories of traditional medicine and its practitioners, while Traditional Healers had no platform to justify themselves, and to defend themselves against such allegations, but not disregarding the fact that some of the stories unfortunately refer to people who claim to be Traditional Healers because the system is not regulated.

The media reported about people who claim to cure HIV/AIDS, but nothing is said about those who have proved their ability to cure it in practice if they are there. This may be a way to disrepute Traditional Healers, and therefore contributing to negative attitudes to all Traditional Healers as well as to all traditional healing systems. On the bases of such alleged conduct committed by a single individual or individuals, the role that ethical and well-trained Traditional Healers play in South Africa had been dented and ignored.

The problem of inclusion of Traditional Healers should not be based on how best or capable can Traditional Healers cure HIV/AIDS, but be based on the capability of traditional system of curing a variety of illnesses, its principles and practitioners. The organizations like Traditional Health Practitioners' Bill should come out with a legal framework.

4. 3 The Application of Policies to Align the two Systems.

The international policies and guidelines set out by the UNAIDS, the WHO and the South Africa's Medical Research Council, can be used as a guideline to help Traditional Practitioners Bill.

It is important to note that some NGOs and other institutions have recognized the important role that Traditional Healers can play in providing counseling and support, and have initiated counseling for Traditional Healers. Certain branches of the counseling NGO Lifeline have started providing workshops and training to Traditional Healers that focuses on basic counseling skills.

Both traditional and western systems are functional and that certain strengths and weaknesses of both should be remembered and recognized to be rectified for cooperation and integration to be possible. It should be remembered that traditional healing system is comprehensive, i e. it includes the individual and his or her family and the community environment. The curer maintains the balance between humans, their society, and their physical environment.

It is generally accepted that indigenous systems tend to be based on trial and error and passed on by oral traditions, and that the same illness may be treated by greatly different potions depending on the herbalist involved which can be viewed as a disadvantage, but surprisingly, traditional healers are able to cure and treat illnesses effectively enough with such trial and error methods.

In Africa, large sectors of the population rely mainly on herbs for their day-to-day medicinal needs and one can find them on the streets, shops, and in market places throughout Africa. Most indigenous remedies in Africa are sold in their raw form in the form of homemade teas and infusions.

CHAPTER 5

CONCLUTION AND RECOMMENDATIONS

Chapter five presents the main conclusions and recommendations of the study about the integration of Traditional Healers and Medicinal Practices into the mainstream of Western Medical Fraternity.

The findings were based on the information gathered from the informants in the field. The information was carefully analysed and interpreted, and conclusions were drawn regarding the official integration of Traditional Healing and Medicinal Practices in the region of Bojanala West of North West Province.

The recommendations were made with regard to the ways the process of integration could be seeded by government, the ways that would uplift the standard of Traditional Healing an Medicinal Practices in improving the health care delivery services across the region as well as bridging the gap which had existed for years between Western Practices and Traditional Practices, and to find a way-forward for future cooperation.

The chapter outlined and recommended salient contributions that the community across the cultures would enjoy after integration of the two systems. It explained the important role that Traditional Healers play in the lives of the community, and how positive cooperation and integration should be treated as a matter of urgency. Furthermore it gives positive key points that may inform the critics of traditional healing systems, and that may emancipate them from the bondage of ignorance and mental poverty about how the system of traditional healers operates so that they may see it from a different perspective.

5.1 Conclusion.

The findings revealed that Traditional Healers and Traditional Medicinal Practices had been ignored and marginalised for centuries to the extent that its development to expected standards of health care delivery services was so backward and minimal. The information

revealed that the attitudes of the whites in their first encounter with Africans Healers were negative.

It is accepted that when Europeans first observed African Healing Practices and Medicines, they often had a negative reaction towards it, and shunned it. They viewed traditional practices as magic and witchcraft. From the informants, these judgements about Indigenous practices were based on the misunderstanding of African way of doing things, and of healing and treatment of diseases.

In the past, modern sciences regarded methods of Traditional Healers as primitive, unrefined, unscientific, and as a result it was declared illegal by colonial authorities who claimed that their practices are supreme above traditional practices. Because of such indoctrinating misconceptions about traditional healing, doctors and health personnel had in most cases continued to shun upon Traditional Practitioners. The roles and contributions of Traditional Healers were regarded as a deceit to the innocent population and an exploitation of the rural poor.

The emphasis was on the fact that Traditional Healing Systems had survived, despite influences of cultural contacts, and that traditional medicine is still widely used and respected. The overwhelming majority of the community members asserted that Traditional Healing and medicines is a complex system which is closely linked to the culture and beliefs of indigenous people, their knowledge of their land and its fauna and flora, and that it is difficult for foreigners to understand it. Traditional healing is thus embedded in their social culture and as a result it is as well difficult to divorce them from it.

