



**Indigenous Games, Dance, and Music for Promoting
Health and Well-being of the Aged, North- West Province.**

M S MOGAMISI

orcid.org  0000-0001-5266-080

Dissertation accepted in fulfillment of the requirements
for the degree of: *Master of Indigenous Knowledge
System*. At the North-West University

Supervisor: Dr M Koitsiwe

Graduation ceremony: October 2022

Student number: 24600938

ACKNOWLEDGEMENTS

To almighty God and ancestors for nurturing me with love, protection, and guidance throughout my research journey. A special thanks to Dr. Motheo Koitsiwe for holding my hand, and for his patience throughout the entire research journey, I have indeed learned a lot from you, your contribution and vast knowledge of indigenous research have made this study a success, and continue to empower and share your expertise with other up and coming young Indigenous Knowledge Systems researchers, you are a blessing and a true knowledge holder.

I would also like to make a special thank you to Letlhogonolo Kgori who was my advisor and assistant, you have indeed helped me a lot without expecting anything, I appreciate your support, kindness, and advice, I am very lucky to have met you.

To my family and friends thanks for your support and advice that contributed to the success of this work. A great appreciation goes to the community members of Khunwana and Sione for trusting me with their indigenous knowledge practices and having an interest in preserving it for future generations, you are our heroes, without your vital knowledge our indigenous knowledge will continue to perish, and the society will forever be lost.

ABSTRACT

Indigenous games, music, and dance are part of many African cultures and traditions. In many parts of sub-Saharan Africa, many aged people from the age of 60 and above are suffering from one-to-many chronic diseases such as diabetes, high blood pressure, bone fracture, heart diseases, and many more due to their old age and their bodies being prone to diseases due to poor immune systems. Moreover, many aged people have been playing their indigenous games and dancing to their indigenous dances from their childhood until their olden days, this has been not only to preserve their indigenous knowledge and have fun, but also to improve their mental, physical and emotional health, and wellbeing.

The study aimed to document the benefits of health and well-being found in indigenous games, music, and dance to the aged people of Khunwana and Sione, which are villages found in the North-West Province. This study used a qualitative approach with a population size of 40 respondents. Furthermore, the study used in-depth interviews and observations for data collection. The findings of the study of the knowledge were given by aged people who take part in indigenous games, music, and dance for the promotion of their health and wellbeing. Moreover, the aged people have different health problems and used various games and dances to improve their health and wellbeing. The study also concluded that different aged people experience different challenges when it comes to playing games or dancing and also, they are being limited by different factors such as weather and various, negative moods etcetera.

The findings of the study highlighted that the preservation of indigenous games, music, and dance is of high importance not only for maintaining customs and traditions but to benefit many of the aged people in areas with poor healthcare services, and as a result reduce a high number of dependencies on the government healthcare services. The study showed that there is still a lot to be done such as raising awareness about the importance of indigenous games, dance, and music not only for the benefit of the aged people of these respective areas but for Africans as a whole. The study suggests that the government should provide funds and awareness of indigenous games, music, and dance at healthcare facilities for people to realize their importance and utilize them.

The study concluded that it is indeed true that the participation of aged people in indigenous games, music, and dance helps them to improve their physical, emotional, and mental health and well-being such as reducing stress, pains, stiffness, and negative moods and so on. Moreover, the study further revealed that aged people that exercise using indigenous games, music, and dance age slowly and happily, and they enjoy, and are unlikely to be affected by diseases. Considering the findings, the study recommends that knowledge about indigenous games, music, and dance should be preserved by aged people as they participate in them and share knowledge with others.

Keywords: Health, Well-being, Indigenous dance, Indigenous music, Indigenous games, Aged people, Health promotion.

DEDICATION

This study is dedicated to my late sister, Mogamisi Rachel Seipati who had always been my motivator, pillar of strength, and was always supportive. I know that although you are no more, you are always sending angels to guard over me and showing me the right path to take. This thesis is also dedicated to the community members of Khunwana and Sione villages, chiefs, and respectively, the aged people that took their time to contribute to the success of this study. Your knowledge is valuable for everyone especially younger generations to be able to learn and survive through it. As an Indigenous Knowledge Systems researcher, it is important to conduct more studies and preserve indigenous knowledge and promote it. Moreover, to show that our forebearers have been relying on and using indigenous knowledge practices for sustainable development and it was always there before the evolution of western knowledge systems.

DECLARATION

I, Mogamisi Melita Setswano student no 24600938 at North-West University declare that this thesis submitted for the degree in masters in Indigenous Knowledge Systems is my original work and has been not submitted to any university or faculty.

Student name

Supervisor's name

.....

.....

Signature

Signature

.....

.....

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	i
ABSTRACT.....	ii
DEDICATION.....	iv
DECLARATION	v
1. CHAPTER ONE: BACKGROUND	1
1.1. Background of the study	1
1.2. The rationale of the study.....	3
1.3. Aim of the Study	4
1.4. Research objectives of the study	4
1.5. Research Questions of the study	4
1.6. Significance of the Study	4
1.7. Problem Statement	5
1.8. The Orientation of the Study	9
1.9. Organization of the study	9
1.10. Summary	11
2. CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK	12
2.1. Introduction.....	12
2.2. Definition of terms used in the study	12
2.3. Characteristic of indigenous Games, Music, and Dances	14

2.4. Definition of aged people and healing from an African perspective.....	16
2.5 Benefit of Indigenous music for health and wellbeing promotion of the aged people.....	18
2.6. Benefits of Indigenous dance for health and wellbeing of the aged.....	20
2.7. Benefits of Indigenous games for promotion and wellbeing of the aged people	20
2.8. Benefits of Indigenous Spirituality on health and wellbeing of the aged people	22
2.9. Benefits of African vital cosmic force for indigenous health and wellbeing of the aged people.....	22
2.10. Philosophical underpinnings of the study	22
2.11. Summary	24
3. CHAPTER THREE: RESEARCH METHODOLOGY.....	25
3.1. Introduction... ..	25
3.2. The Researcher Positionality.....	25
3.3. Research Paradigm.....	26
3.4. Relational Ontology and Ubuntu.....	27
3.5. African Epistemologies and Relational Epistemology.....	29
3.6. Importance of Local Language in an Indigenous Research	30
3.7. Ethics in Indigenous Studies (Axiology).....	31
3.8. Validity and Trustworthiness	32
3.9. Indigenous research methodologies.	34
3.10. Conceptual Framework	34
3.11. Theoretical Framework	36
3.11.1. Self-Determination Theory	36

3.11.2. The PERMA Model: Wellbeing Theory	37
3.11.3. Theory of Planned Behaviour.....	38
3.12. The geographical location of the Study Area.....	40
3.13. Historical origins of the Batswana (Barolong).....	41
3.14. Culture of the Batswana	41
3.15. Language of Batswana of Khunwana and Sione villages	42
3.16. Summary	43
4. CHAPTER FOUR: FIELDWORK AND FINDINGS	44
4.1. Introduction	44
4.1.1. Description of Participants using Indigenous Games for Health and Wellbeing.....	45
4.1.2. The Demographic Characteristics of the Aged People Respondents	47
4.2. Descriptions.....	47
4.2.1. Description of Aged people.....	47
4.2.2. Description of Indigenous Knowledge Systems	48
4.2.3. Description of Indigenous Games	48
4.2.4. Indigenous Dance and Music	49
4.2.5. Description of Health	49
4.2.6. Description of Wellbeing	49
4.1. Theme: of indigenous games, music, and dance used by aged people for health and wellbeing	51
4.1.1. Sub-theme: Kgati (Skipping Rope)	51
4.4.2 Sub-theme: Diketo (Pebble Throwing)	54

4.5.3. Sub-theme: Morabaraba game (board game)	57
4.4.5. Sub-theme: <i>Motabogo</i> (running/jogging game)	60
4.4.6. Sub-theme: <i>Dibeke</i> (ball throwing)	62
4.5. Theme: Description of indigenous music and dance used by aged people for health and wellbeing	64
4.5.1. Sub-theme: Setapa dance	64
4.5.2. Sub-theme: Phatisi dance	66
4.6. Theme: Importance of Indigenous Games, Music, and Dance to aged people	67
4.6.1. Sub-theme: Keep busy, happy, and look younger.....	67
4.6.2. Sub-theme: ‘Keep out of dangerous activities’	68
4.6.3. Sub-theme: Positive health outcome	68
4.6.4. Sub-theme: Preservation of indigenous knowledge	69
4.6.5. Sub-theme- Building relationships and Ubuntu	70
4.7. Theme: Health and wellbeing promotion using indigenous games participation	73
4.7.1. Sub-theme: Health.....	73
4.7.2. Sub-theme: Wellbeing.....	73
4.8. Theme: Health and wellbeing promotion using indigenous dance and music	74
4.8.1. Sub-theme: Health.....	74
4.8.2. Wellbeing	75
4.9. Theme: Causes of health problems to aged people	76
4.9.1. Sub-theme: Lack of exercise and ill-health.....	76
4.9.2. Relying only on Western Medicine.....	77

4.9.3. Loneliness and stress	78
4.9.4. Sub-theme: Poor Diet	79
4.10. Theme: Factors affecting limitation of aged people in indigenous games, Music, and dance	81
4.10.1. Sub-theme: Being Unwell	81
4.10.2. Sub-theme: Family matters	81
4.10.3. Sub-theme: Shortage of participants	81
4.11. Theme: Impact that absence of indigenous games, dance and music has on:.....	82
4.11.1. Sub-theme: Health.....	82
4.11.2. Sub-theme: Wellbeing.....	82
4.12. Limitation of the study	83
4.13. Summary	83
5. CHAPTER FIVE: INDIGENOUS GAMES, DANCE, AND MUSIC FOR HEALTH AND WELLBEING.....	85
5.1. Introduction... ..	85
5.2. Methodology	85
5.2.1. The research design and approach.....	85
5.2.2. The target population	86
5.2.3. The Sampling procedure and size of the study.....	86
5.2.4. Data collection methods	87
5.3. Ethical considerations	87
5.3.1. Permission to conduct the study.....	87

5.3.2. Permission letter from Tribal Chief to conduct the study in the respective Communities	87
5.3.3. Consent forms will be given to the participants before they are being interviewed	88
.6. CHAPTER SIX: DISCUSSIONS OF THE STUDY...	88
6.1. Introduction...	88
6.2. Discussion of study	88
6.3. Summary	92
.7. CHAPTER SEVEN: CONCLUSION AND RECOMMENDATIONS	95
7.1. Introduction	97
7.2. Conclusion.....	98
7.3. Recommendations	97
7.4. Summary	97
Appendix A: Introduction letter	127
Appendix B: A permission letter from North West University	128
Appendix C: Permission Letter from the Tribal Office	128
Appendix D (a)-Consent letter – English version	130
Annexure D (b) –Setswana version.....	131
Annexure E(a)-Focus group discussion – English version	132
Annexure E (b)- Dipuisano tsa setlhopa – Setswana version.....	134
Annexure F (a)- In-depth interview-English version... ..	134
Annexure F (b)- in-depth interview -Setswana version	135

LIST OF TABLES

Table 4.1 Description of aged people using indigenous games for promotion of health and wellbeing.....	46
Table 4.2 Description of aged people using indigenous dance and music for promotion of health and wellbeing	46
Table 4 .3: findings of themes and sub-themes of the study.....	51

LIST OF FIGURES

Figure 3.1: The conceptual framework of the study	34
Figure 3.2: Showing map of South Africa	39
Figure 3.3: Show of North-West province	41
Figure 4.1: A picture showing aged people playing <i>Kgati</i> as an indigenous game.	50
Figure 4.2: shows an aged woman playing a <i>kgati</i> game.....	51
Figure 4 .3: Shows an aged woman playing <i>diketo tsa bosigo</i>	54
Figure 4.4 Picture showing aged men playing <i>Morabaraba</i> game... ..	57
Figure 4.5: Picture showing a researcher playing <i>Morabaraba</i> game with aged women.....	59
Figure 4.6.: Picture showing aged women using <i>Motabogo</i> indigenous game to exercise... ..	61
Figure 4.7: Picture of men playing <i>Dibeke</i> indigenous game... ..	62
Figure 4.8: Picture of aged women and men dancing <i>setapa</i> dance	65
Figure 4.9: Show a picture of a man with an eyesight problem playing <i>Morabaraba</i> game.....	70
Figure 4.10: Shows men building relationships through playing <i>Mmela</i> game	72
Figure 4.11: shows an observer resolving conflict among men playing the <i>Morabaraba</i> game. .	73
Figure 4.12: Shows an aged woman who no longer exercise using indigenous games feeling sick... ..	76
Figure 4.13: Showing an aged woman stressed due to the effect of not playing games	79

ACRONYMS

WHO- World Health Organisation

NAHO- National Aboriginal Health Organisations

NCDs- Non-Communicable Diseases

WPP –World Population Prospects

CHAPTER ONE

BACKGROUND OF THE STUDY

1.1. Background of the study

From the days of old, Africans consistently had their interesting indigenous games, music, and dance, through which skills and knowledge have been passed down from generation to generation. Asigbo (2012) highlighted that music-making goes past the simple presentation of excellence, thus it is viewed as a vehicle for moral teaching just as a way to associate with the incredible past. African dance, in the same way as other kinds of indigenous knowledge, has guided indigenous people concerning how to manage nearby issues (Bhola, 2002). Moreover, African music cannot exist without the dance component, (Nzwezi, 2011). For instance, according to *Ndembu* healing rituals in Zambia are never carried out without music (Dakwa asare, 2015). *Ndembu* ritual is a healing practice in Zambia which is believed to heal the body and enlighten the mind.

At various times indigenous activities struggle to triplet indigenous individuals of their cultural identity and land. The tradition of colonization and the current pilgrim activities against indigenous people such as racism, apartheid among others affect indigenous individuals' psychological well-being (Kirmayer et al, 2000). For occurrence, social annihilation, anguish, outrage, misery, and defenselessness, these variables are connected to self-destruction (Colmant, 2000). Subsequently, indigenous communities have encountered financial and social minimization, which profoundly impact their health today (Macmillan et al, 1996; Moffat and Herring 1999, Adelson, 2005).

Additionally, Africa's local culture by conditions of Western development is by all accounts crumbling and vanishing, causing an extraordinary concern. Similarly, it is being compromised today by globalization and innovation, which have made a blend of world societies that makes extension being developed. A portion of these societies is dangerously confronting termination with Western development (Okonkwo, 2009). During subjection, the Black church worked as a position of profound love, yet in addition as an instructive focus, a sanctuary for Africans getting away from subjugation, an asset for monetary help, and a scene for political journey sorted (Quarles, 1964). The black church was the cultural caldron that black people created to combat a

system designed to crush their spirit.

National Aboriginal Health Organization (2003) explains that the impacts of colonization are clear in all parts of Indigenous people groups' wellbeing and health (beauty and lord), influencing their physical wellbeing, and in addition, the psychological, social, and otherworldly health. The emergence of Western preachers in various pieces of Africa in the nineteenth century carried with it lessons that tested, yet additionally doomed the indigenous ways to deal with healing (Kibicho, 2006).

Albeit the indigenous healers comprehend the perspective of the indigenous customers and causes the customer to feel approved under those conditions, the medication men, who were profoundly regarded for their guidance, and were named "witchdoctors" by the Europeans (Magesa, 1998). Verifiably in South Africa, the politically sanctioned racial segregation never upheld, nor did they give any acknowledgment to indigenous healing practices (Ohojunwa, 2019). Among the Gikuyu for instance, the Church of Scotland Mission created a need reduction of the indigenous practices that must be discarded. Thus, indigenous communities have encountered monetary and social underestimation, which has had profound impact on their health today (Macmillan et al, 1996; Moffat and Herring 1999; Adelson, 2005).

Moreover, the neighborhood or indigenous drums that make the music of individuals exceptionally huge and significant has extraordinarily being supplanted with band-set and English melodies this is because in the early 1900s urban Africans were already enthralled by American culture (Ballantine,1993: 13).

Indigenous Native American culture has been healing its kin with music for quite a long time (Wiand, 2004). In addition, Cottrell (2002) expressed that since the start of written history, music and dance have assumed critical parts in the healing of mankind. Music and dance healing were collective exercises that were normal to everybody. While Prinzing (2009) kept up that music is important as part of culture and critical for building culture.

1.2.The rationale of the study

This study plays a vital role in the lives of the aged people especially those in rural areas where accessing healthcare services is challenging. For instance, Sanga (2013) and Chande (2018) highlighted that aged people face challenges such as the long-distance to clinics, lack of medication, and so on to achieve good health.

There is a need to explore and document the health and well-being benefits of using indigenous games, music, and dance by the aged people of Khunwana and Sione villages. Moreover, the needs of many aged people in rural areas are not properly met. For instance, Lansasseur et al (2020) mentioned that aged people in rural areas are restricted to some social and health services and limited housing and transportation. As a result, some aged people develop incontinence, instability, dementia, immobility, and some stomach ulcerations because of poor nutritional and dietary tendencies caused by the inadequate or minimal supply of food (Barugahare, 2002; Alun & Tumwekwase, 2001).

Indigenous games, music, and dances are at risk of becoming extinct for various reasons such as the adoption of western cultures by indigenous people, not being practiced anymore, stereotype regarding indigenous knowledge systems, and most not being transferred to younger generations by aged people.

It has been recognized by different scholars that aged people have a negative disposition toward doing physical tasks because of the dread of getting wounds and absence of direction to the participants taking part in sports activities and the nonappearance of a social capital (Bourielu,1993, cited in Abisha,2016).

Although every culture has its own unique indigenous games, music, and dances, they may be restricted by gender, age and beliefs, thus failing to contribute to the wellbeing and health of the community members where there is an adequate healthcare service. Moreover, although the benefits and knowledge of using indigenous games, music, and dance are limited to specific communities, this study aims to document and preserve the knowledge on how the participation

on indigenous games, music and dance promotes the health and wellbeing of the aged people in various communities and also for future generations to understand their culture and heritage.

1.2. Aim of the Study

This research aims to document the health and well-being of the benefits of using indigenous games, dance, and music by the aged people of Khunwana and Sione villages.

1.3. Research objectives

- To identify and document the indigenous games, music, and dances used by the aged people of Khunwana and Sione village for their health and wellbeing.
- Investigate how indigenous games, music, and dance contribute to the health and wellbeing of the aged people of Khunwana and Sione villages
- Explore the extent to which the aged people participate in Indigenous Games, Dance, and Music for health and wellbeing.

1.4. The Study was Guided by the following Research Questions:

- Which indigenous games, music, and dance the aged people of Khunwana and Sione villages use for health and wellbeing?
- How does the use of indigenous games, music, and dance contribute to the health and wellbeing of the aged people living in Khunwana and Sione villages?
- How regularly do the aged people participate in indigenous games, music, and dance for health and wellbeing?

1.5. Significance of the Study

Like-Barnes (2009: 25) noticed that the aged people are the “instructors of youngsters, youth, aged people and communities narrators and antiquarians” whose stories are utilized as educational tools to support communities societies, and their customs. Joseph (2014) recommended that each aged person has a significant, unmistakable oral knowledge. This exceptional knowledge includes

intelligence, insights, developments, and viable encounters related to the Indigenous people group (Agrawal, 1995).

Today, there is a need for the aged people's knowledge to be documented, and it is of indispensable significance that it be completed as soon as possible (Nakata and Langton, 2009). Otherwise, it will vanish forever. This worry is argued by Emery (2000) who brought up the fact that as the elders die, the full lavishness of oral knowledge lessens.

By doing this research, the findings of this research aim to reduce higher dependence on western healthcare facilities and services. The Department of Health will also realize the need for indigenous games, music, and dance for the well-being and health of patients. Moreover, documenting the indigenous games, music, and dance among the Batswana will serve to enhance self-identity, and pride in who they are, preserve cultural heritage, empower, and motivate neighboring tribes to value their cultural practices and pass it to future generations.

I need to conduct this study to improve the health and wellbeing of the aged people so that they may be able to live for a long period and pass on indigenous knowledge to future generations so that our African heritage and way of living may be preserved and documented. This study is of the most vital need because the findings will offer patients and aged people options on how to deal with their health problems without constraints such as distance, finance, the attitude of health care practitioners, and lack of service deliveries in the communities and health care.

1.6. Problem Statement

The aging population is a worldwide issue, and with this are expanding cultural, social, natural monetary, and political worries about the health and care needs of people in later life (Lowe & Mac-lady Henry, 2012). Africa is projected to encounter fast aging of its populace, and the level of its populace aged 60 or more is expected to increase from 5 % in 2017 to 9 % in 2050, which is almost 20% before the century's over (WPP, 2017). Be that as it may, South Africa has one of the biggest aging populaces in Africa, practically 8% of the current populace in SA is aged

60 years and more, compared to around 4.2 million individuals and it is projected to increase further (WHO, 2012).

Aikins et al (2010) expressed that Africa is chronic illnesses troubled which are ascribed to diverse components including an expanded future, changing way of life practices, neediness, urbanization, and globalization. Moreover, Forces like quick urbanization and globalization of unfortunate ways of life as the populace ages (WHO,2017) initiates Non Communicable illnesses (NCDs). Furthermore,underdeveloped well-being systems, weak administration, and deficient financing are a portion of the variables that lead to death to chronic conditions (Aikins et al, 2012).

Help Age international (2001) is of the view that although health has been regarded as a priority issue for aged people throughout Africa, the health of the aged people in developing nations involves worry because of the numerous issues that straightforwardly influence their wellbeing, yet little is being done to determine those (Robinson et al. 2006).