The common features between Traditional Healing and Western Practices is that both systems are based on close observation of the patient, his or her explanation of the manifestation of the disease, and its track record. In both systems, the service provider is then able to prescribe relevant medication for that particular ailment or disease.

Of much importance was that the interest of the majority of the members of the community in indigenous knowledge is growing more and more and it is recognized by

media and scientific literature. Their vision regarding traditional healing was that in Africa, Traditional Healers and traditional remedies from indigenous plants will continue to play an immense and incomparable role in the livelihood of millions of the people, and with the passage of time it will regain its legal and legitimate status within the realm of western medical fraternity.

Of late, community members believe that, there is a recent progress which is made in the field of environmental services which made researchers to appreciate in a new way the precise descriptive capacities of various taxonomies, as well as the efficacy of traditional treatments they employed.

The community prided itself on the fact that Traditional Healing is traditional and will remain as such for centuries to come because it is deeply rooted in a common socio-cultural context despite diversities relating to cultural groups or clans. The fact that each cultural group or clan has its particular approach to health and disease, is accepted and this qualifies the argument that there are as many traditional healers as there are cultural groups or clans which gives an account for the diversity and pluralistic nature of traditional healing and medicines.

It is very clear from the data that Traditional Healers are men and women of high degree who are trained to remove illnesses, sorcery, evil spirits etc, and to restore the well being of the soul or spirit, to relief the body from pestering illnesses. Most of them had acquired the power to heal through inheritance or through special spiritual experiences by involving ancestors.

Regarding the contribution of modern system, it is believed that it is not as effective as most people belief because in South Africa over the past decades, it has done very little to improve the health needs of the community, except its cosmetic changes of separate services in urban areas with no advantage for the rural majority. There is minimal solution to the basic problems of primary health care delivery services as these problems are still persisting to pester the population, e.g. lack of simple curatives, maldistribution of resources, inaccessibility and unavailability of health care to the people who need them most.

There is much agreement of views of the informant and community members that the larger provincial hospitals in towns and cities are excellently equipped for the most advanced clinical procedures such as transplants, types of surgeries etc, catering for the affluent white minority population and very few affording Africans, while the majority of the community, especially the rural poor are without such excellent services. The honest credit given to western system is that these hospitals play a prominent role in the provision of specialized care, but only for the people who can afford it, and for those who depend entirely on public health services within their reach.

These hospitals furthermore serve as referral centres for patients who cannot receive treatment in public hospitals to private hospitals because they can afford payments through medical schemes or insurances. On the other side, most of the population of South Africa, because of their meager salaries and low benefits from medical schemes, are largely dependent on public hospitals with low quality services. There is a conspicuous underprovisioning of physicians and services for the masses in lower socio-economic strata, the rural and the non-whites population of South Africa who are unable to afford such high payments of the private sectors. The recent emphasis on privatization of hospitals is regarded as a sure and inescapable peril facing the people who could be saved by traditional health providers who are denied that opportunity to do so.

The general belief from the informants was that the measures promulgated in 1996 of the provisioning of primary health care and public health facilities had no benefit for the majority of South Africa communities because South African hospitals are still racially inclined and private hospitals serving the affluent minority are of high quality standard whereas public hospitals are inadequately resourced.

The community members and traditional healers asserted that Traditional Healers and Diviners are found virtually in every community, i.e. in rural as well as in urban areas where their roles and services are so immense. It is natural for indigenous people, Traditional Healers and herbalists to look at traditional medicines as effective in calming agitated patients because many of the plants familiar to them do have the healing power

that they attach to them. They also believe that the judicial use of these plants in the modern health care can make a major contribution towards the country's drug bill.

With regards to diagnosis of illnesses and ailments, Traditional Healers conduct it according to their fields of specialization. The following categories are major fields of specialization:

✓ Bone-setters (Ngaka ya ditaola / marapo, go akaretsa mang-kgwenyane le segwana;

In this section, the bone-setter diagnoses the illness by throwing, analysing and interpreting these bones. While analyzing and interpreting the bones, he praises them, calling the names of his ancestors. Some of the praises include: Tlhokwa la tsela ntshebele, motho o sebelwa ke wa gaabo; kana o utlwa a re, ke nkutona ke rutubetse bana-le-matlho mponeng. The implication is, you who know the secrets and the unknown, wisper to me. On my own, I cannot see except through your revelation.

The ways the bones fall on the floor and the directions they face assist the Bone-setter to arrive at a conclusion. There are connotative and denotative interpretations of bones on the floor:

- Ditaola di ka wa bogara, bogakantsha-ngaka;
- Tsa wa boraga, boraga-Tshwene;
- Tsa wa morupi;
- Tsa wa mogolori;
- Tsa wa mopipi;
- Tsa wa mpherefere, etc.

Analysis and interpretation of bones involves poetic communication and conversation as well as praises to ancestors. One would hear words like,"Ke mmankgekge, ke mmanaka di ganong, ke tlhometse marumo tlhampi, o ntebe kea tlhaba, ke hulara ke a tlhaba, ke nna tlhoka matshwaro. This form of artistic articulation is so unique to traditional healing across traditional cultures.

After discovering the illness, and its cause, the Bonesetter will throw the bones again to ask for the proper prescription of the illness. When both the diagnosis and prescription are successful, the Bonesetter would say, "Ngwale boela gae, mmatla sa gagwe o se bone". If prescription is not coming forth, and it is difficult to assist the patient, the Bone-setter would say,"Ka tlabatlaba le mathudi, Mmankgana ga ke mmone" , implying, I have tried all the best I can to help you, but to no avail. He would further say, "Se ileng gobe se a bo se ile, se ile mosimeng mo tlhaela thupa, mosinyi ke moselatedi", implying, the remedy cannot be found, trying improper remedies will spoil every thing for worse.

When the problems emanate from the family or the relatives, the Bone-setter would say,"Setlhare se se fa gare ga tshimo, ga se Morula, ke Molotlhanyi, o lotlhantse Tshilwan le Lelwala. Ke maragana teng a bana bampa ga a tsenwe", implying that quarrels of the same family are not interfered with.When the diagnosis is hard to get, or when the Bone-setter has performed funeral ritual and it is not the right time for diagnostic performance, or the ancestors are angry, the Bone-setter would sincerely say,"Selo se kwa motsheo, se kwa motsheo-a-tenyana-a-teng, selo seo ke serepudi", implying, the ancestors are not ready to assist or are not available.

Bonesetters specialize in physical relief, warding off of misfortunes, protection, providing luck, giving counseling, etc. Bonesetters undergo a very serious training.

✓ Mankgwenyane;

Mankgwenyane are made in different forms, for example, there is a concentina like strings or sticks with a head at the front part. When diagnosing the patient, the healer tells Mankgwenyane the names of the patient and the purpose of the mission. The healer hereafter asks Mankwenyane questions and he/she will answer "yes" or "no" depending on the question.

✓ Segwana kana Kgorwane;

Some are made from the horns of animals or the outer part of Lerotse. The healer converses with ancestor using this tool just like a person talking over a phone.

✓ Spiritualism (Sedumedi/Se moya/Se keresete);

The Spiritual Healer or Spiritualist diagnoses by making use of visions and dreams as well as revelations from the Bible. Most of the Spiritualists do not use herbs in their treatment, although very few of them make use of them. The Spiritual Healer derives his or her power to diagnose through prayers, the touch of hand, face-to-face interaction as well as counseling. Some of them invite the intervention of ancestor, but the majority, invite the intervention of Jesus Christ.

The therapy of the Spiritualists is mostly directed at healing spiritually related illnesses and ailments such as trauma, emotional instability and other illnesses related to the mind. Most important is that most Spiritual Healers do not undergo training but act as prophets.

✓ Herbalist (Ramoriana/Ngaka ya ditlhare);

Herbalists undergo a gradual informal learning curve through observing and helping a Traditional Healer, or through interest in the healing power of plants, and some receive it from ancestors in a dream. Herbalists do not diagnose like Traditional Healers and Spiritualists. Upon understanding of the manifestations of the illness as explained by the patient, the Herbalist, through his or her expert knowledge of plants and their functions, is able to prescribe proper remedy for the illness. The treatments of the Herbalist are directed towards physical relief of ailments and involve counseling as well.

✓ Rainmaker (Moroka wa pula);

It is reported that Kgosi Rakoko Mabe possesd the potential of rainmaking, but there was no available information regarding this area, how they aquire these skills and how they perform rain rituals. The informants also alluded to Kgosigadi Modjadgi of Lebowa (Northern Province) of possessing the power of rainmaking. Seemingly, throughout South Africa, there were very few rainmakers who were known, and this area leaves a gap for investigation.

✓ Sedupe kana Mankge(a prophet);

Mankge ke ngaka e e dirisang mongkgo kana phefo go itse se se tlang go diragala, i. e. using the sensory organs to smell or to feel and to predict what is going to happen or to be done. The information about this area was also lacking and is open for investigation.

✓ Ngaka e tshojwa kana Mmanthulathulwane;

This type of a Healer does not use bones. He receives diagnosis and remedies through dreams.

Of much interest is the common application of counseling of the three categories mentioned above as a way of preparing the patient to understand and know that the power to heal is not a personal power, but a gift from God directly or indirectly through ancestors.