Common chronic diseases afflicting aged people include arthritis, hypertension, heart disease, diabetes, Parkinson's disease, and fibromyalgia (NAAS, 1999). Moreover, aged people who are over the age of 65 years are at an increased risk for chronic conditions with nearly 80% reporting one or more chronic health conditions (Chi et al., 2011). As a result, the deterioration of health related to persistent sicknesses regularly prompts mental issues among aged people (Kagee, 2010). Intrinsically, poor health means the withdrawal of aged people from productive activity, which may render them dependent, and disabled (Help Age International, 2001).

Egerton (2013) states that misery in continuous diseases is troublesome, it saps energy, adversely influences personal satisfaction, and can prompt an over escalating pattern of agony, tension, and torment. Besides, chronic infections make extra pressure that requires aged people to foster better approaches for adapting (Morris, Moore & Morris, 2011). Consequently, aged people who are caretakers of Indigenous Knowledge are dying and aging without a procedure to share and protect this knowledge for development purposes (Patrick,2016).

In indigenous societies, music and melodies are integral to personality, spot, and having a place, and are a declaration of an exceptional and proceeding with custom (Okorie, 2016). African indigenous practices are disappearing from the faces of many African countries due to education, broad communications, Christianity, and urbanization which have caused the disintegrated indigenous culture to disintegrate and it has therefore stopped being polished (Bhola, 2002). As a result, the more the developing nations import western innovation and culture, the more underdeveloped they become (Amid, 1997). For instance, the aged people mostly in rural areas feel that modernization and globalization have become a priority for many African communities. This is to make sure that do not participate in indigenous activities such as games, music, and dance, and this impacts negatively on their health and wellbeing. Consequently, this decrease in active work at that point further increases the danger of falling and of creating ongoing infections like diabetes, stroke, cardiovascular dead tissue, and disease (American College of Sports Medicine, 1998; Enoka, 1997; Fiatarone-Singh, 2002).

Wanderi (2001) laments the potential threats of these indigenous games getting lost since they are practiced less. Additionally, Goslin and Goslin (2008) upheld this by expressing that indigenous games face extinction, and economic, social, and regular changes have incited the defeat of some ordinary games indigenous to unequivocal culture get-togethers and geographical zones. As Makhubele (2011) highlighted that with the development of Western systems of information, indigenous knowledge systems have been viewed as mediocre practices and have been consigned to bring down levels.

Eyong et al (2004) expressed that mass media represented an even extraordinary danger as families invested energy in observing popular music and dramas on TV than telling society tunes and singing indigenous tunes and so on. Edmore and Simbarashe (2013) affirm this by stating that the indigenous dances were viewed by the white local area as crude, rough, not stylish, and unadulterated enough. They were for the most part seen as uncivil, unimportant, and thusly ought to be discarded for the European dance styles (Edmore and Simbarashe, 2013).

Considerably, the secretiveness of dance in numerous societies, especially in ritualized structures, has brought about an imbalance in those spiritual, public, and relational characteristics that control

the individual and bind together social orders (Hanna, 1987). Moreover, the absence of music in one's life could make people helpless to diseases, the presence of music in one's life could be a type of prophylactic therapy, and that music inclines to re-establish great health in debilitated society (Siegel, 1989; Tomatis, 2005 and Aluede, 2006).

There is a stereotype related to indigenous knowledge systems, which additionally upholds their minimization. This mentality of rejection and refusal to connect with their indigenous knowledge systems by some people in a bid to be viewed as Western and educated has made generations of individuals who do not get to see the worth or utilize indigenous knowledge systems (Coates et al., 2006; Ocholla, 2007, cited in Ohajunwa,2019).

Also, indigenous knowledge systems are related to the needy individuals of the world and are seen as profoundly country, 'ignoble' and obsolete (Waldron, 2002 Ocholla, 2007). Aged people bear the notion of it being too antiqued to exercise and their worry of accomplishing more damage than good (Wilcox and others, 2005). For instance, aged women expressed that their planned housework serves as an adequate form of exercise and throws out the need for outside exercise action (Walcott-McQuigg & Prohaska, 2001).

There is little or no documentation of the benefits of indigenous games, music, and dance for therapeutic benefits. Besides, communities in Africa have rich encounters of how they make out the importance of spirituality. However, this has not been given a spot in more scholastic talks, which has suggestions for local area specialists (Schulz, 2004). To overlook people's knowledge and customs by Western scholars is to nearly guarantee disappointment being developed (Agrawal,1995).

For example, Larson (1996) expressed that to prohibit spirituality is to disregard a significant origin of curing for some ailments and recommends that it is imperative to complete more studies that investigate the spiritual dimension corresponding to wellbeing. There is a need to direct more researchers on indigenous activities for wellbeing and health, also focusing on indigenous health comprehensively.

1.7. The Orientation of the Study

The methodology, indigenous ontology, indigenous language, and indigenous epistemology of the researcher are influenced by her being a Motswana woman and her understanding of the people around including the environment in which she lives. Moreover, the researcher chose to use indigenous methodology, indigenous language, and axiology to welcome the community members of the two respective areas being Khunwana and Sione villages. The researcher used participatory research (PR) more commonly known as participatory action research (PAR) is a kind of collective self-reflective inquiry taken by participants in social relationships with one another (Berg, 2012), committed to using the results to improve the lives of the community and induce social change (Breitbart, 2012; Berg, 2012).

The participatory action research approach which seeks to understand and improve the world by changing it does so in such a manner that those affected by problems collectively act and produce change as a means to create new knowledge. The researcher purposely chose games, music, and dance in the title as indigenous activities done by aged people. Games, music, and dance in the context of this study, entailed the researcher meeting with the indigenous community. Furthermore, playing, dancing, and singing involve cooperation, respect, sharing, and interactions whereby a researcher meets with the indigenous community and learns more through inquiry and detailed discussions with them.

The fact that the researcher is also a Motswana and speaks Setswana as a home language made the indigenous community easily have an interest in taking part in the study and feel comfortable and willing to share the information with the researcher. Moreover, there was already a relationship between the researcher and the indigenous community. The use of Setswana as a language made questions to be easily understood and easily answered as it was in the language that is indigenous, common, and use in their everyday lives.

1.8. Organization of the study

Chapter One: Introduction

Chapter 1 focuses on the background of indigenous games, music, and dance for the health and well-being of the aged people. Furthermore, the problem statement, the research aim, the significance of the study, the objectives, and research questions. It also discusses the significance of the study, the indigenous orientation of the study as well as the organization of the chapters in the study.

Chapter Two: Literature review

Discusses the literature review factors contributing to health in an indigenous context for the aged people focusing on communal living and social support, vital cosmic forces, land, spiritual health and well-being, and indigenous games, music, and dance for health and well-being for the aged people. This chapter discussed the conceptual framework, theoretical framework, and philosophical underpinning of the study.

Chapter Three: The indigenous philosophical underpinning

This chapter explains the research paradigm and the researcher's personality in the study. It further discusses the rational ontology and Ubuntu as well as highlights the importance of local language in indigenous research. Lastly, the ethics and trustworthiness of the study are discussed in detail, and the geographical location of the study area.

Chapter Four: Presentation of findings

This chapter presents an analysis of data collections and demonstrates how each research question was answered and further provides insight into how each objective was achieved in the study.

Chapter Five: Indigenous Games, Dance, and Music for Health and Wellbeing

This chapter discusses the methodology, the research design and approach, the target population, and the sampling procedure. The chapter discusses the ethical considerations that the researcher used in the study.

Chapter Six: Discussions of the study

This chapter discusses the research by providing a discussion of the study. The study highlight how the aim, research questions, and objectives were achieved and the link of the findings towards them.

Chapter Seven: Conclusions and Recommendations

This chapter provides an overview conclusion of the study and further provides recommendations for the study.

1.9. Summary

Indigenous games, dance, and music are part of every African culture. Cultural activities such as indigenous games, dance, and music are passed on from one generation to the next through imitation, and demonstration and they are a good form of exercise for all age groups. In this chapter, the health state, and healing of African people during colonization and the arrival of Western missionaries and the effects it has had on the cultural activities such as indigenous games, music, dance, and most importantly on African cultures. The aim, objectives, research questions, and significance of the study were elaborated in detail. Lastly, the chapter discussed how the study unfolded by providing the organization of the study and providing the conclusion of the chapter discussed. The following chapter has discussed the literature review.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

This chapter presents findings based on the literature reviewed. This chapter discusses the factors contributing to health in an indigenous context, particularly for the aged people. This will also be discussed while focusing on communal living and social support, vital cosmic forces, land, spiritual health, and well-being, and indigenous games, music, and dance for health and well-being for the aged people. Lastly, the conceptual framework and philosophical underpinning of the study are discussed.

2.2. Definition of terms used in the study

2.2.1. Health

Health is defined within indigenous knowledge systems, as a result of caring connections, and the capacity to play out the elements of everyday living that help accommodate the family (Mji, 2012). Also, health does not simply mean the actual well-being of the individual yet alludes to the social, emotional, and cultural well-being of the entire local area (NACCHO, 1993& NAHSWG, 1989).

Health as it is perceived among Algonquian and other indigenous people groups incorporate physical, mental, emotional, and otherworldly dimensions, and health is collective rather than individualistic (Anderson, 1999). Besides, ignorance in one measurement is hence regularly seen as the root source for the development of health conditions, and the objective of much healing activity is to restore equilibrium and agreement among the four parts of oneself (Garrett and Wilbur, 1999). The description of a concept acknowledges its relation to land, large mass, civilization, holiness, offspring, and society which are valuable to human beings and influence their well-being (Gee et al, 2014; Sutherland & Adams, 2019).

2.2.2. Wellbeing

The term wellbeing is defined by the World Health Organization (WHO) as an optimal state of health essentially characterized by an individual's realization of their fullest potential physically, psychologically, socially, spiritually, and economically (Smith, Tang, & Nutbeam, 2006). Moreover, well-being can be considered as having three dimensions – the personal, relational, and collective (Prilleltensky, 2005); that is, a person's well-being, as well as well-being as manifested in relationships between individuals, and community wellbeing.

2.2.3. Indigenous Dance

Indigenous dance is a type of dance created by a gathering of individuals that mirrors the indigenous existence of a specific country or district. Igweonlu (2002) states that dance is found in all tribes of the earth. Each dance has a certain role, some common examples of what dance are utilized for are celebrations, ceremonies, and rituals, for instance, *Tshikoma* music is demonstrated before the kingspeaks to the crowd in the Venda culture (Netshivhambe, 2017).

2.2.4. Indigenous Music

Indigenous music incorporates all indigenous or society music that fills in as media of articulation of an African individual's way of life. As indicated by Nwamara (2009); they are being transferred orally starting with one age and then onto the next. In its transmission interaction, remittances are made for every age to make choices and varieties from the first creation without annihilating its tone of progression. Moreover, drums, hand-clapping, dancing, and singing while wearing particular cultural attire are the main characteristics of kind of indigenous music (Netshivhambe, 2017).

The music and its experts are found in more prominent numbers in the country regions. Their authors are not known because the music/s is/are publicly claimed. Besides, Isaac (2013) sees indigenous music as mutual fine arts a basic piece of their lifestyle that voices the assumptions, notions, legends, fantasies, restrictions, and history of its kin.

2.2.5. Indigenous games

Edwards (2009) portrays indigenous games as something that play a part in the customary and contemporary societies related to native and Islander societies and recognizable communities. Moreover, they are by and large acknowledged as a satisfactory impression of their cultural identity and social character. In addition, these are organized types of sporting proactive tasks which as per Mwenda (2011) are guided by formal or casual principles, which members should withstand.

2.2.6. Aged people

In this study, the aged people will be described as individuals aged 60 years or more (Peil, 1995). As per the World Health Organization (WHO), most countries have picked an optional consecutive age of 60 or 65 years as important for aged people (WHO, 2007).

2.2.7. Health Promotion

Health promotion is the process of enabling people to increase control over and improve their health (World Health Organization, Ottawa Charter for Health Promotion, 1986). Health promotions can also mean various ways that offer people opportunities to improve their health and wellbeing and being able to see that good positive health is vital and a need. For example, a few groups can utilize spices, medications, exercising, and others things to improve their health.

2.3. Characteristics of indigenous Games, Music, and Dances

- **Locally**

Harris (1996) is of the view that indigenous knowledge is local and embedded within a particular place and set of encounters, and formulated by individuals living in those places. Moreover, Malesa (2012) states that the indigenous games in Africa have been an expression of local people's culture and social realities. Indigenous games, music, and dances are a form of indigenous activities developed within a society and are practiced by the cultural groups in those very societies. Thus, indigenous game equipment is always around the corner (Malesa, 2012).

Likewise, each African community has similar games but are different in how they name them; and they have similar dances too. For instance, an indigenous board game is known as *Morabaraba* among Batswana people. Similarly, the game is known as *Ncuvu* among Amakhosa people, however, both games are local in their respective locations. Additionally, indigenous games, music, and dances are made from local, available, and natural resources found in their respective settings. An attire of traditional dances is mostly made from animal skins, while their beads are made from plastics and available resources such as stones, to play indigenous games.

- **Collectively**

Among various African societies, it is believed that “no man is an island” this means that among indigenous societies the principle of Ubuntu still applies. The term Ubuntu says, “I am, therefore we are” this means that we need each other to live, survive and develop as individuals. Hence, in Setswana, they have a proverb that says “*mabogo dinku a thebana*” meaning that we should help each other to achieve or finish whatever we want. Likewise, another example is also a proverb from the Batswana that says “*sedikwa ke nja Pedi ga se thata*” which means that if two people do something together they will not feel it as hard rather than when they were alone. Moreover, in Africa we are one big family, no one is a stranger in indigenous societies.

More than one person plays indigenous games, music, and dances and participants should show respect, cooperation, and tolerance among each other to be able to work well together and achieve their aim. To maintain good performance and a strong team, the team should form a strong bond. Players perform to the best of their ability as they communicate when grouped together (Malesa, 2012). This shows that indigenous games, music, and dances are collective activities that teach people that we need each other and together we can. For instance, Agu (1990) mentions that indigenous music in Akpo encourages healthy relationships among people, this means that when people dance together, they build friendships, and they get along well together.

- **Intergenerational**

Malesa (2012) mentioned that Indigenous games, music, and dances are intergenerational in the sense that they are passed down from one generation to the next. Moreover, they are full of cultural history. For instance, Agu (1990) states that the history of the cultural group is learnt through songs and the accepted behavioral patterns in the society, and all assimilated through music and dance. Msoni (1980) supports this by stating that knowledge of cultural dance and songs is one of the key aspects necessary for a comprehensive understanding of the customs of any cultural group.

- **Communally owned**

Indigenous knowledge is communally owned, created, and used by all members of the community. Indigenous games, music, and dances are developed, owned, and shared by community members; meaning no one is the sole owner of the knowledge. These cultural activities do not use any Western instruments such as guitar, saxophones, and many more. The instruments are made using local resources and everyone is assisting in making those tools, they are used and owned by all members of the community. The knowledge of playing indigenous games and dancing and singing indigenous music is passed from one generation to the next, hence there is no sole owner of the knowledge.

2.4. Definition of aged people and healing from an African perspective

Aged people play a critical role in the community since they are noted as the vaults of encounters, recollections, authority, and astuteness (Robertson, 1976). The aged people are information holders and without them, youngsters will not have the vaguest idea about their way of life, and character and have the option to get important abilities, insight, and information for their lives. The aged people are knowledge transmitters to youthful ages since they have shrewdness and have encountered numerous things through their childhoods. Moreover, without aged people's direction and instruction, people in the future can't comprehend their starting point, character, and culture. Besides, Okafor, (2005:55) puts it clearer that “what the kid sees or hears as of now shapes the foundation of his/her schooling sometime down the road ”.

Throughout history, music and dance have been used consistently as tools for healing and health similar to the way that pharmacology and therapies are used today (Stewart & Irons, 2018). In it, Africa has to do with the protection and reclamation of human essentialness concerning the local area in general. The healing power relies upon right human connections and agreement with the entire world climate including the time rising above the soul world. *Ndëpp* dance from Senegal is an unmistakable illustration of spiritual and local area healing. Most families in the village people take part in the healing based on the fact that the absence of one family member could bring back luck to the entire family.

Indigenous Africa perceives that when the environment is debilitated, sicknesses become pervasive; and when such unhealthy material or spiritual environment is restored, human wellbeing gets secure. At the point when the gathering soul is dirtied, the personalities of people become contaminated, the human circle is weakened. At the point when a human body is debilitated, the vitalizing soul gets harmed, and the human circle gets unfortunate (Nzewi 2002). The land has a place with life and life has a place with the land, and so to keep up the health, one should persevere and persist in the relationship with the earth (Colomeda, 1999).

Perhaps the main significant area of African culture in which the huge presence of customary beliefs can be seen is through affliction and healing. Akombo (2006) mentions that Africans' approach to healing usually focuses on music and health. Moreover, in Africa, the healing interaction does not focus on the sickness yet it is applied comprehensively and is a communal obligation (Shizha & Charema, 2012). Besides, Mufumadi (2009) contends that it is a healing system that is pointed toward setting up equilibrium or harmony with cruel creatures at a few levels; the spirit; natural; moral; mystic, spiritual, soul, and physical levels. Various researchers (Mbiti, 1969; Gusau, 1981; Oke, 1982, and Tahzib, 1983) have shown that Africa had its arrangement of curative care before the approach of expansionism and the presentation of western medication. For instance, in shamanic dance healing in Siberia, Pythagoras used dance meant to soothe distressed organs (Stewart & Iron, 2018).

2.5 . Benefit of Indigenous music for health and wellbeing promotion of the aged people

Even though health and wellbeing are significant worries for some aged people, music support is considered a useful action in any event, for normality and healthy living (Lisa and Victor Fang, 2010). Findings from a few fields recommend that dynamic music cooperation can benefit aged people by contributing decidedly to their mental health or emotional well-being during the temporary long periods of retirement and past time? (Coffman, 2002; Coffman and Adamek, 1999; Dabback, 2008; Cohen, 2006b; Frego, 1995; VanWeelden and Cevasco, 2009).

The discoveries of the investigation conducted by Hays and Minichiello (2005) discovered that aged people felt a feeling of health and great well-being because of their melodic cooperation. For instance, one of the members in the study led by Hays and Minichiello (2005) expressed that music was invigorating for her mind. At long last, investment in music can assist aged people with interfacing sensations of spirituality, upgrade spiritual wellbeing (Dabback, 2008; Hays and Minchiello, 2005a, 2005b), and on a lesser level, assist them with accomplishing a feeling of recovery or re-establishment (Chiodo, 1997). Hays and Minchiello (2005a) found that interest in music improved a feeling of health in aged people, hence assisting them with adjusting the intelligent person, passion, and other spiritual aspects of their lives. In Miuniaka custom (Mali), for instance, music serves as a holy, healing capacity for the person in the public eye. A solution for both physical and mental balance, music works with correspondence with the ancestors, the spirits, and the Creator. From the Miuniaka viewpoint, it is incomprehensible that music and re-establishing health ought to be independent, as they are in the Western world.

Lisa and Victor Fang (2010) observe that an enormous assemblage of writing tends to the physical well-being of aged people in view of music support. Due to their age, aged people are more inclined to have different health problems. Written documents show that many physical benefits were focused on the aged people's health issues. In addition, there is a developing assemblage of proof, notwithstanding, that in the last piece of our lives and cooperation in music may give a source of upgraded social union, happiness, self-awareness, and strengthening (Coffman, 2002; Sixsmith and Gibson, 2007). Music, as indicated by Iwasaki et al (2010) is one of a few culturally

significant and inventive relaxation exercises that are 'spiritually invigorating' and advance self-articulation, positive health, and wellbeing.

2.6. Benefits of Indigenous dance for health and wellbeing of the aged

Edmore and Simbarashe (2013) expressed that indigenous dance is workmanship and it is additionally a method for safeguarding society. As kept up by Hanna (1999) dance gives a chance to the articulation of stylish and creative encounters and can invigorate the creative mind, affectability, and the enthusiasm for development. Commitment to indigenous dance is identical to participating in sport and physical work, while physical work and games are accepted to be related with huge health advantages.

Verghese et al (2003) talked about dance as one movement that can bring down the age's danger for dementia not in light of the physical exercise needed to take part, yet rather on account of the intellectual hold needed for these useful exercises. Indigenous dance likewise appears to advance memory recovery in people with dementia (Ravelin et al, 2006). May (2018) found out that in Tumbuka healing, dancing with drums and music is the way to diagnose and determine the treatment for the disease. Dance has a prominent role in Tumbuka healing and various rhythmic patterns that are associated with certain spirits are danced one after another in "heating" the spirit or healing ceremonies. In Temiar society, songs that are received from spirit guides during dreams are the primary source of musical composition (Roseman, 1991).

2.7. Benefits of Indigenous games for promotion and wellbeing of the aged people

Indigenous games assume a critical part of the health and wellbeing of the aged people. They permit people to communicate their thoughts and to explore different avenues regarding various jobs and exercises (Pufaa, 1999). Qualities like trustworthiness, reasonableness; sharing, graciousness, and empathy are regularly required and haggled through game principles (Calhoun, 1987 Pufaa, 1999). As verified by Terr (1999), play can be used as a method by which people can examine and discover an exit from circumstances where they give off an impression of being "trapped" as a

result of fears got from past injuries. Marano (1999) has additionally contended that in any event, for mentally light people this test nature of play furnishes people with help from pressure and a method through which they can get revived, hopeful and inventive.

In a study conducted by Masiela (1973) individuals who endure leg agonies can utilize the game to diminish the torments. Playing a game fills in as a method for assuaging pressure, getting the body fit, and being impervious to disease. At the point when an individual is pushed, playing a game getshelpful. The more individuals play the games, the less pressure they will get. Members in indigenous games decline stoutness and turn away cardiovascular infections, diabetes, and some threatening development. Since the games incorporate developments, for instance running, hunkering, and jumping, these exuberant proactive tasks according to Wanderi (2011) improve cardiovascular and Musculoskeletal quality which previously, were major essentials for close-by heroes.