In the initial stage of encounter between the patient and the healer, the patient is made to understand that if he or she believes and trust that it is God who bestowed these healing powers and treatments through ancestors as messengers, every thing is possible. The kind of traditional art above make traditional healing so complicated to the extent that it is difficult for foreigners to understand it. It is as well impossible for non-Traditional Healers to access these powers or to tap the information about traditional healing, because access to information requires the ability to invoke the intervention and assistance of ancestral or spiritual power.

From the above convictions, it is clear that the majority of the indigenous communities rely entirely on traditional healing and the use of traditional medicines for their health needs, as they believe in their worthiness, accessibility and affordability. The information indicated that Traditional Healers and traditional medicines would be helpful and beneficial to health care services delivery in the future.

Of much interest is the way Traditional Healers articulated their experiences and expertise regarding the acquisition of the art of traditional healing. "Bongaka ga se

Letsoku, ga bo tlolwe", that is, Traditional Healing is not cosmetic. "Bongaka bo a fiwa, bo a tsalelwa". Traditional Healing is a given talent, and one is born with it. The acquisition of these expertise or skills, come in different ways as explained above. Because of commitment, Traditional Healing Practice has no time-frame for consultation as they work around the clock as long as they are available at their practice place or they are working somewhere else.

Another important thing about traditional plants and medicines is the value and healing power of the name attached to the plant or treatment including medicinal preparation. For example, a medicine called Maragana is responsible for addressing family quarrels, misunderstading or conflicts among families and relatives. Motswako ona, o ikaegile ka seane sa setso se se reng; "Maragana teng a bana ba mpa ga a tsenwe". Another example is that of a treatment called Morongwa (Messenger).Morongwa is send or instructed by blowing its powder into the air to go to perform a function elsewhere where it is directed.

Traditional Healers and traditional communities have a strong sense of ownership. Traditional Healing is a deep secret and there are some critical issues and information that cannot be easily shared with foreigners. It is evident that the withholding and reservation of other important information from foreigners, i.e. government before and during apartheid, was a way of protecting their valuable heritage. One may argue that this aspect might have been one of the factors that made the government reluctant to accept and officially recognize traditional healing and ultimately endorse it legally. On the other side, the concepts of ownership, reservation, preservation, protection, jealousy as well as pride were the driving forces behind maintaining and sustaining the cultural anchor on the soil of the African continent.

On the question of the feasibility of working together and integrating with Western system, there was a split of belief and hope that the prospects are surfacing and promising if the elements of pride and dominance can be removed. The views of most of the Traditional Healers and those of the community members are that the advent of democracy in South Africa, would serve as a review platform for the status of traditional healing, more especially that indigenous people are appointed in government positions and some are playing a major role in parliament decision-making. Furthermore, it is

apparent from the information that the overwhelming majority is in farvour of integration as they envisage an added advantage to the health care delivery services in the region. Traditional Healers emphasized the need for assessment and monitoring of traditional healing as it would protect them against cheaters.

Deduced from the information, Traditional Healers were more than willing to embark on collaboration with Western Practitioners and the government to promote efficacy in the health care services delivery. Traditional Healers asserted that they importantly provide client-centre, personalized health care which is culturally appreciated by the community members because their healing is holistic and detailed to meet the needs and expectation of the patients. As they are so close to the clients, this facilitates open communication regarding diseases and related social issues, because traditional healing is a psychologically meaningful practice and that it has the potential to become a valuable national assert.

Traditional Healing accepts that Traditional Healers do not attend formal institution of learning, but tend to learn their art through apprenticeship. Above all, their knowledge, based on practice, use diagnosis, preventing or eliminating physical, mental or social imbalances, and rely on experiences and observation which is handed down from generation to generation.

The interview revealed that part of the community members including few Traditional Healers accepted that there is lack of skills on the part of Traditional Healers about western practices and they often have poor biomedical knowledge and this leads to harmful procedures to patients. There is as well a lack of documentation on the safety and efficacy of traditional services, and this area may be viewed as a reason why the government is unable to include traditional treatments in national programmes.

On the contrary, both Traditional Healers and the community unanimously accepted that Traditional Healers are still popular in South Africa and across Africa and the popularity of Herbalism is growing. They agree that more and more people are recently discovering that traditional healing is an effective, and comparatively inexpensive form of health care

and they appreciate that Herbalism draws exclusively on natural products and is a holistic medicine.

In the final analysis, it is found that well-trained, emphatic Traditional Healers can establish relationship with patients from other racial groups or from ethnic background, and this implied that Africans consult any Traditional Healer or Western Practitioner irrespective of race, colour or creed.

The views of the interviewees regarding the future of traditional healing and medicines are supported by Van Rensberg(1998), who noted progress concerning health care policy. He stated that it is most encouraging that in recent times, and seemingly in accordance with the greater process of negotiation, and reconciliation, there apparently emerge in the health sphere a marked shift away from the hardcore ideological and political extremities of the past towards a new, in which moderation, compromise and realism become highly rated in health policies.

Although it cannot in all certainty be predicted in what direction traditional health policy will be developed in the future, it is anticipated that a clear and genuine commitment by all stakeholders towards approaches favouring traditional health care to complement primary health care as a basic human right will result in a positive end.

5. 2 Recommendations.

On the bases of the findings from the study with regard to integration of Traditional Healers and Medicinal practices into the mainstream of medical fraternity in the Bojanala West region, with reference to the Mabeskraal-Saulspoort villages, the following recommendations are made, which envisage that Traditional Healers and Medicinal Practices could be officially accepted and recognized by the government with a view for integration:

- Traditional Healers and Medicinal Practices should be officially recognized because they play a core role in the livelihood of the community;

- The government should embark on policy formulation to regulate traditional healing Systems;
- Policy formulation should be characterized by open debates, consultations, community involvement and accommodation of needs and interest of all;
- There should be proper identification and licensing of all qualified Traditional Healers;
- There should be assessment of all trained Traditional Healers to prove beyond any reasonable doubt the ability and effectiveness of their performances;
- Authentic licenses should be provided to those who meet the requirements as Traditional Healers;
- A body that will assess Traditional Healers and register them should be established.
- Formulated policies that would govern and regulate Traditional Healers should be strictly implemented;
- Traditional Healers should be subsidized to improve their practice environment and Conditions;
- Traditional Healers should be allowed to issue valid leave documents as per promulgated legislations;
- Traditional Healers should be afforded opportunities to make use of official laboratories to verify the safety of their medicines;
- Traditional Healers should be allowed to form their own official healers' organizations or unions to regulate and to run their own affairs;
- Traditional Healers should have a document containing the code of ethics;
- Traditional Healers should be permitted to refer their patients to hospitals and to enter hospitals to check on them and to make follow-ups;
- Traditional Healing and medicinal practices should receive equal treatment same as western practices.

During and after integration, the following key issues regarding healing and medicines will need urgent attention and continuous monitoring:

- ❖ There should be standardized ways of dosage for all traditional medicines;
- ❖ There should be standardized methods of payments by patients but taking into

account the services rendered;

- ❖ A uniform monitoring tool should be designed to ensure maintenance of responsibility and high quality;
- ❖ Traditional Healers should compile reports about their successes and submit them to the body for documentation and for the purpose of continuous assessment;
- ❖ The selling of traditional medicines in the streets and corners should be Prohibited;
- ❖ People who claim to be Traditional Healers and practice the profession illegally should be dealt with accordingly;
- ❖ Traditional Healers should be upgraded in accordance with the success made or Innovation;
- ❖ The creativity and initiative of Traditional Healers of coming up with a new therapy for unknown illness should be recognized and documented. Such individuals should be supported and be given a kind of incentive;
- ❖ Provision of better health care services in non-white population groups should be treated as a matter of urgency;
- ❖ All forms of indigenous knowledge should be protected from theft and unauthorized use for monetary gains, and
- ❖ Unscrupulous Traditional Healers must be reported.

The question of how, to implement the process of integration posses a serious challenge that needs caution and sober approach from the implementers. Traditional healing must be looked at in its broader perspective, taking into account its political, economic, social, educational, cultural context, including health. On this move, further recommendations are put forth as an attempt to direct the implementation process. The government, together with the minister of health, should from the initial stage, involve the active participation of all the stakeholders mentioned above, if successful implementation is to be realized. The government should accept to see in the right perspective, the legitimate and legal status of Traditional Healers and medicinal practices, status which they have been denied for so long. It should furthermore view this healing art as an inherent natural phenomenon and legitimate legacy that will never be divorced from the African communities, locally and in the Diaspora.

The government should, as possibly as it can, sanction free traditional healing enterprise, because the lives of the people are exposed to the dangerous and cruel hands of cheaters as well as the hands of those who claim to be traditional healers. The process of change should be expedited as it will help the government to distinguish between real and imitation Traditional Healers. The government should take note of the fact that, because such people are wearing traditional garments, and are using the trademark of Traditional Healers, the generalizations of such abhorrent deeds tarnish the image and the benign contribution of innocent Traditional Healers as well as discrediting their integrity. The government and the health department should be aware that the control of traditional healing would assist to the greatest extreme to regain the respect and integrity of Traditional Healers and to wipe off from the minds of many people that Traditional Healers are merciless killers. The government should stand up to reddress the chicaneries committed in the past, of stealing traditional plants and remedies of the traditional people.