2.8. Benefits of Indigenous Spirituality on health and wellbeing of the aged people

African spirituality is connected to an integral and holistic understanding of life (Kretzchmar,1996). The enchanted substance is to individuals, like nature is to greenery, yet the association that rises above time and unmistakable material (Kahakwa, 2004). For instance, Akans also believe in the spirit of mother earth which is referred to as *assase yaa*. The belief is that the spirit of mother earth supports life.

Spirituality has been recognized as a potential well-being asset that permits us to adapt to sickness and trouble (Koenig, McCullough & Larson, 200; Larson and Larson, 2003). Spiritual beliefs and practices frequently assume a focal part in assisting aged people with exploring life challenges (Barusch, 1999; Cabassa, 2007, Lawrence et al., 2006). African indigenous or native spirituality is the native spirituality of Africans that has been imparted down from one generationto the next by the progenitors of the current age of Africans (Gumo et al, 2012, referred to in Ohajunwa, 2019). For the indigenous people, spirituality is not only a part of life, yet in addition, the paste that undergirds the experience of life. For them, it is an all-encompassing structure (Chilisa 2012).

Findings have related spirituality with wellbeing and health (Koenig, McCullough & Larson, 2003). Maelene (referred to in Mji, 2012) expressed that Africans accept that each absence of health has a spiritual reason referring to that Africans regularly ask "why?" and "who?", when somebody is debilitated spiritually and is viewed as inseparably connected to wellbeing and health (Pinkoane, et al, 2005). Spirituality has all the earmarks of being a safeguard against mental problems (Cohen and Koeing, 2004). Many investigations have shown that spirituality has a positive relationship with life fulfillment, satisfaction, and higher assurance. As a rule, spirituality and religion have a positive relationship with well-being.

2.9. Benefits of African vital cosmic force for indigenous health and wellbeing of the aged people

An individual's well-being relies upon keeping up an agreeable connection between him and every one of the powers of the universe that encompass him. The belief is that as long as the essential life power radiating from the Supreme Being is streaming throughout the universe and to equivalent extents, there is custom harmony, completeness, and health (Amenowode. 2002). Most African cultures see the supreme God as one in being, while every aspect of creation reflects the presence of cosmic opposites. In the African idea, vital power discovers its demeanor in the interrelatedness of the heavenly, the ancestors (Nkemnkia, 1999), the living, and nature. This is exemplified in the custom existence of the African life cycle. Every single living being - including God, spirits, and ancestors - shares in the crucial power. The 'indispensable power' then is an essential worth in African idea and all things, vivify and lifeless, are grounded in it. For instance, in Xhosa culture, having the crucial power of Amandla is fundamental for well-being and includes physical wellbeing, a flourishing family, and sound domesticated animals. To have great health one should have impilo (completion of life) and be in offset with the vast essential power (Jansen, 1973).

Venter (2004) contended that for one to be viewed as human one necessity is to have center components known as *umzimba* (body, structure, tissue); *umoya* (breath, air, life); *umphefumelo* (shadow, soul, soul); *amandla* (essentialness, strength, energy); *inhliziyo* (heart, focal point of feelings); *umqondo* (head, mind, keenness); *ulwimi* (language, speaking); Ubuntu (altruism).

Another model, *Seriti* is an interfacing power that draws in what is acceptable, and repulses what is terrible. One with *seriti* is adoring and caring. *Seriti* is an essential power that makes one see oneself as far as and through others. *Seriti* makes the people aware of himself, as far as I am because we are and since we are, consequently I am (Mbiti, 1970).

2.10. Philosophical underpinnings of the study

2.10.1 African indigenous ontology

Customarily, Africans hold that to encounter great well-being, thriving, and achievement in life one should be subordinate to and revere the genealogical spirits. Consequently, affliction infers an irregularity between the powerful and the human world that is upsetting the normal typical progression of life (Mbiti, 1975). Spirituality, a revile is one of the components of disorders experienced and considered among Africans as a spell that causes disappointments throughout everyday life, for example being jobless and unmarried (Mbiti, 1969).

2.10.2. African indigenous epistemology

There are numerous approaches to recognizing, analyzing, and comprehending the illnesses influencing aged people locally. Initially, aged people depend on their indigenous knowledge to meet their health services needs in this manner their first inclination is the utilization of their nearby customary healers. At the point when an aged person needs to know the sicknesses, they go to the traditional healers and they will do divination for them. Soothsayers base their insight on correspondence with spiritual powers, like precursors, spirits, and divinities (Olupong, 2004). Also, the aged people have methods of thinking about their sicknesses through conversing with others about how they feel and what they experience and sharing knowledge among them.

2.10.3. African Indigenous language

The language that was used in this study is Setswana because it is the most spoken and indigenous language of the chosen communities. The aged people usually relate better to the language they know and understand, and the indigenous games, music, and dances under study are part of their culture

and played using the indigenous language that is Setswana. The aged can easily open up, enjoy and learn more from indigenous games, music, and dance.

Language is very vital in indigenous games, music, and dance because as aged people participate in them they develop confidence, self-esteem, motivation, and a sense of appreciation for their culture. The language along these lines assumes a key part, not just in the comprehension of health as imparted yet in addition, how it is perceived and made the importance of human experiences and in conversational association with others (Berger and Luckmann, 1996, Tornstam, 2011).

The Setswana language for this study is of high importance because language cannot be separated from culture, it is through language people can identify themselves and share vital knowledge. The study interview questions will be in a language that aged people relate to, which is Setswana. This will be done to avoid misinterpretations or confusion occurring during the knowledge exchange between the researcher and participants. Moreover, the use of the local language is for participants to be able to know what is expected of them and be free, and confident to express themselves and share their valuable knowledge.

2.10.4. African Indigenous Cosmology

African traditionalists accept that there is just a single incomparable God (Mbiti, 1986). Disregarding their view about God, they additionally have confidence in hereditary spirits, with the conviction that they are interlaced and are in a consistent relationship with living creatures. These spirits request love and are said to have extraordinary forces with which they rebuff or prize their admirers (Sarpong, 2002).

Healing turns into a basic strict practice since African cosmology requests that life on the planet should be kept liberated from issues-particularly weakness and obstructions that may upset the satisfaction of wanted objectives. From the indigenous African perspective, wellbeing and healing are associated simply. Similarly, they are with the crucial topic of life. Spices were the primary drugs utilized by pre notable men.

2.10.5. African Indigenous Teleology

The teleological explanation of indigenous games can help the aged deal with diseases is that indigenous games are designed to allow people to participate in them physically, mentally, and socially. For example, an indigenous game such as *diketo* requires participants to use their body parts such as hands, move their heads and also use their mental abilities which aid in better health.

2.10.6. African Indigenous Axiology

Axiology is about ethics, standards of good, and terrible direct. Everybody has an option to get to great well-being. Everybody has a privilege to be treated with difference thus the aged people when visiting the healthcare care offices. Moreover, as the aged people, they should be given the best healthcare services and be shown that they are important. The aged people are watchmen and mainstay of families and communities.

2.11. Summary

This chapter has discussed previous studies related to health and the well-being of the aged people and health challenges that aged people are more commonly to encounter in their old age. The study further explained how indigenous games, music, and dance improve the holistic healthcare of the aged people and how they enhance their health and wellbeing for the better. The study highlighted theories related to the phenomenon and mentioned why such theories were utilized.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

Research methodology is a technique to scientifically clarify the examination issue. It very well might be portrayed as a study of examination of how exploration is done efficiently (Kothari, 2004). Moreover, Keeves (1997) states that methodology is the broad term used to allude to the study's plan, strategies, approaches, and methodology utilized in an investigation that is all around intended to discover something.

In this chapter, the researcher has described the research method used for the study. The chapter has included the study design, the research setting, the study sample, and data collection methods. then followed by an outline of the validation of the instrument and the data analysis. A statement of the ethical considerations was also presented.

3.2. The Researcher Positionality

Positionality indicates the position that the research has chosen to consider (Savin –Baden & Major, 2013). Similarly, the term positionality states that together, the two represent an individual's worldview and the position they sustain close to the study of the task and its sociable and governmental scene (Foote & Bartell, 2011; Savin-Baden & Major, 2013 & Rowe, 2014).

The researcher undertook this study because of the interest in the health and well-being of the aged people and most importantly how indigenous games, music, and dance help to reduce the burden of diseases that affect the aged people. The interest in indigenous games was first sparked during undergraduate studies whereby the researcher did her mini-dissertation entitled:

“Experiences of teachers in the integration of ethnomathematics into mathematics teaching and learning for foundation phase learners with intellectual disabilities at Bophelong special school”.

Moreover, although the researcher had extensive knowledge about the importance of indigenous games in education, the researcher was particularly astonished about the benefits of indigenous games, music, and dance on the health and wellbeing of the aged people.

Moreover, the researcher's personal experiences have also played an important role in the conception of this study. The researcher is a young Motswana woman, born and bred in Khunwana village and most of her life seen many aged people die from multiple chronic diseases, not active, aging faster, and most importantly not realizing that indigenous knowledge practices are still valuable even today. As a result, only a few aged people in Khunwana and Sione villages still maintain their cultural practices such as playing indigenous games and singing and dancing to their indigenous dance and music while most are affected by misconceptions that indigenous games are for children.

The researcher is keen on conducting this study because of the realization that more aged people die, thus, indigenous knowledge is facing extinction and younger generations are becoming more interested in Western life. This study will enlighten more aged people in various areas about the importance of indigenous games, music, and dance in promoting health and wellbeing since many people still believe that only indigenous medicinal medicines can help them in meeting their health needs. The researcher is keen on documenting the benefits of indigenous games, music, and dance, safeguarding indigenous knowledge for future generations, and reducing the burden on healthcare services by disseminating the findings of this study.

3.3. Research Paradigm

Lincoln (2000) describes paradigms as human constructs, which handle the fundamentals or ultimate place research workers create impositions to build intention embedded in information. Furthermore, a research paradigm innately indicates the research worker's beliefs about the person's environment that s/he uses and wants to study (Lather, 1986). Mackenzie and Knipe (2006) observe that the term paradigm is used to describe a research worker's beliefs about life. This study used the indigenous paradigm.

3.4. Relational Ontology and Ubuntu

The researcher used a relevant connection ontology and Ubuntu philosophy for this study. Ontology addresses the question of existence. Common in some indigenous paradigms exists the relevant connection to ontology. The theory is relevant connection to ontology exists within the facts of existence that are examined and can be implicit about the links human beings bear with the living and the non-living (Kovach & Willson, 2008). Moreover, Hoffman (2013) also states that in indigenous ontologies, the universe exists in individual reality which is collected to be divided into a blend of secular and pure measures.

In addition, among the people of South Africa the type of existing adage *nthu nthu ne bantu* (I exist cause we are), is in contrast to the singular person approach of “ I think as a result I happen” (Goduka, 2000). This way of thinking is incorporated into the philosophy of ‘botho’ or Ubuntu (the human race), which is the very essence of human existence. Moreover, Ubuntu may be explained in speech as the capacity in African cultures to express compassion, connectedness, nobility, humanity, and area of understanding the interests of constructed and managing society accompanying justice and shared regard highly (Khoza, 2006; Luhabe, 2002; Mandela, 2006).

Furthermore, Tutu (1999) Ubuntu means I am human as a result I choose to be part of, I participate, I share. One accompanying Ubuntu exists is open and is available to others, declaring the truth of something to others. Moreover, act not feel endangered that others of something are having a proven capacity and adapted he/she belongs to a better whole and is lessened when others have humiliated or belittled. In addition, when others are upset or hurt severely and subjugated or tormented as if they were inferior to them.

Ubuntu is prescribed to be desirable and (altogether) generally agreed upon forms of human conduct, and this pertains to how they should be connected (Letseka, 2013). Moreover, Mbiti (1969) illustrated the concept of Ubuntu well by asserting that different human beings do appreciate the individual and welcome their being, welcome their burden, welcome privileges and

maturity towards himself and different people. Whatever happens to the individual happens to the group, and whatever happens to all groups, happens to the individual. The Ubuntu philosophy trusts unity, which is important to the survival of African society.

Therefore, according to relational ontology, what distinguishes the Batswana from indigenous games, dance, and music in their environment is a mutual relation, which in the context of this study could be interpreted to mean the environment (where games and dances take place) in Khunwana and Sione that takes care of Batswana. Moreover, as much as the Batswana take care of the environment. Meaning deterioration in the way people of Khunwana and Sione take care of the environment could lead to a decline in health and wellbeing. As a result of the extinction of indigenous games, dance, and music in the environment.

3.5. African Epistemologies and Relational Epistemology

Epistemology is ‘a habit of understanding and explaining in what way or manner we are familiar with what we understand information’, (Crotty, 2003:3). Epistemology is constructed as the study of belief about the type and extent or range of information, the evaluation of the presuppositions and support of information; and the close examination of knowledge claims (Kaphagawai & Malherbe, 2000). Moreover, epistemologies are acquainted by the friendly histories of the groups, and because of that various groups bear their epistemology but over occasion, individual epistemology “Euro-western ” has become paramount (Chilisa, 2012; Hart, 2010; Rigney, 2001).

Moreover, Willson (2001) states that indigenous epistemology admits that there is more than one fact of existence and understanding of the friendly world. Within African epistemologies exists a different African habit of perceiving and reacting to the person's environment. Indigenous African epistemology visualizes male humans and type as one continuation. Moreover, male humans and type happen not as two separate independent and at variance facts of existence but as an individual inseparable continuation of a hierarchy order (Ruch & Anyamu, 1984).

In addition, humans and nature are complicated in such a way that we (homo sapiens) cannot understand the information from the object (type) if neutral (Ajei, 2007:191). In addition, knowledge comes from the cooperation of all human convenience and happening of what (a man) sees, feels, imagines, reasons or thinks, and intuitively all at the same time (Ruch and Anyamu, 1984)

This study is underpinned by African epistemology. Furthermore, the context is the indigenous knowledge embedded in indigenous games, dance, and music which are local, unique and cultural to the Batswana people, as well as the environment, beliefs, customs, and other traditional practices that influence it. Harris (1996) insists that indigenous knowledge is verbally communicated or sent through imitation and display of belief in the cause by taking public action. Moreover, Sillitoe (2000) supported this by asserting that indigenous knowledge exists in education through knowledge and repetitive practices. Therefore, for this study, the knowledge of playing indigenous games as well as singing and dancing to indigenous music is transmitted orally, through imitation, demonstration, repetition, and experiences, also through which the younger generation will be learning from aged people and forebearers of the same knowledge.

3.6. Importance of Local Language in an Indigenous Research

Language is vital to community affairs as well as to community health. Language imparts thoughts, conviction, and information, thereby improving communal support, and interpersonal and communal identity (Chadler & Lalonde, 1998). Moreover, without language, the intergenerational passing on of principles and belief systems would be limited, affecting the wellness of our future generations (Indigenous Language Institute, 2002). The home language is a basic means of attaining the end for the appearance of what society benefits, knows, and dreams to reach a goal. Recognizing and containing the home language of a person who takes part in the study improves societal involvement and work toward the participatory research results of set communities at the center of the information invention process, to move human beings and their lived occurrence from the border of epistemology to the center (Hall, 1992)

In language exists a crucial place where one feels comfortable of racial identity (Taylor and others, 1973). Long time ago many Torres Strait Islander people were prevented or even forbidden from expressing their indigenous language (Walsh, 1993). As a result, there exist a significant

severe mental or physical pain sense by many indigenous people about this misplaced or loss of languages (OCHRE, 2013 & Walsh, 2010). Consequently, the loss of indigenous language is the loss of entirety, the deficit of intellectual sovereignty, the misfortune of piety, the hell, the loss of educational independence, it is the loss of well-being, and the deficit of insane health (Zuckermann, 2013).

The use of indigenous language in this study is Setswana a language that participants have lived with for many years and has been used for transmission of indigenous knowledge systems. Moreover, the participants were able to answer research questions because the language used was local, and familiar and they were comfortable taking part in the study, as they were free to express themselves in their local language. Furthermore, research implies that for contact with a person who takes part in the study using indigenous language for communication, there exists an acknowledgment of local culture and protocols that specify room for authentic partnership and the creation of genuine data (Khupe, 2014; Louis, 2007).

The use of indigenous language in indigenous research is to prevent falsehood of information in visible form, a participant's conversation may be transformed either a piece addition or something forgotten or excluded of a phrase in the interpreted text and this counts as misrepresentations that happen. This is also a breach of the person's trust who takes part in the activity rights to the accurate likeness (Khupe, 2014; Wong & Poon, 2010).

3.7. Ethics in Indigenous Studies (Axiology)

Ethical concerns are fundamental and an absolute priority in studies involving human beings (Bell, 2005; Denzin & Lincoln, 2005; Guba & Lincoln, 2005; Flick, 2006; Creswell, 2007; Kvale & Brinkmann, 2009; Wert et al, 2011). Moreover, indigenous ethical concerns contain the four Rs of indicating relevant connection accountability, mannerly likeness, relevant reciprocal, and rights, and rule.

Creswell (2003) states that the researcher bears the responsibility to respect the rights, needs, principles and desires of the participants. Therefore, cultural rules of conduct and taboos must be followed when meeting an indigenous society, because the lack of success in doing so can limit

researcher's interplay accompanying the aboriginal person who takes part in activity and cause mistrust and fights (Holmes et al, 2002).

Wilson (2001) outlines Atkinson's description of complete law in indigenous research are respect and safety, which are clear in this study by which the research worker asked permission from the person before taking part in the study, thoughtfully listening to a person taking part in the study all the while interviews were going on and also join meet in place person who takes part in activity felt protected. The second standard is non-obtrusive research, which in this study was done by the research worker.

The third principle is respect for individuals and community, in this study participants were given the utmost respect individually and as a community. The researcher greeted them with respect and allowed them to feel free by respecting their concerns and issues, and the researcher allowed the participants to use their local language as a way to respect and acknowledge that they have their language. Forth principle is reflective non-judgment where the researcher did not judge participants based on the knowledge shared, types of indigenous games, dance, and music. For instance, some male participants used an indigenous game known as *Kgati* as a way of promoting health and wellbeing, a researcher did not judge the participant based on that fifth principle, honor what is shared, in this study the researcher appreciated the knowledge given and was thankful to each participant for being interested, free and comfortable in sharing their unique knowledge.

The first step that the researcher did before conducting the study in the respective places was to obtain ethical clearance from the Faculty Research Committee at North West University which has a summary of the research background, introduction, research problems and details of how the researcher plans to avoid ethical misconduct.

The researcher had an introductory letter that had the details of the study such as aims, objectives, title and details of the researcher. The introductory letter (appendix A) was presented to the tribal office as a way of seeking permission from the chief in order to conduct the study in the village of Khunwana and Sione village. Moreover, the chief welcomed the researcher by presenting the permission letter (appendix C) to the villages.

The researcher explained the study aims, objectives, and purpose to the participants before they decided if they want to take part in the study or not and they were given consent forms (Appendix D) that were written in their language to understand their role in the research journey and that they can withdraw anytime they wanted. The researcher honored the wishes of the research by not showing up at their doorsteps but having proper appointments with them and also respecting the importance of local languages in indigenous research

3.8. Validity and Trustworthiness

Patton (2001) states that validity and dependability are two determinant factors which any concerning qualities not quantities researchers endure while creating a study, examining and determining results and judging the nature of the study. Trustworthiness of qualitative research may be used to in a firm position by utilizing the four plans of action; credibility, transferability, stability and confirmability (Guba & Lincoln, 1998; Krefting, 1991; Creswell, 1998).

- **Credibility**

Credibility refers to the standard at which point the research shows the message of the research person who takes part in activity or the financial truth (Lincoln and Guba, 1985). To guarantee believe ableness, the research worker and the free questioner has conclusively provided an understanding between people and bear far-reaching talk with another accompanying the participants. This kind of research design and information in visible form exist in addition to increase the believe ableness of the study (Lincoln & Guba, 2005).

- **Transferability**

Transferability refers to the degree to which the phenomenon or findings described in one study are applicable or useful to the theory, practice, and future research (Lincoln and Guba, 1985). Transferability was reached by using dense description of data and research methods in the research report and addition of verbatim quotes from participants to ensure precise description of the data (Polit & Beck, 2012).

- **Dependability**

Dependability refers to the thickness and trustworthiness of the research judgment and the point to which the research process happens to record, admit dignitary outside the research to act under audit and assess the research process (Sandelowski, 1986; Polit et al, 2006; Streubert, 2007). Dependability was achieved by providing a vast array of the research methods, discussing them with supervisors as the masters of qualities not quantities during the whole of the study, in addition, the use of a free coder for consensus talk with another ahead of the written composition and substitute-written composition fated in near future recognize.

- **Confirmability**

Confirmability refers to the degree at which point the verdict of an existing element functions alone under the authority of another (respondents) and the environment of the asking and not of the biases, inspiration, interests, and outlook thus of the questioner (Lincoln & Guba, 1981). Confirmability had a goal to reach by providing an audit trail as evidence of the research process (Polit & Beck, 2012). As such, a liberated coder was requested to validate the precision or correctness of the collected and analyzed information in visible form.

3.9. Indigenous Research Methodologies

Evans et al (2014) a fundamental purpose of indigenous research methodologies identifies them from the Western methodologies of a person's information production by assisting the progress indigenous human beings to develop knowledge and talk of themselves about some and all places where one feels comfortable of the planet they inhabit. Moreover, Latulippe (2013) states that indigenous research methods are whole, practical, and have a connection with a place and person. Therefore, indigenous methodologies are used in this study; because cultural knowledge of indigenous games, dance, and music is holistic and related to a person, and place the knowledge is experiential in the sense that people have to take part in them, to understand them more. The more you take part, the more experience you accumulate.