From time immemorial, traditional communities had relied entirely on plants and their remedies which were later claimed by foreigners as theirs and gave them their foreign names. For example, a traditional medicine called Tshuko ya poo, is called African potato; Mokgopa is called Aloe and it extract is called the essence of live; and Makgonatsotlhe is called permanganate of potash and Kgomodimetsing is called mint and so on.

The government should come out with clear, formulated policies and a well developed code of conduct for Traditional Healers, which may more or less bear resemblance to western style in order to maintain discipline in the system. It is incumbent on the government to facilitate and to forge the process of mutual cooperation between Traditional Healers and Western Practices.

Despite divergences, Traditional and Western medical systems can co-exist in a unique synthesis, but none losing its identity and texture, if each one is assigned its legitimate place in the identification and treatment of illnesses. Both systems should complement each other and both will be required to explain and manage illnesses as equal partners. The government and the Health department should accept to accommodate the existing

variability in the Traditional Healers beliefs and practices and such variability should be gradually and systematically be aligned with western beliefs and practices.

If the government could realize the escalating rate of deaths caused by lack of simple primary health care, the government should acknowledge the important role and contribution that traditional healers would play to relieve it of such a burden. The government should accept recognition and integration with the sole objective of solving primary health care problems in clinics and hospitals, which is a move to save the lives of the people across the regions and provinces.

Practical steps should be taken in a process of building a bridge of mutual cooperation between Traditional Healer Community and biomedical practitioner community in South Africa. Through such co-operation, South Africa can launch a more effective and coordinated campaign to reverse the spread of the deadly HIV/AIDS pandemic and to relieve the sufferings of those who are affected by this disease.

Moreover, South African government should establish supported cooperative HIV/AIDS programmes which are as well supported by interested outside world. This can be possible with the unfailing support of and guidance by the government at all level, together with the creativity and energy of the private sectors, for example, the financial support from mining industries and big companies can make a radical change in the health care conditions, and help to expand the fight against diseases and ailments in the region especially in the neglected rural areas.

There are prospects of success in combining the expertise of Traditional Healers and those of Biomedical Practitioners to coordinate and improve health care based on proven successes by researchers. The removal of negative attitudes from and dominance by either system is imperative in the future of the health care delivery services. The positive attitude of mutual respect, honesty, trust, and openness to new ideas and information sharing should be observed and this will lead to cooperative bargaining.

Integrative cooperation should be fostered to generate better ideas and strategies that will bring about self- sustaining stance in a joined research to reform healing in general.

Traditional Healers and medicinal practices should be afforded legitimate place in the modern system to display their contributory role in the lives of the Africans, because they have the potential to serve as crucial components of a comprehensive health care strategy. There are prominent Traditional Healers who are credited as well as accredited by the masses of the community for their outstanding services, for example, Traditional Healers like Credo Mutwa are the towers of traditional healing to be reckoned with.

The following organizations of Traditional Healers are not mentioned any where in the study but are cited here as supporting examples to the recommendations to make the government aware of the determined pursuit of Traditional Healers for official recognition and integration:

- Traditional Healers Organisation is spearheading all Traditional Healers in general;
- Traditional Healers Organisations are established all over the provinces, i.e. in North West, Mpumalanga, Limpopo and Kwazulu-Natal;
- Traditional Healers Health Care Group is an umbrella body of Traditional Healers and its main focus is on home-based care;
- Direct Observation Treatment Support Organisation cares for the people with TB;
- Voluntary Counseling and Testing, education on HIV/AIDS, and Street Counseling;
- Southern African Traditional Healers Council;
- The Association of Traditional Healers of Southern Africa;
- The Congress of Traditional Healers of South Africa;
- The African Dingaka Association; and
- The African Skilled Herbalists Association.

It is anticipated the increase in the number of councils of Traditional Healers consisting of registered traditional health practitioners, employees of the department of health, some with the knowledge of the law, medical practitioners who are the members of the Health Professions Council of South Africa, etc. Based on the few number mentioned above and the anticipated increase, the government and the Department of health are urged to review the status of traditional healers and to expedite the process.

These organizations and others to come should be officially recognized and incorporated in modern system to help alleviate diseases, for example the recent pestering TB, which is taking many lives of the people for which modern system is unable to find the relevant cure.

The fact that Western Practices look at material causation to understand and treat an illness, and that Traditional Practices generally look at spiritual origin of an illness, for example, whitchcraft and displeasure by ancestors in order to cure an illness, should be viewed as an advantage in the combination of the two systems, i.e. material causation and spiritualism will both ally against a common enemy which is illness.