In addition, Dawson and others (2017) state that indigenous research methods demand that all elements in the process embody the principles of the indigenous group involved. Researchers need

to talk over with another society part of a group and collaborations to decide arrangements and foundation that prioritize indigenous habits of knowing during the whole of all stages of the project (Drawson and others, 2017). Indigenous methods are those that permit and authorize indigenous research workers to be the ones they are while they are energetically operating as a person who takes part in a study in the research processes (Weber-Pillmax, 2001). Moreover, indigenous methods indicate talking about relevant connection responsibility meaning that the research brings to completion, fulfilling welcoming his/her relationship accompanying the planet around him/her (Willson,2002).

Many indigenous people who are very involved in education and learning means discomfort about having to shoehorn their approaches into situated or toward the west classification (Kovach, 2010; Tuck & Yang, 2012; Willllson, 2008). As a result, indigenous researchers have doubted the reason for Euro-western research approaches and have asked for a decolonization research process (Chilisa, 2012).

Moreover, decolonization may be manifested by the promotion role of the indigenous habit experienced in research and education, contending for it to be superior to the Euro-western approaches. (Held, 2010). In addition, African growth can only be accomplished through African beliefs about life (Chivaura, 2006).

3.10. Conceptual Framework

A conceptual framework is a structure that the researcher trusts may best explain the normal progress of the rare occurrence to be intentional (Camp, 2001). Moreover, it is the research worker's explanation of in what way or manner the research question is hopefully explored. The conceptual framework presents an integrated habit of looking at aquestion under study (Liehr & Smith, 1999).

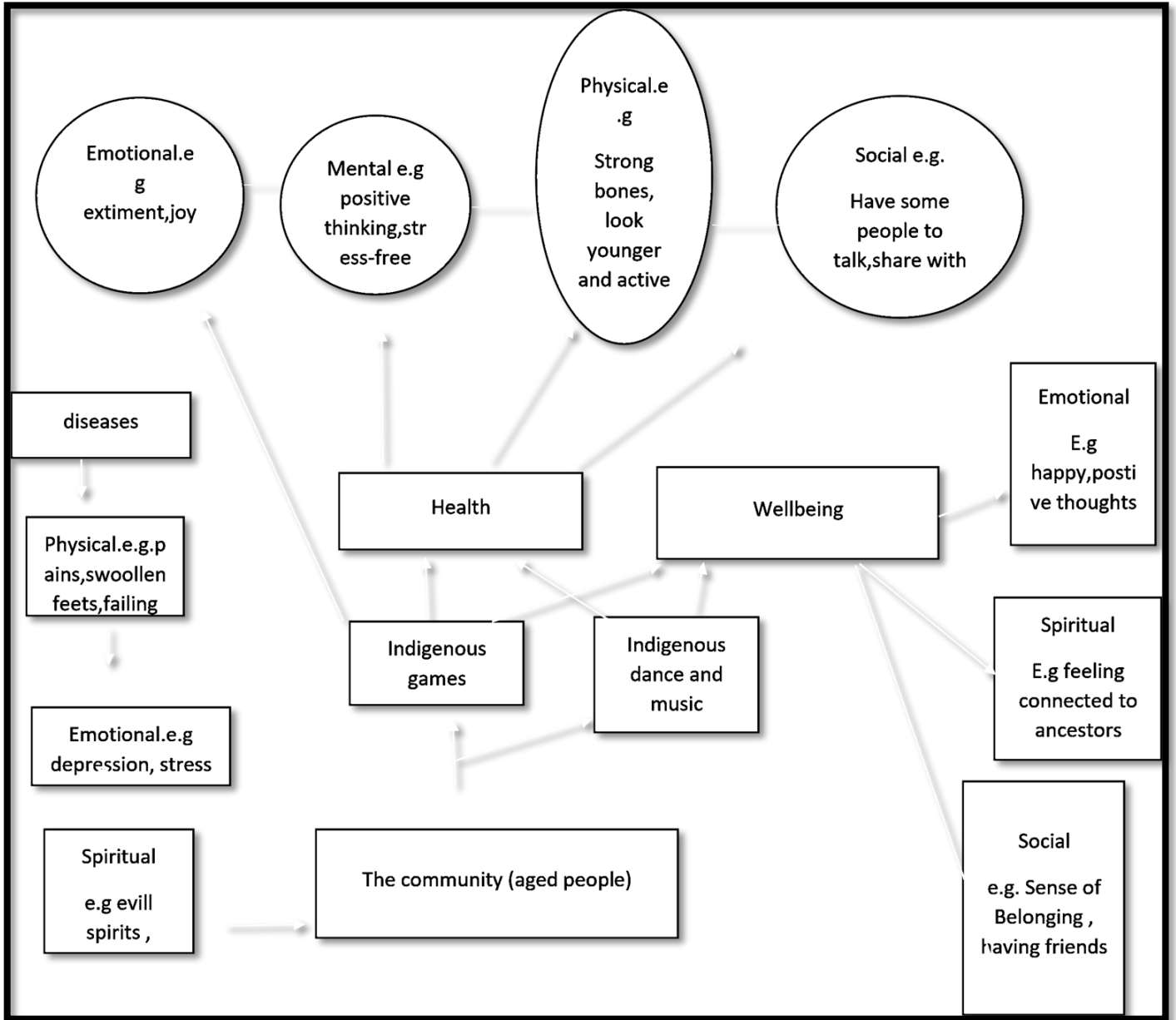


Figure 3.1: The conceptual framework of the study

The aged people are suffering from various mental, social, emotional, and physical ailments in their old age. The aged people use their indigenous games and indigenous dance and music to promote their health and wellbeing. The use of indigenous games and indigenous dance and music provides holistic health in the sense that their emotional, spiritual, mental, social, and physical health and well-being get better. It can be said that the use of indigenous games, dance, and music does not focus on a specific part such as focusing on the wounds, it heals a human being holistic.

3.11. Theoretical Framework

The theoretical framework is the plan or guide for research (Grant & Osanloo, 2014). Moreover, the hypothetical framework is the particular hypothesis or belief about an element to consider in a human endeavor that may be beneficial to the study (Brondizo and others, 2004). In addition, a theoretical framework inclusive of theoretical standards builds ideas and a person who leases a place of belief (Grant & Osanloo, 2014). Given the definition of the theoretical framework, the study was based on the following theories.

3.11.1. Self-Determination Theory

Self-Determination Theory (SDT) is a theory of inspiration. SDT is full-scale speculation of human inspiration. During the 1980s, SDT was authoritatively introduced as construction for influential assessments (Deci and Ryan, 1985). In addition, Deci and Ryan (2008) express that inspiration is what moves individuals to think, act and make. Deci and Ryan are fixated on natural inspiration and the conditions and methodology that update techniques, increase activeness, and energize growth. Brain science and Education at the Australian Catholic University in Sydney, Australia. Deci and Ryan (1985) express that three imperative mental requirements should be accessible in the individual to support self-inspiration.

Capability: People need to get authority over tasks and learn different capacities. As shown by Deci and Ryan (1985), a supposition of fitness begins from progression encounters and by and large, certain inclinations around an action. Another need concerns human accomplishments, learning, and limits; individuals need to produce/their capacity and make masters over tries that are fundamental to them. Aged people secure information on dominating various abilities through native games, moves, and music.

Relatedness (furthermore called Connection): people need a sensation of having a place and connectedness with others (Deci and Ryan, 2008). For this investigation, aged people acquire the sensation of having a place through collaboration in indigenous games and they feel related to each other since indigenous games incorporate more than one person.

Self-rule: People need to feel in charge of their practices and objectives. Deci and Ryan (2000) propose that when individuals experience these three things, they become self-decided. Right, when an individual is given an inclination of choice, an assertion of feelings, or an open entryway for self-course, estimations of normal satisfaction are updated (Rigby, Deci, Patrick, and Ryan, 1992; Ryan and Deci, 2000).

At the point when an aged person feels they are in power, and control of their practices, they can without much of a stretch partake in indigenous games, exercise, and deal with what their well-being needs. These three components likewise empowered individuals to be inherently spurred to seek after the things that interest them. This hypothesis was applicable for this investigation since individuals master or get various abilities through the cooperation of indigenous games. The hypothesis was applicable for the investigation since individuals need to feel in charge of their lives, choices, and wellbeing. As individuals feel they are in control, they feel propelled and begin putting their time into practicing indigenous games, dance, and music and this improves their wellbeing.

3.11.2. The PERMA Model: Wellbeing Theory

The PERMA Model is a well-being theory created by sure therapist Marin Seligman in 2011. The PERMA model distinguishes five fundamental components of well-being, Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment (henceforth PERMA™) - and there are procedures to build each one. As per the PERMA model, the five columns together draw out outcomes in individuals encountering positive wellbeing and creating more noteworthy flexibility to life's difficulties. Examination demonstrates that individuals need strong, positive connections and social interactions to have a place with support prosperity (Diener and Seligman, 2004).

Positive feelings possibly increase the number of conduct choices when feelings are considered as contributing straightforwardly to 'fleeting idea activity collections' (Fredrickson, 2001). This means that when a person can learn, explore and integrate positive emotions into daily life it improves habitual thinking and wellbeing. Additionally, Berscheid (2003) featured the centrality

of social connections to effective human working when she stated that the connections comprise the absolute most significant factor liable for the endurance of homo sapiens. In addition, companionship has been found to have one of the greatest positive relationships with self-appraised happiness (Campbell, Converse, and Rogers, 1976).

Having importance in life adds to better health and wellbeing. As of late, there is some proof that the individuals who discover importance in life might be better ready to adapt to clinical difficulties. People living with spinal string injury can be an example. It means in life they were connected with higher mental health (DeRoos-Cassini et al., 2009). Taking part in exercises that bring satisfaction or positive sentiment just as achieving objectives in life advances better wellbeing and health. This theory was applicable for this examination because through a commitment to indigenous games, music, and dance they carry importance to individuals while advancing positive feelings and connections and achieving objectives.

3.11.3. Theory of Planned Behaviour

The social intellectual theory shows the connection between culture and practices. It accepts that a person's disposition towards the results of conduct is a significant factor for taking part around there (Kosma, 2012). The TPB is by all accounts a noticeable hypothesis for the foresight of wellbeing-related practices (Armitage and Conner, 2001; Conner and Sparks, 2005; Plotnikoff et al., 2008), like smoking (Higgins and Conner, 2003) abstaining from excessive food intake (Nejad et al., 2005) and work out (Hauseblas et al., 1997; Downs and Hauseblas, 2005; Rhodes et al., 2006). The hypothesis of arranged conduct puts an underscore on the aspect, abstract standards, and perceived conduct control, accumulate, these builds are illustrative of an individual's absolute inspiration for playing out the conduct (Kwan and Bryan, 2010).

The TPB gives a hypothetical system to depict these three components of expectation (Ajzen and Madden, 1986; Dean et al., 2007; Gretebeck et al., 2007). These developments are successful in the person's inspiration to participate in the study (Kwan and Bryan, 2010). Momentarily, with more uplifting views and abstract standards, and better-saw conduct control, the aim to draw in the behavior will be all the more remarkable (Lin et al., 2012). This theory was applicable for this investigation since when the aged have great disposition (conduct convictions) like great social connections, and their esteemed individuals impact them to practice they will; or occasionally, if

a lady accepts that her companion needs her to work out, her abstract standard for the activity will be expanded (Ajzen, 1991; Conn et al., 2003 Antikainen et al., 2010). Moreover, as the aged people experience health challenges, they resemble music to the advice of their notable individuals and exercise. The aged people's normal detailed control beliefs have been medical conditioned, care for other people, torment, cost, and deficiency of energy, time, or inspiration (Courneya, 1995; Eyler et al., 1998 Conn et al., 2003).

3.12. The geographical location of the Study Area

The study was conducted at Khunwana and Sione village in the North-West Province, Tswaing local municipality. Sione village is situated in Ditsobotla, North-West, South Africa, its geographical coordinates are 26° 21' 0" South, 25° 25' 0" East, and its original name (with diacritics) is Thaba-Sione with the population of 356. Khunwana village with a population of 7651 the place is also situated in Ditsobotla, North-West, South Africa, its geographical coordinates are 26° 22' 0" South, 25° 20' 0" East and its original name (with diacritics) is Khunwana.


Delareyville is a maize and peanut farming town situated in the North-West Province of South Africa. The town is 96 km south-west of Lichtenburg, 82 km north-east of Vryburg, 114 km north-west of Wolmaranstad, and 61 km north of Schweizer-Reneke. Khunwana village is situated 45,9 km away while Sione village is situated 46,7 km from Delareyville town.

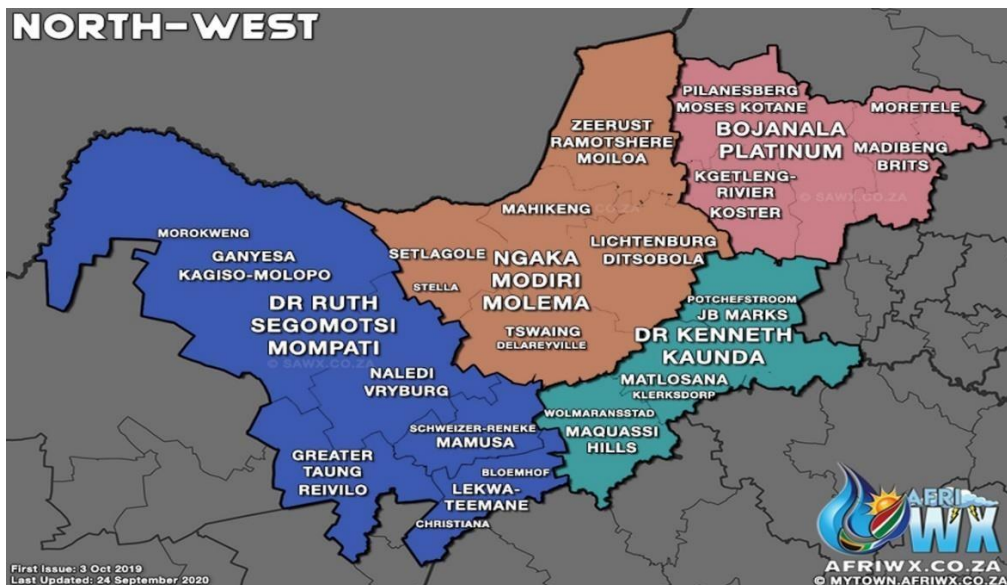
Khunwana and Sione villages were selected for the study because these two areas lack access to healthcare facilities and both these areas have more numbers of elderly people than youth. In addition, the areas were selected because they were the nearest and easiest for the researcher to attend to during data collection and the researcher was familiar with the areas.



www.googlemap/06April/2021


Figure 3.2: Map of South Africa showing the province where the study took place.

Key:  the shaded area represents the province where the study took place



www.googlemap/06April/2021

Figure 3.3: Map of North-West province showing the district where the study has taken place and places of the study.

Key:  the shaded area shows the district where the study took place

3.13. Historical origins of the Batswana (Barolong)

The Barolong tribes are found across the regions covering Botswana (Bechuanaland) through to Transvaal, NorthernCape, and Free State. Barolong is a tribe of Tswana people from Botswana and South Africa. Their king, Tauwas a descendent of king Morolong who is the founder of the Barolong tribe. He reigned around 1240 and adopted Tholo (the kudu) as the Barolong totem. King Tau was a warrior king who reigned around 1660. Hefound battles and consolidated the Barolong tribe to become a very strong kingdom. The prominent four sonsare Ratlou, Tshidi, Seleka and Rapulane.

After the death of King Tau in Taung, which Taung is named after, the Barolong left Taung under Nthua, the younger brother of Tau. They settled in Dithakwaneng, and later Dithakong whereNthua died and was buried. Ratlou and the tribe left Dithakong for Mamusa and later settled in their former capital, Setlagole. This is the place where the Kingship of Barolong disintegrated into several clans, after Tau's sons. This was after the death of Ratlou.

Ratlou had four sons Mariba, Seitshiro, Mokalake and Moirwagale. Two of these sons fought for the throne with Mokalake, supporting Mariba and while Moirwagale supported Seitshiro. Moirwagale became the regent for Seitshiro while Mokalake became one of Mariba. Finally, Barolong disintegrated into four clans and later five, their final settlements are as follows: Ratlou; Mariba (Ganyesa); Seitshiro (Khuwana); Tshidi and Makgetla- Mafikeng; Seleka- Thaba-Nchu, Rapulane-bodibe. Seitshiro, Moswewa, Matlokoe, Gontse, and Moswete ruled the Seitshiro clan, in that order. Although the majority are the Barolong, there are tribes such as the Basotho, Zulus, AmaNdebele, and Xhosa in Khunwana village (www.google.com).

3.14. Culture of the Batswana

Ezedike (2009) describes African cultures as the total communal attitudinal affection and capabilities, creativity, opinion, moral codes, and practices that distinguish Africans. Moreover, it insists that the individual gives in the possibility to be associated with, groups, communities, and previous generations (Anyawu, 1983). Among Batswana messages of kindness are an accepted creator and an elemental part of courtesy embedded in Setswana civilization.

Batswana bear this proverbial saying “*motho a ka se iphetse*” which means a person does his/her things alone without a need for others. This proverb emphasizes that Batswana people believe in communalism, they work together, and they do need each other one way or the other. Therefore, it is important to attend communal activities and have good relationships with others.

Batswana are cultural-oriented human beings, they still live following the manner their ancestors lived even though globalization eroded some of their indigenous practices. For instance, they still consider initiation schools very important for future generations, traditional weddings are still being practiced as well as indigenous weaving of baskets, brooms, dishes, mats, decorative artifacts, and shoes made by aged people. Moreover, the preservation of these indigenous activities is no longer to safeguard indigenous knowledge, survival, and teaching of young generations but they can now generate money and employment for each other.

Healing among Batswana still relies on the help of indigenous traditional healers and the use of traditional herbs. Their health is maintained by also taking part in indigenous activities such as hunting, farming, doing house chores, and many other activities such as indigenous games, dance, and music that exercise their body, mind, and soul.

3.15. Language of Batswana of Khunwana and Sione villages

Language is a crucial element of ethnic identity (Taylor et al, 1973). In the past, many aboriginal and Torres Strait Islander people were prevented or even prohibited from speaking their language (Walsh, 1993). As a result, there is a significant trauma felt by many indigenous people about this profound loss of languages (OCHRE, 2013 & Walsh, 2010). Consequently, the loss of language is the loss of everything, the loss of intellectual sovereignty, the loss of spirituality, the loss of the soul, the loss of cultural autonomy, it's the loss of well-being, and the loss of mental health (Zuckermann, 2013).

Moreover, from the development of perspectives, individuals and country-level linguistic features should not be ignored for at least two reasons, firstly language is a basic tool for individuals and group interactions that help to solve collective actions and improve cooperation (Smith, 2010). Moreover, Ntuli (2002:53) points out that language as a conveyer of thoughts, philosophies, and ideologies, was exploited to deprive African people of their right to define and express themselves and their sensibilities.

Setswana also known as “Tswana” or more archaically “Chuan” or “Sechuana” is a Bantu language spoken by an estimated 4 million people in South Africa (Bennett et al, 2016). Moreover, Ditsele (2016) posits that Setswana is one of the 11 official languages of South Africa and one of two official languages in Botswana. In addition, Ranamane (2013) concurs that Setswana is mainly spoken in the North-West Province of South Africa, in the northern region of the Northern Cape province as well as the central and southern parts of the Free state province, particularly in Thaba Nchu.

3.16. Summary

This chapter discussed the researcher’s personality in the study, research paradigm, relational ontology, and Ubuntu. Furthermore, it discussed African epistemology and relational epistemology. The importance of local language in indigenous research was also discussed. Moreover, ethics in indigenous research, validity, and trustworthiness, as well as indigenous research methodologies, are well explained. The study areas were discussed as the language, culture, and history of the Batswana people were.

CHAPTER FOUR

FINDINGS AND FIELDWORK

4.1.Introduction

This chapter discusses the findings of the study. This chapter is based on interviewing aged people who have knowledge of indigenous games, music, and dance regarding the promotion of their health and wellbeing. Participants were selected purposively based on their age and experience. Data was collected through interviews and observations. The chapter further provides a detailed insight into how participation in indigenous games, music, and dance improves health and wellbeing. Furthermore, the chapter discusses the findings and provided a conclusion of the study. The following chapter will provide a conclusion of the whole study and further provides recommendations.