The present Bill should be amended to provide details as to what the minimum requirements should be or what training or practice criteria have to be fulfilled for a person to be regarded as a qualified traditional health provider. The Minister of Health should on recommendation of the council prescribe the necessary qualifications. The regulations promulgated should be clear to the public that no person may practice as a traditional health provider in the Republic, unless he or she is registered in terms of the Act and that such a person will be found guilty of the offence.

Traditional Healers should be skilled about western practices of health procedure and information about the safety and efficacy of traditional services should be documented. Programmes should be in place to equip traditional healers and the community and these should include treatments in national programmes.

Because traditional medicines use biological resources and knowledge of traditional groups, the skills should be linked to biodiversity conservation and indigenous peoples' rights over their knowledge and resources. Traditional Healers should be supported, educated and be given the cooperation that the formal health care system might be able to offer. Western Practitioners will as well receive the help of Traditional Healers to expand their knowledge with regard to the ways of traditional healing. Collaboration on this matter can be conducted through organized expert consultations and conferences, through guidelines on traditional medicines and traditional healing, and through guidelines on biomedicines and modern practices.

There should be an investigation on the effects of taking traditional medicine simultaneously with western medicines which is prescribed for opportunistic infections.

The systems of Traditional and Western medicines should be equated and the same strict measure of safety efficacy, professionalism and ethics should apply to both systems and no discrimination should be tolerated.

The role of Traditional Healing and the link between it and the modern healing should be seen as of particular interest in a close cooperation as conceptualized by a group of indigenous healers. The correct interpretation of objective healing process should be made so as to develop positive ideas regarding that link to forge a new mental health policy and to eradicate various illnesses in South Africa

It is further suggested that a national body of Traditional Healers should be established to communicate with the government for the purpose of encouraging provincial health departments and regional health units to work closely with indigenous healers so as to provide local communities with a holistic health service. At local levels, there should be collaboration between Indigenous Healers and modern Health Practitioners to work together in order to accommodate the unique interest of Indigenous Healers and communities in each province.

The role and contributions of Traditional Healers and medicinal practices, their official recognition and integration into the main system of the medical fraternity are the salient areas which need urgent attention to take back traditional healing and medicine to their legitimate and legal status in South Africa. These areas should be given first preference to bring back the value, respect and integrity of Traditional Healers and medicines which they have lost through times.

The constitution of South Africa should be implemented optimally to take effect. For example, Section 9 of the Constitution provides that no unfair discrimination is allowed against anyone on the bases of, inter alia, gender, sex, age, culture, race, birth etc. Section

30 provides that "everyone has the right to.....participate in the cultural life of their choice", while Section 31 deals with the cultural rights of a community.

The government should implement the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000 which was promulgated to give effect to Section 9 of the Constitution

The media continued to dent the image of Traditional Healing and the profession and never reported the good things done by Traditional Healers and traditional medicine and the profession as a whole. In the light of bad publicity, the indigenous nation needs to turn this bleak situation around. Indigenous people should launch campaigns that aim at combating negative perceptions about this Traditional Healing profession. Indigenous communities should stand up and support the revival of our previously demonized indigenous wisdom so that it should gain a wide public recognition, its legitimate and legal root in and on an African soil.

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QUSTIONAIRE

ON

THE INTEGRATION OF INDIGENOUS HEALING AND MEDICINAL PRACTICES INTO THE MAINSTREAM OF THE MEDICAL FRATERNITY.

M.A. (INDIGENOUS KNOWLEDGE SYSTEMS)

The integration of Traditional Healing systems and Medicinal Practices into the Mainstream Medical Fraternity to improve Primary Health Care Delivery Services in the Bojanala West Region.

Answer the following questions as honestly as possible by putting a cross on the statement you think best represent the correct answer.

NB: Do not write your name or any form of personal identification in this form.

SECTION A

Choose the correct answer from the statements below by putting a cross next to the correct statement. Do not rewrite the statement.

1. Traditional Healing is unsafe because:

a. It is based on ancestral involvement

b. It is non-religious

c. Most of the People idolize non-living objects

d. None of the above

2. Which one of the following statements best describes an ancestor.

a. Ghost

b. God

c. The dead who are rejected by God

d. The dead who are the mediators between God and the living

3. Which one of the following statements best describe a Traditional Healer.

a. A person who has the power to heal from God

b. A person who uses human flesh to enrich himself/herself

c. A person who uses magic to make people believe in him/her

d. All of the above

4. The following statements may be True or False. Indicate your opinion by putting a cross on the correct answer.

a. Traditional Healers do not believe in God True/False

b. Traditional Healing is deeply rooted in Indigenous culture True/False

c. Indigenous plants have no power to heal True/False

d. TraditionalHealing is just a myth True/False

SECTION B.

5. Indicate your answer by putting a cross on the number representing your choice. Use the following keys.

1. Strongly agree
2. Agree
3. Strongly disagree
4. Disagree

a. Traditional medicines are very effective 1. 2. 3. 4.

b. People die because of lack of Primary Health Care 1. 2. 3. 4.

c. Spiritual Healing is not part of Traditional Healing 1. 2. 3. 4.

d. Traditional Healing practice is punishable by God 1. 2. 3. 4.

6. Choose from the following statements.
Holistic Healing implies that it can treat:

a. Only physical illnesses

b. Only mental illnesses

c. Only the soul

d. All of the above

7. What is your view regarding community beliefs in Traditional Healing in your area

a. The overwhelming majority believe in Traditional Healing

b. The overwhelming majority do not believe in Traditional Healing

c. Not sure

d. Very few people believe in Tradi:ional Healing

8. Choose the correct answer that best describe the competence of Traditional Healers. Traditional Healers are able to:

a. Heal most of the diseases

b. Provide protection, good luck and guidance

c. Kill people mysteriously

SECTION C

9. The following statements refer to the hygienic conditions surrounding the environment of traditional Healing. Indicate by a cross the statement that correctly describe the place.

   a. The surroundings are dirty and unhealthy

   b. Medicines are not marked for identification

   c. All of the above

   d. None of the above

10. Traditional Healers use various methods of diagnosis. Do you think their diagnosis is realistic? Make a cross to indicate your opinion.

   a. They are sometimes realistic

   b. Their method is a guess work

   c. They are realistically justifiable

   d. Not sure

11. Traditional Healers reserved certain places and symbols as sacred where they feel comfortable. Do you agree? Choose the statement that fits your opinion.

   a. All places and symbols are the same and carry same natural meanings

   b. Some places and symbols connect Healers with the Supernatural world and they feel more comfortable

   c. It is just false imaginations and a sense of in security in other places

   d. No idea about all these

12. What is your opinion regarding diagnosis and ritual performances or instructions, when the patient is absent? Indicate your answer by putting a cross on your answer.

   a. The powder falls on the ground and all ends there

   b. It is a traditional that does happen

   c. The Healers convinces the people that it works

   d. Who knows?

SECTION D.

13. Based on your answers or experiences from sections A, B and C above, what is your comment regarding the future of Traditional Healing. Choose from the following comments by making a cross on the one that most suits you better.

a. Traditional Healing has no future

b. Traditional Healing has and important role to play in the future

c. Let the Healers wait and see what will happen in the future

d. Western Practitioners will never accept Traditional Healing

14. It is generally believed that the role of Traditional Healing has been so ignored and marginalized. Indicate your opinion regarding recognition and integration of Traditional Healers by crossing the choice of your statement.

a. Traditional Healing should remain a parallel-self sustained practice

b. Traditional Healing should be prohibited

c. Traditional Healing should be recognized and integrated

d. Let nature takes its course

15 Implementation of integration of Traditional Healing may face challenges. Choose from the following arguments what you think may be major challenges.

a. Traditional Healing is a heritage which is not to be shared easily

b. Traditional Healers are not prepared to join Western Practices

c. Western Practitioners are not prepared to join Traditional Healers

d. All of the above

16. Choose from the statements below what you think will relevantly enhance Integration and Co-operation. Make a cross to on the correct answer.

a. Acceptance of the strengths and weaknesses of each other

b. Mutual respect and cooperation

c. Registration, certification of all Traditional Healers

d. All of the above

SECTION E.

17. Based on section A, B, and C, what do you recommend as important for improving the Primary Health Care service delivery?. Choose your answer from the following:

a. Western Practitioners should be encouraged to improve their service delivery

b. Traditional Healing should take the lead in all healing processes

c. Traditional Healing and Western Practices should complement each other

d. Each system should compete for perfection

18. Relevant Strategies and Policies can be implemented for the best Regulation of both the Health Systems. Make a cross on the statement you accept.

a. Similar accreditation of both Tradition Healers and Western Practitioners

b. Licensing, registration and certification of all Health Practitioners

c. A and B

d. All of the above

19. Do you think integration and cooperation will help to solve the problem of the
Primary Health Care servicedelivery?. Indicate your, Yes or No by crossing the correct answer.

a. The combination of systems will be a tower of strength to be reckoned with

b. Primary Health Care will be accessible to all communities

c. Sharing of new ideas will bring confidence in the health care systems

d. Neither of A, B and C

20. In your opinion, is there anything you think is lacking with regard to Traditional Healing which needs further research for the purpose of improving the Health Care System? Indicate your answer by making a cross on one of the following gaps.

a. There is a need for Policy formulation and registration of Traditional Healers

b. There should be minimum requirement for being a Traditional Healer

c. There should be codes of ethics for Traditional Healers

d. A, B and C