Participants	Age	Health problems	Type of indigenous game	Years of experience	Mode of knowing
1	60	Sore feet, laziness	<i>Mmela, Morabaraba</i>	2	Peers
2	73	High blood pressure, sore legs and diabetes	kgati,mmela & morabaraba	18	Forebears
3	63	Sore hands stiffness muscles	<i>mmela</i>	2	peers
4	60	Painful body muscles, osteoporosis, Sore ankle, obesity	<i>Diketo,kgati</i>	3	peers
5	67	Stress, emotional distress,	<i>kgati,diketo ,motabogo</i>	7	Peers and forebears
6	65	Stress, laziness, boredom and sore muscles	<i>Mmela ,motabogo</i>	5	peers

7	66	Backpain, aching ankle	<i>Morabaraba , Mmela</i>	6	Forebears
8	70	Backpain, sore neck	<i>Motabogo,kgati,diketo</i>	10	Forebears
9	67	Sore ankle and feet	<i>Kgati ,diketo and motabogo</i>	13	Peers
10	65	Sore feet	<i>Kgati and diketo</i>	9	Forbears
11	60	Painful ankle	<i>Kgati and diketo</i>	2	Peers forebears
12	60	High blood pressure, stress, sugar level	<i>Mmela morabaraba and</i>	10	Forebears
13	64	Eyesight, back pain	<i>morabaraba</i>	4	Peers
14	70	High blood pressure, depression	<i>diketo</i>	6	Forebears and peers
15	69	Back pains, stress, asthma	<i>Kgati,diketo</i>	3	forebears
16	63	High blood pressure	<i>Kgati</i>	1	Peers
17	67	Diabetes and depression	<i>Morabaraba</i>	2	Peers
18	70	Sore feet, high blood pressure, poor eyesight	<i>Morabaraba and mmela</i>	4	Forbearers & peers
19	62	Muscle pains and knee pain, back pains	<i>Motabogo,mmela,kgati</i>	3	Peers
20	65	Sore feet	<i>Diketo,motabogo</i>	5	Peers

4.1. Description of Participants using Indigenous Games for Health and Wellbeing

Participants	Age	Gender	Health problems	Type of indigenous Music and	Years of experience	Mode of knowing

				Dance		
21	60	Male	Sore legs, cramps	Setapa dance	8	Forebears
22	62	Male	Backpain, sore legs	Setapa, Borankana, Tsutsube	10	Forebears
23	60	Female	Moods, stress	Phatisi	20	peers
24	63	Male	stress	Setapa	5	peers
25	68	Female	Stress, backpain	Setapa	1	peers
26	68	Female	High blood pressure	Setapa	6 months	peers
27	60	Male	Back pain, stress	Setapa	5	Forebears
28	66	Female	Sore feet's	setapa	1 year	Peers
29	69	Female	Ancestral problems /spiritual illnesses	Phatisi	3	Peers and forebears
30	66	Female	Depression, high blood pressure,	Setapa,phatisi	2	Forebears and peers
31	67	Female	Backpain, swollen joints,	Setapa	7	Peers
32	87	Female	Muscle stiffness	Setapa	3	Forebears
33	69	Male	Swollen legs	Borankana	1	Forebears

Table 2: Description of aged people using indigenous dance and music

4.1.2. The Demographic Characteristics of the Aged People Respondents

The aged people interviewed were senior citizens of Khunwana and Sione villages, 60 years and above, with knowledge of indigenous games, music, and dance for health and wellbeing benefits, and Tswana speakers'. The participant's ages range from 60 years and above, consisting of both males and females. Moreover, participants are from two different locations which are Khunwana and Sione, the researcher was able to see how their surroundings impact their participation in indigenous games, dance, and music.

The profile of the participants enabled the researcher to gather important information on how indigenous games, music, and dance promote the health and wellbeing of the aged people in the area. Their experiences provided findings with an insight into how the aged people were likely to understand the holistic impact of participating in an indigenous game, music, or dance. The experiences and age of participants enabled the researcher to understand how aged people value indigenous games, music, and dance and the factors that influence or impact their participation.

4.2. Descriptions

4.2.1. Description of Aged people

Participants stated that they stated that aged people means being old. Moreover, participant 2 asserted that is an old age from their age and above, for instance, *"I am 73 years, so I am an aged adult"*. In addition, Participants 4 and 6 see it as a process from childbirth to reaching the adult stage, and participant 6 stated that being aged is dependent on your years, meaning being 60 years and above. Participant 2 said that aged people are the guardians or protectors of children, further explaining that one needs to have respect in their upbringing to become an aged adult and reach many years.

Moreover, Participant 22 mentioned that aged people are people that are above the age of 50 years and are incapable of doing things for themselves. Moreover, Participants 23 and 27 mentioned that aged people mean *"botsofe"* and *"kgolo"*, which means being old, from the age 60 years and above. Moreover, participant 30 highlighted that aged people are people that are no longer able to do things for themselves. Before aged people were people that were 70 years and above and nowadays aged people are described as people aged 60 and above. Participant 12 mentioned that aged people are old people and above the age of 60 and above.

4.2.2. Description of Indigenous Knowledge Systems

Participant F described indigenous knowledge systems as “*segae*” meaning it is doing things in a cultural, common manner as it is done in a family, community, or tribe. Participants 8 and 2 assert that indigenous knowledge systems are “*ngwaoboswa*”, being able to know yourself, where you come from, your totems, and cultural groups.

Moreover, Participant 2 defined indigenous knowledge systems as traditional knowledge that is being transferred from an older generation to young generations for the preservation of indigenous knowledge. According to Participant 8 indigenous knowledge systems simply means cultural practices of a specific tribe or culture, whereas Participant 6 saw indigenous knowledge systems as a natural education among villages, such as nature.

Moreover, Participant 22 highlighted that indigenous knowledge systems are being able to know about and understand yourself as well as your culture, and where you come from as a Batswana people. Participant 27 highlighted that indigenous knowledge systems a knowledge that you know and understand your culture, knowing your cultural things such as poems, totems, nature, etc. in addition, indigenous knowledge systems is a cultural knowledge (*setso*) of what you know about your culture and how things are done for instance in the past the deceased were buried using animal skin.

4.2.3. Description of Indigenous Games

When it came to naming indigenous games, dance, and music the participants mentioned that they learned indigenous games in their indigenous language which is Setswana, and the knowledge was passed down to them by their forebearers, peers, and family members. The games were named in Setswana which was their home language. For instance, participants mentioned the game *diketo* which means *go keta*, which in English is pebble throwing. Another game mentioned was *motabogo* which is a game that involves lots of running. The name *motabogo* is derived from the word *go tabogo* which means to run. Other games mentioned by participants were *kgati*, *mmela*, and *morabaraba*.

4.2.4. Indigenous Dance and Music

Participants mentioned that indigenous dance and music are rhymes, songs, and dance styles created by Batswana and are local, and indigenous to them. Batswana are known for their famous music and dances from way back. Batswana involve dancing and music in most of their day-to-day ceremonies such as weddings, initiation ceremonies, funerals, and many more. Music plays a crucial role among the Batswana, and they use it to express their emotions, feelings, and anxieties they have. One of the indigenous dances among the Batswana include *setapa* which means *go tapa*, *go tapa* means to step down and this kind of dance is performed during wedding ceremonies and done by stepping on the feet.

4.2.5. Description of Health

Participants described health as a state of not having any health-related problems, the feeling of being well, and with no complaints about the body. Moreover, participants described health as having no injuries in the body, being free, healthy, and feeling happy and spiritually uplifted. Participants described health to be healthy with absence of any disease. Moreover, participants further highlighted that health is being active and healthy. Health is a state of how your health status is at that present time and no pain in the body. Moreover, participants stated that health is having good relationships with others and living in a peaceful environment with no worries.

4.2.6. Description of Wellbeing

Participants highlighted that well-being is to live your life to the fullest without worries or anything in life and being healthy, eating healthy foods and exercising. In addition, participants saw well-being as having a purpose in life and looking after children and passing on indigenous knowledge to younger generations. Moreover, they described it as being well, healthy, and happy in life. Further, understanding well-being as the state of having a healthy body. In addition, well-being means being happy and full of life and well-being is when you live a satisfying life and achieve your dreams and desires. This is illustrated in the table below.

Themes	Sub-themes
--------	------------

Indigenous games used by aged people for health and well-being promotion	<ul style="list-style-type: none"> -Kgati (skipping rope). -Diketo (pebble throwing). -Morabaraba (Board game). -Mmela (Board game). -Motabogo (running/jogging game). -Dibeke (ball throwing game).
Indigenous dance and music by aged people for health and wellbeing.	<ul style="list-style-type: none"> -Setapa dance -Phatisi dance -Borankana dance
Importance of indigenous games, music and dance used by aged people for health and wellbeing promotion	<ul style="list-style-type: none"> -keep busy, look younger -keep out of dangerous activities -positive health outcome -preservation of indigenous knowledge -building relationships and ubuntu
Causes of health problems to aged people	<ul style="list-style-type: none"> -lack of exercise and ill-health -relying only on Western medicine -loneliness and stress -Poor diet
Factors limiting the use of indigenous games, music and dance by aged people	<ul style="list-style-type: none"> -being unwell -family matters -shortage of participants Weather variations -negative energy

Table 3: Findings of the themes and sub-themes of the study.

4.1. Theme: of indigenous games, music and dance used by aged people for health and wellbeing.

4.1.1. Sub-theme: *Kgati* game (Skipping Rope)

Kgati is an indigenous game among the Batswana cultural group, which is played by two people holding a rope while one, or more people jump in the middle. *Kgati* is a game that is played by girls or women in Batswana. This game can be done in groups and individually. Children and women use this game to entertain themselves, compete against each other, exercise, improve children's counting skills, and boost the confidence of the players because as they play they sing in front of others.



Figure 4.1: A picture showing aged people playing *Kgati* as an indigenous game. (Mogamisi, 2021)



Figure 4.2: shows an aged woman playing *kgati* game (Mogamisi, 2021)

An individual to play *Kgati* to entertain, train and have fun. Moreover, it allows players to limit their speed according to their ability or desire, and it motivates others to see a player jumping for too long without defaulting and they become eager to also play, compete and learn from each other.

The material used in the game

-A rope

How the game is being played

Many people can play this game, as it does not have limitations. Two people (swingers) will be holding a rope while two or more people jump in –between. When the rope strikes any participant in the body such as in the ankle, for instance, if the participant jumps slower than the speed of the rope, it is likely for the participant jumping to default. After a default, if they are still more participants jumping the game continues until they all default and give others a chance. Moreover, even a person can participate in this game by swinging the rope and jumping for as long as they want. Playing *kgati* involves singing, you cannot play it without singing. For instance, among the Batswana, they have the following songs, which they usually sing when they play *kgati*:

“Mokoko wa lela, lapeng laga Masilela x2

Ke mokoko, wa lela, lapeng la ga Masilela”

English version

“Crowl is crying in the Masilela house.x2 It’s

a crowl, its crying in the Masilela house”

In this song, two players will hold the rope and one will jump, the one jumping will sing this song with others as well until the player finish and go out and another player jumps in and sings too or until they default and be disqualified. The player jumps 3 times and stops, and again 3 times and stops until the player default.

Another song goes like this

Pinky!!!!

Maa.

Otswa kae?

Kerekeng.

Oboneng?

Moruti.

A etsang?

Diphae phae.

Di etse ke bone

(English version of the song)

Pinky

Maa .

Where are you coming from?

Church.

What did you see?

A pastor.

What did he do?

He was in a spiritual state.

Show me

In this song, the mother is asking the child where they are coming from and the child replies in a respectful manner that I am coming from the church. Therefore, it can be said that this indigenous game teaches people Ubuntu and respect for one another, improve their communication skills and improve their listening skills as they must listen to the mother before answering the question asked.

4.4.2 Sub-theme: *Diketo* Game (Pebble Throwing)

Diketo is an indigenous game played by girls between the ages of 6 to 16 years. The aged people feel happy, younger, and active as they play this game. This game can be played by 2 or more people. This game teaches players to focus on what they are doing, provide effective communication, socialize, and improve their thinking ability and mathematics. Among the Batswana they are two types of *diketo*, one is being called *diketo tsa motshegare* which is being

played during the day and through playing it with eyes open and another type is *diketo tsa bosigo* this one is being played with eyes closed and the player only open eyes when they catch a pebble thrown in the air.



Figure 4 .3: Shows an aged woman playing *diketo tsa bosigo*. (Mogamisi, 2021).

Material used

10 or 20 Small stones selected carefully

A round hole dug in the ground/or drawn on the flat surface

2 or more players

1 smooth pebble (*keto*) that is thrown in the air

How the game is played

Players dig a hole on the ground or you can draw one on the flat surface using a sharp stone. After digging a hole, players will carefully select 10 or 20 small stones to play with. The game consists of 2 to 4 people. A player will throw a pebble (*keto*) in the air using one hand and while doing that, rapidly remove other pebbles from the hole before catching the pebble again. If it is the first game, the player will throw the pebble into the air and scoop the pebbles out before catching the pebble again. While doing that, the player will already know which pebbles should go back in the hole and remain with one pebble outside and that pebble will be placed aside, and the game continues until the pebbles are finished in the hole.

When the winner finishes the stone in the hole, in the second game the player will throw the pebble in the air and rapidly scoop the pebbles in the hole, before catching the pebble the player will know which two pebbles will remain outside and be kept, the number of pebbles kept aside in each game depend on several games won. If the pebble (*keto*) that is thrown in the air falls throughout the game that is called default and another player will be given a chance until she also defaults.

Diketo tsa bosigo is played by two or more players. When the first player begins, the player must remove the stones from the hole while closing their eyes and looking up, and after opening eyes to strategize which stones to return safely without defaulting and return the stone is done by closing eyes again. The number of stones left outside when returning the stone depends on the number of games won. Defaulting occurs when, for instance, if it is your first game and you leave two stones outside when you return them instead of one, you lose. Moreover, default also occurs when you cheat by opening eyes while throwing the stone into the air or when your stones pass the hole instead of getting in the hole.

5.3. Sub-theme: *Morabaraba* game (board game).

Morabaraba is an indigenous game played by men and women among the Batswana tribe. Taking part in *morabaraba* is very crucial to the players because they get an opportunity to relax, socialize, and think of a strategy of how to win, the body, mind, and emotions become positive. For instance, in the past aged people used to calculate their livestock, days using *morabaraba* as there were no modern calculators. The game is very effective because those who watch players are entertained to listen and watch players strategizing their methods of winning over each other.



Figure 4.4: Picture showing aged men playing *Morabaraba* game, (Mogamisi , 2021)

How the game is played

The players will draw the structure of morabaraba on the ground and dig 24 small holes. Each player will play with 12 stones (cows) and cows are placed aiming to create vertical, horizontal, and diagonal ways. When the player has successfully placed three cows in a row, the player can remove one cow from the opponent side, a player can select any cow he wants except the one in three in a row as long as they are other cows available to choose from. Once the cow is removed it cannot be used to play in that game. Only one of the opponent's cows may be removed at a time even if two or more lines of three in a row are achieved with one move.

When the player has lost many cows and is left with only 3 cows the player can move to any vacant space, but this rule does not work if the player still has many cows to move. The game is won if the other player is not able to move and got only less than three cows left.

Morabaraba is a very interesting game because the observers are literally part of the game. As they watch the players their mood changes, and they advise their favorite players on how to move their cows around, how to avoid defeat, and give them signals or warnings. For instance, they cannot just say “*mm phaa*”, or “*tshaba koo*” when the player is about to move the wrong cow or just say “*thupa kieo*” meaning you will get beaten. Even the defender can say “*ke a go ja*” to the opponent and this makes the opponent watch out and play carefully and try to avoid being beaten.

Interestingly, *Morabaraba* played by women involve singing and a need for high concentration. Two or more women will sit around, and one will hold one-stop and beat it down and other players or participants will move their hands underneath the stone while the leader beats it up to the ground.

They will be singing this song

Bathubile komiki, komiki ya makgoa

Bathubile komiki, komiki

Bathubile komiki, komiki ya makgoa

Komiki, komiki`ya makgo



Figure: 4.5: Picture showing a researcher playing *Morabaraba* game with aged women (Mogamisi ,2021).

When the leader sings “*bathubile komiki, komiki ya makgoa*” she will be beating the stone down and when the participants sing that part of “*komiki, komiki, komiki*” they take turns in putting their hands carefully underneath the stone being beaten in the ground carefully avoiding being beaten. The players or other participants should make sure that the stone does not beat them; therefore, speed and high concentration are tricks in this game. If the stone beats you due to delay removing it fast or any other reason you lose, and others keep playing until they all lose and they take turns leading the game.

This game helps to teach people how to learn the importance of focusing on what you are doing at present which is a good skill for aged people because as they age, they are likely to develop memory loss. This skill helps them in their personal lives and daily activities, and it brings them happiness as it is a funny game as they take turns underneath the beaten stone, they are full of joy, boost their self-esteem and they are looking forward to life positively.

Material used

Small stones

Structure of *Morabaraba* drawn and dug in the ground

24 small stones (of different colors)

2 players

4.5.4. *Mmela* game (board game)

Mmela is an indigenous name for the game played by men among the Batswana. Among African families or cultural groups, a cow is a symbol of wealth and no players of *Mmela* want to lose their cows to the opponent because they do not only lose the cows but their pride as well. A cow is very important to an African man because it can also be used to pay dowry and a man with many cows is highly respected and said to be a real man.

Material used

Two (2) to four (4) players.

A board is drawn with several holes or several kraals dug in the ground.

How to play this game

4.4.5. Sub-theme: *Motabogo* (running/jogging game)

This is a game where Participants will draw a line or mark with a stick or something visible that everyone can see. Anyone interested in playing this game is allowed but is not limited to a certain number or gender. A very interesting fact about this game is that participants can run at their own pace and communicate with others while doing that. Through this game everyone is excited, they share ideas, and have fun while exercising. This game also allows participants to showcase their creativity because some may choose to focus on running only while others may decide to add their styles of running such as singing certain songs which allows other body

parts to be exercised. A winner may motivate others to increase speed or also want to be second, be motivated to keep using this running game regularly in order to be like others that always reach the marked spot first.



Figure 4.6: Picture showing aged women using *Motabogo* indigenous game to exercise (Mogamisi, 2021).

Material needed

A stick or sharp wooden block

Participants (number doesn't count)

Open space enough for everyone

How the game is played

Firstly, the participant will identify an open space, open enough for everyone to be able to run freely. Agree on a certain distance to and from and mark the spaces with a stick or wooden block. One may be a leader and make everyone aware of when to start preparing to run like counting from 5, downwards. After counting everyone is allowed to start running to a certain indicated mark and if throughout the running, some runners provide their unique songs and styles and other runners become interested, they can all sing along and have in singing while exercising in the process. From the findings, participants mentioned that they learned this game through observing their peers.

4.4.6. Sub-theme: *Dibeke* game (ball throwing)

Is a ball kicking game and an indigenous game played by both men and women. The aim of playing this game is to socialize, have fun and compete with each other. The game also teaches players that cooperation is important, we are all equal, and therefore our thoughts should be respected.



Figure 4.7: Picture of men playing *Dibeke* indigenous game (Mogamisi, 2021)

Material used

A ball made of unwanted plastics

Two groups consisting of 6 to 8 players (they can be more depending on how many people want to play)

Centre line

How to play the game

To begin the game, two groups will select an equal number of participants, they will stand on opposite sides, the other group will be the attacker, and another group will be the defender. The group that is starting will select one member that will call out the names of the participants of that group, the caller will hold a ball and call any name of the person to start, and the person called will be asked to kick a ball and the ball should cross the line between two teams and if not, the player is disqualified. When the person called kicks the ball and the ball goes very far, the defending team should disperse and be at all sides to be able to catch the ball even if it hits the ground, if they catch it before it hits the ground, the game is over for the team and they are disqualified, and another team is playing.

When the player kicks the ball and the ball goes very far, the player will cross the line and go to the defender's side, it counts as one and comes back to the team side to be able to kick the ball again. When one of the members from the defending team catches the ball before the player gets to their side and hits the ball the player, and the ball touches the body of the player, then the player is disqualified.

Disqualification of one member, allows other participants from the same team to be given a chance too. For instance, the players can call out Lebo, knowing very well that Lebo lacks quality in being a fast runner. A trick of this game is to call out names of people lacking skills of running faster so that the defenders can hit them with a ball faster and they are out. Another trick is to call out names of the people who cannot pass the ball very far, because the shorter they pass it does not cross the line, they are automatically disqualified and the defenders know the game becomes very easy and the more players being out, the better. Participants mentioned that they learnt these indigenous games from their forebearers and peers through imitation and observation.

4.5. Theme: Description of indigenous music and dance used by aged people for health and wellbeing

4.5.1. Sub-theme: *Setapa* dance

Setapa is an indigenous wedding dance among Batswana. *Setapa* means to tap tap. This kind of dance is performed mostly during a wedding. Batswana people enjoy ceremonies such as weddings because it is where they meet each other, entertain themselves with music, and dance while enjoying their traditional food and beers. During the wedding among the Batswana, they will sing communicative songs for their bride, the groom and their families to advise them and tell them how to protect their marriages.

Setapa is a collective type of dance, and it requires both males and females to team up in pairs of 6. It can be said that this kind of dance teaches people patience, teamwork and a sense of belonging as through the dance each pair is allowed to dance in the spotlight, and holding each other's hands is a symbol of unity and strength and how powerful is corporate well with others. Leaders of the dance are mostly aged and with experience in such dance and experts in marital affairs and they are said to be good advisers.

Setapa plays a very crucial role in the health and wellbeing of aged people because it is a form of exercising.



Figure 4.8: Picture of aged women and men dancing *setapa* dance (Mogamisi, 2021).

Material needed

Traditional shorts and skirts (Makgabe)

Matlhau

Shoes (shoes)

Beads (dibaga)

Due to colonization, the material needed to perform this dance is traditional wear made of any African print, shirts, and dresses. The groom and the bride will choose their color. The dancers wear similar clothes to identify themselves, nowadays since there is extinction of cultures and high influence of westernization, they are allowed to wear anything they desire as long as it is similar for the whole team. As a result, people no longer wear their cultural dance clothes, since most of the Batswana wedding traditions and customs are now modernized. The dance requires 6 males, 6 females and from these dancers, 2 pairs must be leaders, married,

experienced and older while other members' marital status is not a concern and they can be their peers, family members, or friends.

How the dance is performed

Participants will wear the same clothes to identify themselves as dancers and arrange themselves into pairs of two, men will be on one side and women will be on another side. One pair of the leader does not use any instruments for music production as they sing themselves. Leaders will be in front of the groom and the bride as it symbolizes that they must follow in their footsteps, age together, and set an example for them. Moreover, other dancers will follow the bride and the groom, and this brings happiness, love, motivation, or inspiration to those who are not married, and brings about positive desires for them.

Examples of songs used during setapa songs are as follows:

“Ketswa Lesotho ntse ke phela Mme le Ntate ba mpega terena bare keye go nyala”. One of the informants stated that this song is one of the healing songs that heal emotionally and mentally. Participants also said that they learnt indigenous dances through observation when old people dance and learn from their peers. Moreover, some participants mentioned the setapa dance as a wedding dance for Batswana people. Furthermore, participant 27 mentioned that another example of a setapa song is as follows:

Ga ole makoti, otsoge ka makuku (when you are the bride, you wake up early)

Ofiele lebala (clean the yard)

Thobela iyoo(iyoo)

4.5.2. Sub-theme: Phatisi dance

Phatisi is a kind of indigenous dance among Batswana done by raising their legs and clapping hands. The dance requires people to be supportive because dancers need people clapping hands and it teaches people to focus, support each other and highlight the importance of collective work.

This dance is very suitable for people with sore legs because there are a variety of styles in it that one can perform even though they are not well.

How the dance is performed

Dancers need to wear the traditional wears and it requires 4 dances while others will be supporting them by clapping hands and singing for them. *Phatisi* dance is almost gumboot dance according to how it is danced. Dancers will step down with their feet and clapping hands with the support of other dancers.

Material needed

Traditional clothes (seope le makgabe)

Mathau

Beads

4 dancers

4.6. Theme: Importance of Indigenous Games, Music, and Dance to aged people

4.6.1. Sub-theme: Keep busy, happy, and look younger

For the aged, the indigenous games are a way of keeping fit and healthy as well as eating well. Participants supported this by saying the value of indigenous games to aged people is to exercise people to train while playing. For instance, participant 23 supported this by saying:

“ke dula kele 1 mare ke kgona go itirela sengwe le sengwe jaaka go koropa le go tshasa”. This means that: I stay alone but I can do everything for myself like a mop and polish my floor.

Participants highlighted that the value of indigenous games to aged people is to keep them busy anytime, when they play games they keep themselves and their body busy *“ go tlhola o dutse fela ntse ore mpha setilo,se i se kwano kwaa,mpha setilo ga osa exercise your body will never come alright “*. They further mentioned that taking part in indigenous games has helped them a lot as some of them run tavern businesses, and they highlighted *morabaraba* has improved their mathematical skills and kept their mind thinking positive things such as how to improve their

business and I no longer use a calculator to count. Furthermore, they mentioned *that mmela akere ke dipala, 2 + 2, my arithmetic has improved.*

Moreover, participants playing indigenous games is a group activity and as we play, we become active and healthy. Participants further stated that playing games have improved their health and made them healthy, and active and they look younger than their peers because they are exercising. In addition, participants mentioned that they used to suffer from blurry eyesight and now their vision has improved they are extremely happy and enjoying their golden days with less complaining.

4.6.2. Sub-theme: Keep out of dangerous activities.

Participants mentioned that participating in indigenous games helps them to avoid doing negative things such as drinking and spending time in a tavern, they further state that playing a game such as *morabaraba* makes them focus only on games and that has helped to have stress and overthinking things a lot. According to them, playing *mmela* has positive effects on their health because while playing they are able to use their mind to think positively and also, they will be going home tired, straight to bed instead of going wandering at night alone.

Moreover, participants mentioned that indigenous games are very crucial for aged people because when they sit alone, they become too stressed and avoid being attacked. One of the highlighted "*ke tlhaselwa ke basimanyana ba batla madi mo gonna, ba ntswantsa basa nagane gore ke mogolomogo bone*" (that I used to waste money on beers and was attacked by young boys demanding money from me, they were fighting me as if they fight their peers without thinking that I am older than them).

4.6.3. Sub-theme: Positive health outcome

The researcher wanted to know how their health has improved by playing games and dancing to indigenous dances and music and the participants highlighted that taking part in indigenous games reduces stress, and loneliness and trains the body and brain to focus on what you are doing. Participants further mentioned that their eyesight has worsened since they reached their aged years, and that has always worried them because they cannot see things that are far, but they have seen a very big improvement since they play *Morabaraba* games with other men. They have trained their eyes to look for a long time, and focus on what they are looking at and that has improved their eyesight and also reduced the intake of medication for the eyes.

Moreover, the participants further stated that indigenous games help in refreshing their memory and make them forget their problems for a while and it reminds them of their culture, in the past 15 years children did not have babies because they spent most of their time playing indigenous games instead of focusing on outside things such as boyfriends and more.

For instance, one of the participants stated that:

“Ke nnile le ngwana wa me wa ntlha kena le 30 years ka gore kene tlhomba dilo tsa setso and ke shebile dilo tsa bonyanne”. This means I had my first baby when I was 30 years old because I was respectful of culture.



Figure 4.9: Show a picture of men with eyesight problems playing *Morabaraba* game (Mogamisi,2021)

4.6.4. Sub-theme: Preservation of indigenous knowledge

Participants highlighted those indigenous games are indeed valuable to aged people and they are able to teach, show young children how they use to grow, and games they played during their young age. Participants supported that by adding that indigenous dance and music are important to the aged people because such knowledge of indigenous dance and culture can be shared with children in future. This is mainly because

nowadays many children have grown fond of Western music and singers and we do not know where they are coming from and going to – they will be dancing (*ba jaiva*) to Western dances and music. Therefore, aged people can teach children about their culture. Furthermore, participants mentioned that taking part in indigenous dance and music is meant to show our identity and pride to the younger children and other people.

4.6.5. Sub-theme- Building relationships and Ubuntu

Participants mentioned that playing games enable them to work and work play together and build relationships with others, we can learn more about each other and things they go through in their everyday lives and provide advice. Furthermore, they mentioned peacebuilding, creating relationships, and working together are African values that can be seen through traditional dance and music. Participants further stated that when we meet we become one and we are very happy, we don't even use our real names, we have given each other nicknames to show how close we are. Moreover, further stated that “*ga re kopana , re ya agana* (when we meet, we build each other) , *batho bao eneng ese ditsala tsa me ke ditsala jaanong mo mafelong a forologaneng*”, (those who were not my friends before are my friends now).



Figure 4.10: Shows men building relationships through playing *Mmela* game (Mogamisi, 2021).

Indigenous games make people not to have a short temper, it teaches you Ubuntu (*botho*), you do not fight with others and also you learn to be patient with others, they further stated that through a game such as *morabaraba* one learns to be patient with the opponent, allows the opponent to take time to decide, listen to advice before making the moves and that is done without fighting.

In addition, participants mentioned that through playing *Mmela* we can preserve our traditions such as greeting each other with respect, and acknowledging each other's strengths and uniqueness. For instance, the winner will be congratulated for defeating others and that makes one happy and motivated.



Figure 4.11: shows observers resolving conflict among men playing *Morabaraba* game (Mogamisi, 2021).

One participant mentioned that aged people age differently in a different environment and they face different challenges so when they meet to play games, they can create friendships and assist others. For instance, they give the poor ones food and necessities when they are in need and that provides them with a sense of belonging and they show Ubuntu to others. Moreover, their kids learn from them and they become united and they age gracefully.

Additionally, a participant mentioned that their playmates and friends used to be strangers and used to just greet each other and pass even though when they have problems at home, they did not dare to go to their place and seek assistance fearing what they will say no to me.

4.7. Theme: Health and wellbeing promotion using indigenous games participation

4.7.1. Sub-theme: Health

participants mentioned that their knees and joints used to be in frequent pain before they start using *kgati*, nowadays they only pain when they have been using water a lot. They also highlighted that health has improved a lot because their bodies have changed, and they no longer feel tired easily because when they play indigenous games they become active. Moreover, participants mentioned that Indigenous games play an important role among the aged, because in the past before they involved themselves in using indigenous games as a form of exercise, they had experienced several health challenges such as uncontrolled high blood pressure, and injuries from fallings and back pains. Indigenous games, dance, and music have helped them control some of their diseases as well. For instance, their high blood pressure has decreased, and some are just taking Western tablets provided by the clinic only because they have already started the treatment.

Another example is that one participant elaborated how indigenous games, dance, and music have promoted her health and wellbeing by highlighting that her diabetes and high blood pressure have lessened because she no longer spends a lot of time alone. In addition, participants mentioned that playing indigenous games has helped her deal with her obesity because before when she used to sit down without taking part in games, further states that she used to see she gaining more and more weight and now I can walk around even long distances, my weight has reduced. Lastly, under this theme, participants highlighted that skipping rope has helped them a lot by making their hearts beat normally, they do not feel like it is heavy as if something is on top of it and their lungs function perfectly fine.

4.7.2. Sub-theme: Wellbeing

Participants highlighted that “when we play as a group, we laugh a lot ...hee ...hee and we forget our stresses and we play and have fun.” Moreover, Participants mentioned that, when they play together with love, they don’t hurt each other, they are happy, we smile and when they play rough they hurt others physically and emotionally. They further state that their health improves for the better.

For instance, participant 4 highlighted that “her mental wellbeing has also improved because she no longer forgets things easily”. Participants asserted that they no longer have stress thinking about their kids as they left them with nobody to look after them and playing games motivated them to be positive at all times and find solutions to their problems and enjoy their lives as it is without feeling sorry for things, they didn’t achieve. Being around their peers and playing with them also helped to share their problems with others, they do not have grudges or anger towards each other as they are one and they are there for each other at all times.

4.8. Theme: Health and wellbeing promotion using indigenous dance and music

4.8.1. Sub-theme: Health

Participants mentioned that their knees have become better since they are now able to walk around and do many things. Participants mentioned that dancing *setapa* dance has reduced their constant back pains and their muscles are being exercised when they dance, they feel active, young, and fresh at all times and their body has become stronger and resistant to chronic diseases, unlike their peers that do not exercise they are likely getting sick with more than chronic diseases because their muscles are not stretched and are not strong. In addition, participants further mentioned that dancing to indigenous dances has helped them to be strong and know how to balance their bodies since they are aged people, but they do not know to use a stick to balance themselves unlike some of their peers, dancing has taught them balancing and they are active due to mastering that skill.

4.8.2. Wellbeing

Participants mentioned that through traditional dance, people are working together, and they are unlikely to get diseases such as heart attacks due to arguments that make them sick and angry. Moreover, when peace and forgiveness are restored they feel relieved. Participants also mentioned that listening to music through dance heals their emotions because the words of the song go deeper in the mind and it entertains them. Moreover, dancing to *setapa* dance brings happiness and joy to them, and they have made some friends. Further, they state that they become very happy when they sing and they feel free.

Participants mentioned that sometimes when they left their houses after fighting with their grandchildren or partners they would meet up with others or either attend a wedding where people will be dancing *setapa* dance, their music teaches them, heal them, soothe their angered hearts and through that, they can find a good way of dealing with their naughty children without hurting them and being angry.

Also, dancing to a traditional dance such as *setapa*, makes them feel that they are connected to their ancestors right there because as they sing songs that their late parents, neighbors, friends or any family members used to like and they feel spiritually relieved and they feel loved and protected by them and that makes them feel very happy.

4.9. Theme: Causes of health problems to aged people

4.9.1. Sub-theme: Lack of exercise and ill-health



Figure 4.12: Shows an aged woman who no longer plays indigenous games feeling sick (Mogamisi, 2021)

Participants mentioned that “*go dula fela osa tshameke di games you become a dull boy, ga obereka hela go sena some games ofetoga sematla, tswantse gore everytime o refresh mind*”. (When you just sit without playing games you become a dull boy, working without games makes you a fool, you need to refresh your mind every time).

Other participants supported this by saying “*gao dula fela osa ikatise, o bitsa malwetsi amangwe a kgakala le wena , go dula fela okubugelwa ke malwetsi thata*”. Furthermore, participants also mentioned that when they just sit without exercise they end up lacking the energy to do housechores, and they aged faster.

4.9.2. Relying only on Western Medicine

Participants mentioned that taking tablets from the clinic causes more illnesses, taking tablets only is not sufficient for our health. They further highlighted that “*re tlhoka go tshameka di games jaaka tsela yago tokofatsa tsa maphelo gone rea kpana le ba bangwe, re itumela ebile gape re fola malwetsi amantsi ka nako ele ngwe* “. Similarly, participants stated that using only Western medicine has not only made them useless but has also made them forget that being around people, playing with others, and talking to others during gameplay is healing in itself which is natural, they do not need to buy grandpa to deal with headache they play and share ideas to be well because they no longer thinking about their problems, their minds are free.

In addition, participants highlighted that taking on Western medication doesn't only affect their health and well-being perspectives but also makes them move away from our cultural ways of living, since they were children, they knew that men would focus on the livestock and farming and women will do house chores such as decorating houses, basketry works, arts, and craftworks. Furthermore, they stated that all these activities involve exercising the body, and mind and provide positive emotions. Additionally, ignoring their cultural ways has switched their minds to think that they should only accept ready-made things and buy machines for exercising instead of dancing and playing our indigenous games.

Participants stated that relying on Western medicine has shortened the lives of many aged people, they go out only when they go to pick up their medication at the clinic and most of the time they are indoors, alone and overthinking about their dreams they did not achieve during their youth and that makes them to age faster and they eventually die. The third participant stated that in the past if they had knee problems and painful joints they had certain indigenous music and dances that were best suited to heal them faster than Western medications which only ease the pains and take time to completely heal.

4.9.3. Loneliness and stress



Figure 4.13: Showing an aged woman stressed due to the effect of not playing indigenous games lately (Mogamisi, 2021).

Participants mentioned that as aged people need others to take care of them, since their kids are in the cities, most of them live alone. When they are alone always overthink and they think they are unloved most of the time, and that they are going to die poor. They further mentioned that when they are stressed they lose interest in doing anything positive, in playing with others, they sit alone, and allow their body gets sicker and they become mentally unwell. Moreover, participants stated that:

“gao dutse ole mongwe, obua ka pelo thata ,gao dule oitumetse ,mathata agago otlhe atla mo monaganong wa gago ,ga gona ope yoo ka buang le ene, o ikutlwa olatlhegile thata”.(when you sit alone most of the time, you overthink things, they are never happy and all their problems come back with no one to talk to and they feel lost).

Moreover, participants mentioned that being alone has made them feel unloved and useless and they have accepted that they are old, and they just need to sit and wait for their death time, and they donot enjoy their last days since they have naughty kids. In addition, to that, they always need to reprimand them and try to teach them ways of living before they depart from this world. Furthermore, participants state that loneliness weakens the body too much and no social relationships with others make a day seems longer than it is.

4.9.4. Sub-theme: Poor Diet

According to the participants most of them, live alone and they do not eat healthy food and also do not eat on time, their children and grandchildren do not take proper care of them as some are in the cities and they are supposed to buy enough foods the rest of the family, therefore they cannot afford to buy things like fruits, enough vegetables, and meat to keep them good and healthy. Moreover, participants mentioned that *“we get sick because we have no one to remind us when to take meals and medication, and even if we take the wrong medication we will not because we are unable to read and we have lost our eyesight”* (Participants interview,2021). In addition, participants stated that they live in rural areas, they are unable to go to town, spend their money at spaza shops that do not sell many things then buy whatever is available and eat the same meal for

too long and they sometimes get running stomachs from rotten food that weakens our immune systems much worse than they are.

4.10. Theme: Factors affecting limitation of aged people in indigenous games, Music, and dance.

4.10.1. Sub-theme: Being Unwell

The researcher wanted to find out what limits aged people to play indigenous games, dance, and music regularly and the participants mentioned that when they wake up and they feel that they are sick they take a break. They further asserted that they no longer practice like before because of the Covid -19 rules and regulations and I think that has created additional stresses and negative energy in their lives. Moreover, participants highlighted that when the body is tired, one cannot enjoy any games or even be motivated to do anything and exercise.

4.10.2. Sub-theme: Family matters

Participants mentioned that when they do not exercise regularly because they have to do house chores such as cleaning the house or yard or they have to attend urgent matters such as seeing a loved one, a funeral, or attend a community meeting. Participants further highlighted those personal matters limits participation in indigenous games because sometimes they have to go to the field and look for their lost livestock, and sometimes it takes days and it is very stressful they can no longer make time for games until they get their livestock.

For instance, one participant mentioned, *“I am a highly respectable businessman, I run a tavern therefore sometimes it gets busy in the tavern and I spend most of my time when it's busy, I am unable to indigenous games with others”*.

4.10.3. Sub-theme: Shortage of participants

Participants mentioned that *“indigenous game such as kgati requires more than one person therefore when no people are willing to play along with them, they cannot play alone”*. Moreover, participants highlighted that they lack motivated participants to play with them, most aged people in their area lack confidence, and motivation and that decreases the number of people willing to exercise using indigenous games resulting in a high increase of disease and death among the aged. Participants further supported this by mentioning that *“one cannot play*

morabaraba or Mmela alone, we need each other in order to play, therefore without others, our participation is limited and affected”

4.11. Theme: Impact that absence on indigenous games, dance and music have on:

4.11.1. Sub-theme: Health

When participants miss their daily routine of exercising using games, their muscles become stiff, rigid and pains in their body get worse and they feel like they have become more than before. Participants supported that when they do not exercise, they become weak, tired and they feel like they no longer deal with one illness for instance their whole body starts to feel painful although before when they were sticking to a daily routine of playing games they used to feel better or healed in some body parts. Moreover, participants mentioned that *“not exercising affects their health too much because when they take days without exercising their swollen feet get worse, they experience difficulty in breathing and their high blood pressure worsens”*.

4.11.2. Sub-theme: Wellbeing

Participants highlighted that when they sit alone without music, they overthink, and their stress levels go up because they do nothing. Furthermore, they asserted that the *“absence of others limits their use of indigenous dance and because they cannot sing and dance alone, without others supporting them either by singing, dancing along or clapping hands ”*. In addition, participants highlighted that without music cannot dance therefore what limits our participation is that sometimes people do not want to sing with confidence and passion and that weakens their spirit and motivation becomes less.

Moreover, participants when they do not go out and dance with others, the loneliness gets to them and they tend to speak alone a lot and become too stressed and bored this makes them give up on themselves and see these dances negatively. Moreover, their well-being becomes affected when they do not go dancing with others because when they go they become happy, positive, and full of life rather being stressed by our children at home demanding things they cannot afford and our stress level goes up tremendously.

The absence of peace among members affects their well-being and health because when they dance and sing together without love, one spirit, and good communication skills some of them sit back without dancing, they do not fully get motivated to sing or dance along and their hearts become burdened with such negativity and their spirit becomes polluted as they will be happy.

4.12. Limitations of the study

The limitation of the study was that the data was collected during the Covid-19 pandemic and strict regulations were placed so it was difficult to meet more people at once or for people to be close together as that was prohibited. Due to the pandemic, the aged people were no longer playing games and dancing, therefore, their energy, and motivation were a bit low during interviews and they were complaining of pains there and there.

During interviews, participants could not share more about indigenous dances and music because they believed that it was against the law of initiation schools as they were saying they cannot talk about types of dances besides the ones mentioned in the study. Moreover, some participants threatened to take the researcher to initiation school because they were not willing to share more knowledge on indigenous Batswana and music, therefore telling the researcher to go first.

In addition, as it was during Covid -19 lockdown aged people were having many responsibilities such as looking after children, finding means of providing for them, and also ensuring their safety so which resulted in them having to cancel appointments made with the researcher, postponing and cutting interviews short and continuing whenever they were available.

4.13. Summary

This chapter has discussed responses from participants on how their participation in indigenous games, music, and dance promotes their health and well-being as the aged people. The response from aged people showed that indigenous games, music, and dance play a vital role in the lives of aged people and they do use them for their health and wellbeing benefits. The aged people mentioned that they do use indigenous games and dance to exercise to keep healthy, active, and well.

Participants mentioned that their friends, forebearers, and family members through observation, doing, etc, gave knowledge of playing games and dancing to them and participants show that various level of experience. Chapter 5 provides a discussion and recommendations for the study

CHAPTER FIVE

INDIGENOUS GAMES, DANCE, AND MUSIC FOR HEALTH AND WELLBEING

5.1 Introduction

Indigenous games, dance, and music are activities that contribute to the good health and wellbeing of the people, especially in rural areas where there is a few or adequate healthcare services. This chapter aimed to document the health and well-being benefits of indigenous games, music, and dances to the aged people of Khunwana and Sione villages, North-West provinces. This chapter further shows how the use of indigenous games, dance, and music helps in reducing the risk of chronic diseases and other ailments.

The researcher identified and documented the types of Indigenous games, dances, and music used by the aged people of Khunwana and Sione village through objective 1: To identify and document the indigenous games, music, and dances used by the aged people of Khunwana and Sione village for health and wellbeing of the aged people. The study further investigated the benefits of indigenous games, dance, and music towards the promotion of health and well-being of the aged people through objective 2: Investigate how indigenous games, music, and dance contribute to the health and wellbeing of the aged people of Khunwana and Sione villages. Lastly, it showed how often the aged people participate in Indigenous games, dance, and music through objective 3: Assess the extent to which the aged people participate in indigenous games, music, and dance at Khunwana and Sione villages.

5.2. Methodology

5.2.1. The research design and approach

A qualitative approach was used in this study. The use of a qualitative approach authorized the researcher to focus on what ways or manners these human beings can bear different habits of look

at facts of existence as it concerns inner experience rather than facts, an estimate of stance, belief, and behavior (Kothari, 2007).

A description of the research strategy is as follows:

The study utilized an exploratory research design since the collected facts have described the experience from the viewpoint of people who took part in the study (Brink & Wood, 2016). A descriptive design was utilized since its goal search to present an extensive explanation of a particular individual, group of things, an institution, or a situation (Mouton & Marals, 2001). Moreover, Burns and Groove (2009) indicated that contextual studies emphasize certain occurrence in realistic settings that is unrestricted reality situations refer to as area setting with no exploitation (Streubert & Carpenter, 2003). These settings were at the homes of the aged people.

5.2.1. The target population

The targeted population was the aged people. The participants had the following characteristics: they were over the age of 60 years and more involved in cultural activities such as indigenous games, music, and dance. In an attempt to obtain genuine and trustworthy facts, persons older than 60 years of age and above, participants were purposively selected for the interviews. These were found to yield trustworthiness and right knowledge by other research workers (Wanderi, 2001, - 2009). Moreover, Ogula (2005) states that population refers to some group of institutions, human beings, or objects that have generally known traits.

5.2.3. The Sampling procedure and size of the study

Bryman (2012), as cited by Ritchie et al (2003), confirms that sample whole is preferred because they bear particular traits that allow a detailed survey and understanding of the study. The sample was made up of 60 aged people who took part in the study, 30 females and 30 males. For this study, purposive sampling was used. The term purposive refers to the selecting of a sample having a purpose in mind. A sample was to be selected based on what the researcher considers an aged person to be.

5.2.4. Data collection methods

Cavana et al (2001) and Creswell (2008) assert that the ways of obtaining data in the qualitative study are interviews, observation, and focus groups. Research methods such as observations, interviews, and focus groups were used to answer research questions. An interview is a specific form of communication among human beings for a distinguishing purpose associated with few concurrent motives (Anderson, 1990). Any qualitative research interview aims to see the research subject matter from the point of the interviewees and to think about why they have a specific view (King, 1994).

Casey and Krueger (2000) state that a focus group provides an instinctive atmosphere than that of the individual interview because participants are led to believe and affected by others- while they are genuine in the existence of life. A Focus group interview aims at a gathering of superior-nature information in a friendly setting (Patton, 2002), which primarily helps appreciate a distinguishing question from the way of thinking of the participants of research (Khan & Manderson, 1992).

5.3. Ethical considerations

5.3.1. Permission to conduct the study

The NWU has a standing committee for research ethics whose aim is to ensure that ethical requirements are adhered to when conducting a research study. The researcher submitted her research proposal to the research committee. Ethical issues were taken into consideration by the researcher. To meet the ethical standards for research ethics, the researcher implemented steps to ensure that the study complied with the ethical principles of research. A letter from the North-West University was issued and the application was granted to permit the researcher to go to collect data in the stated area.

5.3.2. Permission letter from Tribal Chief to conduct a study in the respective Communities

The researcher has ensured that before interviewing members of the community, the Tribal office was aware of the research and has granted the researcher a permission letter to do the research in the village.

5.3.3. A consent form will be given to the participants before they are being interviewed

The details of what is expected of them were discussed effectively and a person who takes part in the study provided a marked consent form to the research worker. Moreover, the following concerns were established that the respondents' rights were not violated (Burns & Grove, 2005; LoBiondo-Wood & Haber, 2002).

The respondents' independence will be guaranteed by providing verbal facts about the study (Burns & Grove, 2005; LoBiondo-Wood & Haber, 2002; Polit & Hungler, 1999). The respondents will have the right to quit the study if and when they desire to (Babbie, 2005; Polit & Hungler, 1999). Ensuring non-recognition and secrecy of the information determined the respondents' right to secrecy. This implies that the respondents were kept unknown in the reports and printing of written or visual material of the study (Babbie 2005; Burns & Grove 2005; LoBiondo-Wood & Haber 2002). The respondents were provided a chance to present voluntary inscription to take part in the study (Babbie 2005; Burns & Grove 2005; LoBiondo-Wood & Haber 2002; Polit & Hungler 1999)

5.4. Summary

The chapter discussed the methodology of the study. The sample size, strategy, and methods were discussed in detail as well as ethical considerations that were followed when conducting this study. The next chapter will discuss the discussions of the study findings.

CHAPTER SIX

DISCUSSIONS OF THE STUDY

6.1. Introduction

The aged people noted that indigenous games, dance, and music plays a vital role in their entire life and everyday routines. These aged people in these respective villages mentioned that they understand the benefits of taking part in indigenous games, music, and dance in their health and well-being and towards their cultural preservations. These traditional activities are small-scale framework with pane through which principles, behavior, and different ethnic activities form a unique group of people is seen (Cheska, 1987, Van de Merwe & Bressan ,1995, Van mele & Reason,1990)

From time immemorial, Africans have always had their unique therapeutic ways for health problems and conditions. Good health is necessary for human beings because with good health one can do things, survive and look forward to the future. Indigenous communities have always used indigenous games for many activities such as counting livestock, entertainment, preserving culture, and most importantly keeping active.

It is clear indigenous games, dance, and music help the aged to reduce the effect of diseases, keeping them fit and age gracefully. Aged people also mentioned that participating makes, friends and they grow happily with Ubuntu spirit and enjoy their last days.

This chapter provides a discussion of the study by elaborating how the aim, research questions were answered and how objectives were achieved through the data collected. The study aimed to document health and well-being benefits of indigenous games, music, and dances to the aged people of Khunwana and Sione villages, North-West provinces. The aim was achieved through the evidence collected in the study that indeed when aged people participate in indigenous games, dance and music, their health and wellbeing improve,

Moreover, the participants mentioned that when they play games their physical, mental, and emotional health and wellbeing improve in the sense that they become happy, stress-free, active, energetic and their

body become exercised. In addition, some participants highlighted that dancing and singing to indigenous music heals them spiritually and makes them proud of their history and cultural upbringing.

6.2. Discussions

identify and document the indigenous games, music, and dance for the promotion of health and wellbeing of the aged people in the North-West province

Objective one was to identify and document the indigenous games, music, and dance for the promotion of health and wellbeing of the aged people in the North-West province. The participants have identified types of indigenous games which are *diketo*, *kgati*, *mmela*, *morabaraba* and indigenous music dances which are *setapa*, *tsutsube*, *setapa*, all these types emphasize that participating in any of them is essential for the health and wellbeing of the aged people.

Moreover, the participants elaborated on how each kind of indigenous game is played, some participants needed tools and rules that apply in the game, and further highlighted how the games are played. Moreover, the participants also mentioned the types of indigenous dance and music that they use, the names, how each dance is performed, the number of dancers needed, attires, tools and how it is done.

The participants also mentioned that the types of indigenous dance that they use are *setapa*, *tsutsube*, *borankana*, and *phatysi* and further stated that all these types of dances and music promote their wellbeing and health because dancing helps them to heal ailments such as ankle, backpains, and stiffness of the muscle. Moreover, participants highlighted that dancing and singing together with their peers gives them a sense of belonging, because they are with others, feel relaxed, and most importantly healthy than their peers.

investigate how indigenous games, music and dance contribute to health and wellbeing of the aged people.

Indigenous health and wellbeing are holistic, they involve the physical, emotional, spiritual, and social aspects. Moreover, for a person to be healthy in an indigenous environment one must be maintained in all these aspects. In addition, good relationships with others and with the environments or nature also play a crucial role in improving positive health and wellbeing. Most importantly healing in an indigenous community, healing is communal and does not only concentrate on the affected person.

The objective was achieved in a way that participants mentioned various ways that indigenous games, dance, and music promote their health and wellbeing. Some participants mentioned that while playing indigenous they meet up with others, and they create friendships and families which helps during difficult times when they need someone to keep them company and share their sorrows and stress with.

Moreover, participants mentioned that playing games and dancing to indigenous music help them to reduce the effects of loneliness since most aged people are left alone behind in the village to take care of their grandchildren while their children go to the cities in search of jobs and better lives. In addition, participants highlighted that indigenous games, dance, and music boost their confidence and help them to avoid being involved in dangerous activities such as excessive drinking, going out at night, and being exposed to things that might be harmful to them.

Indigenous games such as *diketo* and *kgati* involve lots of moving body parts such as hands therefore participants mentioned that *kgati* helps them to exercise their hands and stepping feet reduce sore feet and painful ankle. Moreover, participants mentioned that participating in indigenous games, dance and music helps to create an environment full of Ubuntu whereby people are compassionate towards each other, sympathetic, and full of respect for one another. This improves the health and wellbeing of the aged because they remain happy at all times, stress-free, and full of life.

Moreover, the participants mentioned that indigenous games, dance, and music helps them to keep busy and preserve indigenous knowledge. Most aged people mentioned that sitting without doing anything has made their peers weak and also age faster than them because while sitting they tend to overthink their problems, and this creates more diseases and conditions for themselves.

Assess the extent to which aged people participate in indigenous games, music, and dance

Objective three was to assess the extent to which aged people use or participate in indigenous games, dance, and music therefore the aged people or participants mentioned that due to reasons such as conflicts with other community members and health conditions such as sprained feet, swollen body joints. Moreover, participants further asserted that when they feel very sick it is hard for them to play and dance with others because they will not be feeling excited as others, and they will be afraid of injuring themselves more. Other participants placed more emphasis on how unresolved conflicts among them limit their participation in indigenous games, dance, and music.

Objective 3 was to assess the extent to which aged people participate in indigenous games, music, and dance. The findings of the study have demonstrated that aged people have different routines, some regularly, some three days a week, and some whenever they see a need. The objective was indeed achieved in a way that not all aged people can take use indigenous games, dance, and music as often as they will like to due to various challenges they encounter in their daily lives. Aged people or participants also highlighted that family issues such as attending ceremonies and checking up on their sick loved ones are also a major factor that limits their use of indigenous games, dance, and music in order to promote their health and wellbeing.

6.3 Summary

This chapter discussed the findings of the study and further explains how the aim of the study was achieved and the findings accumulated through research questions and objectives. The next chapter will discuss the conclusion of the study and recommendations.

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATIONS

7.1. Introduction

This chapter focuses on the general conclusions of the study and further provides recommendations for the study. The study has demonstrated that indeed indigenous games, music, and dance are of great importance to aged people's health and wellbeing and they are maintaining their cultural identity and indigenous knowledge.

7.2. Conclusion

The researcher undertook this study due to an interest in indigenous knowledge systems, specifically around indigenous games, dance, and music towards health and wellbeing. The researcher noticed that more and more indigenous activities are replaced by Western machinery and science while the indigenous knowledge becomes lost, undervalued, and forgotten in many parts of Africa. Moreover, the researcher wanted to preserve the culture and heritage of the Batswana people.

The researcher realized that the knowledge of indigenous games, dance, and music is now seen as activities that are meant for kids and it is now an embarrassment for aged people to be seen taking part in those activities. Only a few aged people in the respective areas known as Khunwana and Sione villages see the importance of using the indigenous games, dance, and music for health and wellbeing, therefore the researcher wants to document this knowledge to educate others from various areas where they are no or few healthcare facilities.

The researcher also realized that the aged people of Khunwana and Sione experience many health conditions and due to not being aware of how their indigenous activities work towards their health and wellbeing, they age faster than their age and eventually they die. Moreover, the researcher wanted to teach aged people that their indigenous knowledge is still practical, valuable, and sustainable even today. Most aged people believe that the only way to heal or treat diseases is

through Western processes which also require money to be received, therefore they tend to be hopeless when they are sick and poor not realizing that even way before colonization, they had ways of dealing with health issues.

The researcher found that indigenous games, dance, and music offer holistic health and wellbeing to the aged people. The questions that guided the study highlighted types of indigenous games, dance, and music, how the use of indigenous games, dance, and music promotes the health and wellbeing of the aged people, and their extent of use. The researcher found it particularly important to conduct the study in the language of the participants which is Setswana because the researcher believed that participants understand games, dance, and music way better in their indigenous games and will also name them according to how they call them in their language. Moreover, language was also considered to be an important factor in this study as it provided a platform where participants were able to communicate their knowledge in their voices, providing context to the knowledge. The knowledge of indigenous games, dance, and music was passed down from generation to generation orally, through demonstration, repetition, and experiences of their forebearers.

The researcher used an indigenous research foundation to guide the study. The researcher used an indigenous approach to allow the participants to express themselves, and present their indigenous knowledge as it is, their voice while using their indigenous language. The African epistemology and relational epistemology also formed part of the foundation of the study, where the African epistemology showed how Batswana developed knowledge and use of indigenous games, dance, and music in their context and culture as Batswana, while the relational epistemology was selected more to apply to the indigenous knowledge of indigenous games, dance indigenous games, dance and music and its relationship with the Batswana in terms of their beliefs and concepts which are related to the knowledge and how they stored their knowledge within their language, practices, and traditions.

7.3. Recommendations

There is a worry that leads to the dismal ignorance of indigenous games and manlike values in addition to disappearing and the real risk that they will be substituted entirely by Euro-centric games and principles (Goslin & Goslin, 2008, subpoena in Amusa and others, 2008). In addition, a person's information regarding indigenous games, music, and dance is not written and documented for future generations to be familiar with. Therefore, it is urged that aged human beings share the information they have for preservations and tenable use from now on.

UNESCO and the department of arts and culture should strengthen their policies in safeguarding indigenous knowledge of games, music, and dances. The knowledge of technological methods of safeguarding indigenous knowledge should be made accessible such as providing workshops to knowledge holders by IKS ambassadors. The communities should also be provided with ICT skills and knowledge about intellectual property rights on what to do to document and preserve their own unique cultures and indigenous knowledge.

In his study, Malesa (2012) concluded that the vanishing of these games denotes the vanishing of some pivotal aspects of culture in the black communities. The games need to be protected, promoted, and developed within the communities in which they are found and played

This study was conducted on small and only 2 rural areas, there is a need for more studies to be undertaken in big and more areas, cities, provinces, regions, and countries to be undertaken so that results can be compared.

The government should assist in these kinds of studies that deal with health and wellbeing through the provision of funds the findings of this study is of high importance and results should be made available in local healthcare facilities. The more people realize that they can use indigenous games, music, and dance to deal with health problems, the less they depend on the government and that means that the government will not spend much on the provision of medications, and tools such as wheelchairs and many services.

Most of the time when they are games or competition of Western games such as football, chess, cricket, and so on, the government offer great support by providing funds, rewards, meals, tents, etc, therefore indigenous games, music, and dances need to be recognized, be provided with awareness and support too similarly like Western games, dances and musical concerts. The government needs to treat both Western and African cultures equally.

Healthcare workers, researchers, and knowledge holders could form something like a team to share ideas and findings as a way of reducing the burden or high independence on government facilities. For instance, nurses and doctors value both indigenous and Western therapeutic methods.

Most importantly, although Indigenous Knowledge Systems are taught in university, it is still not enough because graduates are unemployed and their research findings are not shared with the communities due to financial contracts, absence of libraries in most local communities, and lack of support. Therefore, I suggest that graduates should be employed in local areas to teach and share acquired knowledge learnt from university to sustain communities and that will also benefit the communities as they will be able to trust the graduate and be able to share their unique knowledge and preserve it for future generations.

IKS ambassadors should try to share results with other communities that were not part of the research, in doing so they can benefit a lot and realize how their indigenous activities are vital and sustainable to their health and wellbeing. This could bring progress and development to many poor African communities. One of the best ways to preserve indigenous knowledge is sharing of knowledge among others, within communities, and to all and sundry. When communities start sharing beneficial knowledge among themselves knowing very well that they cannot claim to own it is going to preserve many indigenous practices that are being lost because of the fear of piracy available.

For instance, if the community of Khunwana village has indigenous knowledge of healing ailments through their participation in indigenous games and communities of Sione heal ailments through indigenous herbs, exchanges of these practices will preserve much of the knowledge and

benefit many people and also will benefit future generations. The more people rely on indigenous practices, the less the value of western knowledge

7.4. Summary

Chapter one provided the background of the study. The chapter discussed the effect of colonization on indigenous games, music, and dance. For instance, Bank (2009) states that indigenous dances are legislated or controlled by the main governmental method as part of the dignified design of the miseducation of knowledge of colonized human beings. This is supported by Shizha (2013) by highlighting that in South Africa, African indigenous music and culture were perceived as inferior, evil, and not suitable or satisfactory for worship. This is because missionaries and colonial management consider African's ways of knowledge, their theory of the universe, their spirituality, and their nature of life as savage, backward and unsystematic. As a result, this practice estranged Africans from their music and dance (Moyana, 1989). Objective one was to identify and document the indigenous games, music, and dance for the promotion of health and wellbeing of the aged people in the North-West province. The researcher has identified types of indigenous games which are *diketo*, *kgati*, *mmela*, *morabaraba* and indigenous music dance which are *setapa*, *tsutsube*, *setapa*, all these types emphasize that participating in any of them is essential for the health and the wellbeing of the aged people.

Traditional games are a significant part of Africa's cultural heritage. They indicate the cleverness and resourcefulness of Africa's human beings in creating games as pastimes and recreation, but in addition augment social and enlightening principles and ritualistic practices (Amusa & Toriola, 2008). A study administered by Malesa (2012) noticed that indigenous games in Africa exhibit local human beings' culture and public facts of existence.

Objective 2 was to investigate how indigenous games, music, and dance contribute to the health and wellbeing of the aged people. The study has mentioned several benefits and ways that one's health and wellbeing are maintained through participating in indigenous games, music and dance.

Chapter 3 provided the research methodology of the study discussing the research paradigm, methods of data collection, relational ontology and Ubuntu, further discuss the importance of

indigenous language and ethics in indigenous research. Moreover, discuss how data was analyzed and ways of ensuring validity and trustworthiness.

Chapter 4 discussed the findings of the study, provides in-depth information on the description of the participants, and further provides data collected throughout the research journey relating to the objectives and research questions of the study.

Chapter 5 discussed the research design and approach, target population, sampling procedure, and size of the study, in addition, discuss the ethical considerations of the study.

Chapter 6 provided the discussions of the study as well as the recommendations of the study.

7. References

- Abisha, M .2016.Exercise is Medicine: Elderly the forgotten Age group in African communities. European journal in Zimbabwe physical education and sport science, vol 2 issue /2016
- Adelson, N. 2005. The Embodiment of Inequity: Health Disparities in Aboriginal Canada.
- Adinku, W. O .1984. African Dance Education in Ghana, Ghana Universities Press, Accra
- Anderson, I. 1999.Aboriginal wellbeing in C.Grvich,(ed) health in Australia; Sociology concepts and issues (2nd edition),53-73
- Anderson, G. 1990. Fundamentals of educational research. London: The Falmer Press.
- Canadian Journal of Public Health. Mar-Apr 2005. Vol. 96: S45-S61.
- Ogula, P. A. 2005. *Research Methods*. Nairobi: CUEA Publications.
- Agrawal, A., 1995. Indigenous and scientific knowledge: some critical comments. Indigenous Knowledge and Development Monitor,3(3), pp.1–9.Available at: <http://www.nuffic.nl/ciran/ikdm/3-3/articles/agrawal.html>.
- Agordoh, A. 1994. Studies in African Music. Legon: University of Ghana
- Aikins , A.D.G., Arhinful, D.K., Pitchforth, E., Ogedegbe, G., Allotey, P & Agyemang, C. 2012. Establishing and sustaining research partnerships in Africa: A case study of the UK-Africa Academic partnership on the chronic disease. *The Journal of Globalisation and Health*, 8(29), 170185.
- Aluede, C.O. 2006. Music Therapy in Traditional Africasocieties: Origin, Basis and Application in Nigeria.*Journal of Human Ecology* 20 (1) 31-35.

Amid, S.1997.Capitalism in the age of globalization, London & New Jersey: Zed Books Armitage

C. J., Conner M. 2001.Efficacy of the theory of planned behavior: A meta-analytic review. *British Journal of Social Psychology*. 2001:471–499. doi: 10.1348/014466601164939.

Amusa, L. O. & Toriola, A. L. 2008. Traditional and Indigenous Games and Sports in Africa. Mokopane, South Africa: www Publishing (PTY) Ltd., p. 25

American College of Sports Medicine 1998. Exercise and physical activity - position stand. *Medicine and Science in Sports and Exercise*, 30, 992 - 1008.

Anderson, K. 2011. Life stages and Native women: Memory, teachings, and story medicine. Winnipeg, MB: University of Manitoba Press

Antikainen I, Ellis R, Kosma, M, Allen P. D, Cherry K. E, Monroe P. A, & Wood R. H.2010. Examining change in theory-based physical activity beliefs of culturally diverse older adults. *J Appl Gerontol*. 29(4): 507-517

Asiedu, Addo-Adeku, K. & Amedzro, A. 2004. The practice of Adult Education in Ghana. Accra: Institute of Adult Education, University of Ghana. (as cited in Akosua Agyeman,2014).

Asigbo, A. 2012. Re-Inventing the Wisdom of the Ancients: Moral Signposts in Mike Ejiagh's

Akuko N'Egwu. In A. B. C. Chiegboka, I. Okodo, & I. L. Umeanoluue (Eds.), a Bountiful Harvest. Festschrift in Honour of Very Rev. Msgr. Prof. J. P. C. Nzomiw (pp.681-690). Nimo: Rex Charles and Patrick

Ajzen I. 1991. The theory of planned behavior. *Organ Behav Hum Dec*.50 (2): 179-211.

Ajei, O, M. 2007. Africa's Development: The Imperatives of Indigenous knowledge and Values. PHD Thesis. University of South Africa.

- Ajzen I, & Madden T. 1986. Prediction of goal-directed behavior: Attitudes, intentions, and perceived behavioral control. *Journal of experimental social psychology*.22(5): 453-474
- Alun, W., & Tumwekwase, G. 2001. Multiple impacts of the HIV/AIDS pandemic on the aged in rural Uganda. *Journal of Cross-Cultural Gerontology*, 16(3), 221–236.
- Amenowode, J.Z. 2002 .”The arts in healing “is reading in African studies, Amenowode ed, artedu publication, UCEW, Winneba
- Anyanwu, K.C. 1983. The African experience in the American marketplace. Smithtown, NY: Exposition Press.
- Ballantine, C. 1993. Marabi Nights: Early South African Jazz and Vaudeville. Braamfontein: Ravan Press.
- Banks, O. C. 2009. “Critical Postcolonial Dance Recovery and Pedagogy: An International Literature Review.” *Pedagogy, Culture & Society* 17 (3): 355–367
- Banga, E. H. 1992. Social Changes and Emerging Images of the Elderly in Ghana: Health and Nursing Implications. In A. Akiwumi (Ed.), *Nursing Education for the 21st Century*. Accra: Department of Nursing, University of Ghana (as cited in Akosua Agyeman,2014).
- Babbie, EL. 2005. The basics of social research. 3rd edition. United States: Thomson and Wadsworth.
- Barusch, A. S. 1999. Religion, adversity, and age: Religious experiences of low-income elderly women. *Journal of Sociology and Social Welfare*, 26 (1), 125-142
- Baryayebwa, H., & Barugahare, W. 2002 . *Health needs of older persons: An assessment report on Kamuli and Wakiso districts*. Kampala, Uganda: Government of Uganda.

Bell, M. 2005. The ethics of management research: an exploratory content analysis, *British journal management* 18 (1), 63-77

Bennett, W.G., M. Diemer, J. Kerford, T. Probert and T. Wesi. 2016. "Setswana (South African)." *Journal of the International Phonetic Association*, 46(2): 235–246.

Berscheid, E. 2003. The human's greatest strength: Other humans. In L. G. Aspinwall & U. M. Staudinger (Eds.), *A psychology of human strengths: Fundamental questions and future directions for positive psychology* (pp. 37-47). Washington, D. C.: American Psychological Association

Berg, B.L., & Lune, H. 2012. *Qualitative Research Methods for the Social Sciences*, 8th edition. London: Pearson Education.

Bhola, H.S. 2002. Reclaiming old heritage for proclaiming future history: The knowledge for development debate in African Context. *Africa Today*. 49(3):44-68.

Braun, V., & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101

Bryman, A. 2012. *Social Research Methods*. Oxford University press

Breitbart, M.M. 2012. Participatory Research Methods. In N. Clifford, S. French, & G. Valentine (eds.), *Key Methods in Geography*, second edition (pp. 141-156). London: Sage.

Berger P & Luckman T. 1996. *The Social Construction of Reality*. London: Penguin Books Ltd; 1991/1996

Brondizo, E., Leemans, R., & Solecki, W. 2014. Current Opinion in Environmental Sustainability. Texas, U.S.A.: Elsevier Press Inc. [http:// dx.doi.org/ 10.1016/j. cosust.2014.11.002](http://dx.doi.org/10.1016/j.cosust.2014.11.002) CC BY-NC-SA License (accessed 2016 January 26)

Burns, N., & Grove, S. K.2009. The Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence.

Braun, V., & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101

Burns, N. & Grove, S. 2005. The practice of nursing research: conduct, critique and utilization. (5th Ed.). Philadelphia: Elsevier.

Burns, N.& Grove, S. 2009.The Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence. 6th Edition, Saunders, St. Louis.

Cabassa, L. J. 2007. Latino immigrant men's perceptions of depression and attitudes toward help-seeking. *Hispanic Journal of Behavioural Sciences*, 29(4), 492-509.

Camp, W. G. 2001. Formulating and Evaluating Theoretical Frameworks for Career and Technical Education Research. *Journal of Vocational Educational Research*, 26 (1), 27-39.

Campbell, A., Converse, P. E., & Rogers. W. L. 1976. The quality of American life. New York: Russell Sage Foundation.

Coffman, D.D. 2002. Music and quality of life in older adults.*Psychomusicology*,18,76-88

Coffman, D.D & Adamek , M.S.1999. The contributions of wind band participation to the quality of life ofsenior adults. *Music therapy perspectives*, 17(1), 27-31

Cohen, G. D. 2006b. Final Report. The Creativity and Aging Study. Washington, DC: National Endowment for the Arts and George Washington University. Retrieved December 21, 2010, from <http://www.nea.gov/resources/accessibility/CnA-Rep4-30-06.pdf>

Chandler, M. J., & C. Lalonde. 1998. "Cultural Continuity as a Hedge Against Suicide in Canada's First Nations." *Transcultural Psychiatry* 35 (2): 191–219.

Chilisa, B. 2012. *Indigenous research methodologies*. Los Angeles, CA: Sage.

Chiodo, P. A. 1997. *The development of lifelong commitment: A qualitative study of adult instrumental music participation* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 9801280)

Cheska, A.T. 1987 .*Traditional games and dances in West African nations*. Schorndorf: Verlag Karl Hofmann .

Chi, M., Lee, C., & Wu, S.C. 2011. The prevalence of chronic conditions and medical expenditures of the elderly by chronic condition indicator (CCI). *Archives of Gerontology and Geriatrics*. 52 (2011):284-289.

Chivaura, V.G. 2006. African indigenous worldviews and ancient wisdoms; A conceptual framework for development in Southern Africa; in Kunnie . J.E Goduka NI (eds).*Indigenous people's wisdoms and power ,affirming our knowledge through narratives* .Ashgate publishing.

Calhoun, D. W. 1987. *Socialization: The Rules of the Game*. Champaign, Illinois: Human Kinetics.

Creswell, J.W. 2003. *Research design: Qualitative, quantitative, and mixed methods approaches*. (2nd ed.) Thousand Oaks: Sage.

Creswell, J. W. 2007. *Qualitative inquiry & research design: Choosing among five approaches* (2nd Ed.). Thousand Oaks, CA: Sage Publications.

Creswell, J. W. 2013. *Research design: Qualitative, quantitative, and mixed methods approach*. Thousand Oaks, CA: Sage.

Crotty, M. 2003. *The Foundations of Social Research: Meaning and Perspectives in the Research Process*, London: Sage Publications, 3rd edition, 10.

Coates, J., Gray, M. & Hetherington, T. 2006 . An “Ecospiritual” Perspective: Finally, a Place for Indigenous Approaches. *British Journal of Social Work*, 36(3), pp.381–399. Available at: <http://bjsw.oxfordjournals.org/cgi/doi/10.1093/bjsw/bcl005>

Conner M, & Sparks P. Theory of planned behavior and health behavior. In: Conner M., Norman P., editors. *Predicting health behavior*. 2nd ed. Maidenhead: OUP; 2005. pp. 170–222

Conn V.S, Tripp R, Toni, & Maas ML. 2003. Older women and exercise: Theory of planned behavior beliefs. *Public Health Nurs*.20(2): 153-163.

Colmant, S. A. 2000 U.S. and Canadian boarding schools: a review, past, and present. *Native Americas Hemispheric Journal of Indigenous Issues*, 17(4), 24–48.

Colomeda., L.A. 1999. *Keepers of the Central Fire: Issues in Ecology for Indigenous Peoples*. Jones and Bartlett: Sudbury, Massachusetts.

Cottrell, A. 2002. What is Healing Music? From www.healingmusic.org. (Retrieved on February 23, 2005).

Courneya KS. 1995. Understanding readiness for regular physical activity in older individuals: An application of the theory of planned behavior. *Health Psychol.*14 (1): 80.

Cavana, R. Y., Delaware, B. L., & Sekaran, U. 2001. *Applied Business Research: Qualitative*

Dabback, W.M. 2008 .identity formation through participation in the Rochester New Horizons Band program.*International journal of community music*,1(2),267-286

Dakwa asare, A. 2015. Indigenous music in healing rituals; A comparative study of the twelve apostles church in Ghana and shamanism in Finland

Dean R, Farrell J, Kelley M, Taylor M, & Rhodes R. 2007. Testing the efficacy of the theory of planned behavior to explain strength training in older adults. *J Aging Phys Act.*15 (1): 1.

Deci, E. L., & Ryan, R. M. 1985. *Intrinsic motivation and self-determination in human behavior*. New York: Plenum

Deci, E. L., & Ryan, R. M. 2000. The “what” and “why” of goal pursuits: Human needs and the self determination of behavior. *Psychological Inquiry*, 11: 227-268

Deci, E. L. & Ryan, R. M. 2008. Facilitating optimal motivation and psychological well-being across life’s domains. *Canadian Psychology/Psychologie canadienne*, 49, 14–23. doi:10.1037/0708-5591.49.1.14.

Diener, E & Seligman, M. 2004.*Beyond money; towards an economy of wellbeing, psychological science in the public interest* 5 (1), 1-31

Denzin, N.K.& Lincoln, YS. 2005.*The sage handbook of qualitative research*.California, Sage publications

Denoon-Cassini TA, de St. Aubin E, Valvano A, Hastings J, Horn P. 2009. Psychological well-being after spinal cord injury: Perception of loss and meaning making. *Rehabilitation Psychology*. 2009;54:306–314. doi: 10.1037/a0016545

Ditsele, T. 2017. Testing the impact of known variables on the attitudes held by Setswana L1speaking university students toward their L1; *Literator* 38(1), 1-15.
<https://doi.org/10.4102/lit.v38i1.1301>

Downs DS, & Hausenblas, HA. 2005 . Elicitation studies and the theory of planned behavior: *A systematic review of exercise beliefs. Psychol Sport Exerc.*6 (1): 1-31

Drawson, A. S., Toombs, E., & Mushquash, C. J. 2017. Indigenous Research Methods: A Systematic Review. *The International Indigenous Policy Journal*, 8(2). Retrieved from: <https://ir.lib.uwo.ca/iipj/vol8/iss2/5>
DOI: 10.18584/iipj.2017.8.2.5

Edwards K. 2009. Traditional games of a timeless land: play cultures. *Aust Aboriginal Stud* 2009; 2009/2: 32-43

Edmore, N & Sibarashe, M. 2013. Dance as a viable alternative to sport: Effects of traditional dances on the health and fitness of Zimbabwean women. *IOSR Journal of Sports and Physical Education (IOSR- JSPE)* e-ISSN: 2347-6745, p-ISSN: 2347-6737, Volume 1, Issue 1 (Sep. – Oct. 2013), PP 20-28
www.iosrjournals.org www

Egerton, T. 2013. Self-reported aging-related fatigue: A concept description and its relevance to physical therapist practice. *The Journal of American Physical Therapy Association*, 93(10), 1403-1411

Enoka, R.M. 1997. Neural adaptations with chronic physical activity. *Journal of Biomechanics*, 30(5), 447-455

Emery, A. R. 2000. Guidelines: integrating Indigenous knowledge in project planning and implementation. Hull, Canada: Canadian International Development Agency. Retrieved from <http://www.kivu.com/wp-content/uploads/2012/01/Partnership-Guidelines.pdf>

Evans, M, Adrian. M, Hutchinson, P and C, Dingwall. 2014. “Decolonizing Research Practice: Indigenous Methodologies, Aboriginal Methods, and Knowledge/Knowing.” In *The Oxford Handbook of Qualitative Research*, edited by Patricia Leavy. Oxford University Press.

Eyong, C.T., Mufuaya, I.I& Foy. 2004. Literature and culture –The sustainability connection from an African perspective, in regional sustainable development review; Africa.Oxford; Eolss publishers. Retrieved August 27, 2005, from <http://www.eolss.net>.

Eyler, A.A, Baker E, Cromer L, King AC, Brownson, R.C, & Donatelle. R.J. 1998. Physical activity and minority women: A qualitative study. *Health Educ Behav.*25 (5): 640-652

Ezedike. E.O. 2009. African culture and the African personality. From footmarks to landmarks in African philosophy. Somolu.Ogbinaka and Obarou publishers

Fiatarone-Singh, M.A. 2002. Exercise comes of age: rationale and recommendations for a geriatric exercise prescription. *The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences*, 57(5), M262–M282.

Flick. U. 2006. *An Introduction to qualitative research*, Thousand Oaks, CA Sage

Foote, M, Q. & Bartell T,G.2011. “Pathways to Equity in Mathematics Education: How Life Experiences Impact Researcher Positionality.” *Educational Studies in Mathematics*, vol. 78, 2011, pp. 45-68.

Frego, R. J. D. 1995. 'Music Movement Therapy for People with AIDS: The Use of Music Movement Therapy as a Form of Palliative Care for People with AIDS'. *International Journal of Arts Medicine* 4 (2), 21-25

Fredrickson, B. L. 2001. The role of positive emotions in positive psychology: The broadened-build theory of positive emotions. *American Psychologist*, 56, 218-226

Garrett, M. T., & Wilbur, M. P. 1999. Does the worm live in the ground? Reflections on Native American spirituality. *Journal of Multicultural Counselling and Development*, 27(4), 193-206

Gee, G., Dudgeon, P., Schultz, C., Hart, A., Kelly, K. 2014. Aboriginal and Torres Strait Islander social and emotional wellbeing. In Dudgeon, P. Milroy, H. Walker, R. (Ed.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 55-68). Canberra: Department of the Prime Minister and Cabinet.

Goduka, I.N . 2000. African/Indigenous philosophies: Legitimising spiritually centred wisdoms within the academy. In: Higgs P, Vakalisa NCG, Mda TV and Assie NT (eds) *African Voices in Education*. Lasdowne, South Africa: Juta, 63–83.

Golsin, A. & Goslin, B. 2008. Traditional games in the Tshwane area of South Africa: A comparative study. In L. O. Amusa and A. L. Toriola (Eds.), *Traditional and Indigenous Games in Sports in Africa* (pp. 94-104). Mokopane, South Africa: www Publishing (PTY) Ltd

Grant, C. & Osanloo, A. 2014. Understanding, Selecting, and Integrating a Theoretical Framework in Dissertation Research: Creating the Blueprint for 'House'. *Administrative Issues Journal: Connecting Education, Practice and Research*, Pp. 12-22 DOI: 10.5929/2014.4.2.9

Gretebeck K .A, Black D.R, Blue C.L, Glickman L.T, Huston S.A, & Gretebeck R.J. 2007. Physical activity and function in older adults: *Theory of planned behavior*. *Am J Health Behav*.31 (2): 203-214.

Guba, E. G. & Lincoln, Y. 2005. Paradigmatic controversies, contradictions & emerging confluences' in *The Sage Handbook of Qualitative Research*, 3rd Edn. California: Sage.

Gumo, S. et al. 2012. Communicating African Spirituality through Ecology: Challenges and Prospects for the 21st Century. *Religions*, 3(4), pp.523–543. Available at: <http://www.mdpi.com/2077-1444/3/2/523/>.

Gusau, G.A. 1981. Traditional Medicine, its Practitioners and their Patient, in Sokoto-Nigeria. An unpublished B.sc Project, Sociology Department Usman Danfodio University Sokoto

Hall, B. L. 1992. From margins to center? The development and purpose of participatory research. *The American Sociologist*, 23(4), 15–28. doi:10.1007/BF02691928

Hanna J, L. 1987. Partnering Dance and Education: Intelligent moves for changing times. USA: Human Kinetics;

Hausenblas H.A, Carron A.V, & Mack D.E. 1997. Application of the theories of reasoned action and planned behavior to exercise behavior: A meta-analysis. *J Sport Exercise Psy*.

Hays, T. & Minichiello, V. 2005. The contribution of music to quality of life in older People: An Australian qualitative study. *Ageing & society* 25, 2005, pp.261-278.

Hays, T., & Minchiello, V.2005a. The contribution of music to quality of life in older people: An Australian qualitative study. *Aging & Society*, 25, 261-278.

- Hays, T., & Minchiello, V. 2005b. The meaning of music in the lives of older people: A qualitative study. *Psychology of Music*, 33(4), 437-451.
- Higgins A, & Conner M. 2003. Understanding adolescent smoking: The role of the theory of planned behaviour and implementation intentions. *Psychology, Health & Medicine*.8 (2): 173-186.
- Hoffman, R.2013.Respecting Aboriginal Knowing in the academy, *alternative an international journal of indigenous people*, 9 (3) 189-203
- Holmes, W.Stewart, P, Garrow, A.Anderson, I.Thorpo, L.2002.Researching Aboriginal Health; Experince from a Study of Urban young people’s health and wellbeing.Soc.Sci med 54;1267-1279.doi:10.1016/50277-9536(01)00095-8
- Igweolu ,K . 2002 .Indigenous communications, enugu, KMB;146;120-128
- Indigenous Language Institute .2002. “Community Voices Coming Together.” Notes compiled at the National Indigenous Language Symposium, Albuquerque, NM, 7–10 November 2002.
- Isaac, E.U. 2013.The role of a composer in national development; A case study of Okon Udo Udo. *journal of the association of Nigeria musicology*, 7, 55-64
- Iseke-Barnes, J. 2009. Grandmothers of the Metis Nation. *Native Studies Review*, 18(2), 25-60.
- Iwasaki, Y., Coyle, C., & Shank, J. 2010. Leisure as a context for active living, recovery, health, and life quality for persons with mental illness in a global context. *Health Promotion International*, 25(4), 483–494

Jansen, G. 1973. *The doctor-patient relationship in an African tribal society*. Assen: Van Gorcum & Comp. B.V.

Joseph, B. 2014. 11 things you should know about Aboriginal oral traditions. Retrieved from <http://www.ictinc.ca/blog/11-things-you-should-know-about-aboriginal-oral-traditions> (Archived by WebCite® at <http://www.webcitation.org/6uCwfPSak>)

Kagee, A. 2010. Psychological distress among people living with HIV, hypertension and diabetes. *The Journal of AIDS Care*, 22(12), 159-165.

Khan, M. E. & Manderson, L. 1992. Focus groups in tropical diseases. *Research Health Policy and Planning*, Vol.7, No.1.

Kahakwa, S. B. 2004. Ancestors and healing in African spirituality: challenges to the Lutheran churches in Africa. *Journal of Nordic African studies*, 15(1):1-15.

Kamara, J. 2007. *Indigenous Knowledge in Natural Disaster Reduction in Africa*. The Environmental Times, a periodic publication by UNEP/GRID-Arendal

Kaphagawani, D. N. & Malherbe, J. G. 1998. "African Epistemology" in P. H. Coetzee and A. P. J. Roux, (ed.), *The African Philosophy Reader*. London: Routledge,

Khupe, C. 2014. *Indigenous knowledge and school science: Possibilities for integration*. (Unpublished doctoral thesis). University of the Witwatersrand, Johannesburg, South Africa.

Khoza, R. 2006. *Let Africa Lead: African Transformational Leadership for 21st Century Business*. Johannesburg: Vezubuntu.

Kibicho, S.G. 2006. *God and Revelation in an African Context*. Nairobi: Acton Publishers`

King, N. 1994. The qualitative research interview. In: *Qualitative methods in organizational research: a practical guide*. Sage, pp. 14-36. ISBN 9780803987692

Kirmayer, L., Brass, G., & Tait, C.2000. The mental health of Aboriginal peoples: transformations of identity and community. *Canadian Journal of Psychiatry*, 45, 607–616.

Koenig, H., McCullough, M., & Larson, D. (Eds.). 2001. *Handbook of religion and health*. New York: Oxford University Press.

Kwan BM, & Bryan AD. 2010. Affective response to exercise as a component of exercise motivation: Attitudes, norms, self-efficacy, and temporal stability of intentions. *Psychology of Sport and Exercise*.11(1): 71-79.

Krefting, L. 1991. Rigor in qualitative research; *the assessment of trustworthiness the American journal of occupational therapy*;45 (3);24-222

Kretzschmar, L. 1996. "A Holistic Spirituality: A Prerequisite for the Reconstruction of South Africa" *Journal of Theology for Southern Africa* 95, pp 63-75

Kruger, RA & Casey, MA .2000. *Focus group; A practical guide for applied research* .3rd ed.Thousand oaks. CA; Sage Publications

Kosma, M. 2012. An expanded framework to determine physical activity and falls risks among diverse older adults. *Res Aging*.

Kothari, C. R. 2004. *Research Methodology: Methods and Techniques*, (Second Edition), New Age International Publishers.

Kovach, M. 2010 . Conversational methods in Indigenous research. *First Peoples Child and Family Review*, 540–48. Retrieved from <http://journals.sfu.ca/fpcfr/index.php/FPCFR/article/view/172/141>

Keeves, J. P. 1997. *Educational research methodology and measurement*. Cambridge: Cambridge University Press.

Lather, P. 1988. Research as praxis. *Harvard Educational Review*, 56(3), 257-277. <https://doi.org/10.17763/haer.56.3.bj2h231877069482> Lincoln

Larson, J. 1996. The World Health Organisation Definition of Health; Social versus Spiritual health social indication *Research Vol 38 No 2*, pp 181-192

Larson, D. B., & Larson, S. S. 2003. Spirituality's potential relevance to physical and emotional health: A brief review of quantitative research. *Journal of Psychology and Theology*, 31, 37-51.

Latulippe, N. 2015. Bridging parallel rows: Epistemic difference and relational accountability in cross-cultural research. *The International Indigenous Policy Journal*, 6. doi:10.18584/iipj.2015.6.2.7

Lawrence, V., Banerjee, S., Bhugra, D., Sangha, K., Turner, S., & Murray, J. 2006. Coping with depression in later life: A qualitative study of help-seeking in three ethnic groups. *Psychological Medicine*, 36, 1375-1383

Letseka, M. 2013. Educating for ubuntu/botho: Lessons from indigenous education. *Open Journal of Philosophy*, 3(2), 337–344.

Liehr P. & Smith M. J. 1999. Middle Range Theory: Spinning Research and Practice to Create Knowledge for the New Millennium. *Advances in Nursing Science*, 21(4): 8191.

Lincoln, Y.S. & Guba, E.G. 1985. *Naturalistic enquiry*, Beverly hill, California; Sage Lincoln, Y.S.

& Guba, E.G. 2005. *Naturalistic enquiry*, Beverly hill, California; Sage Lin SF, Lee JW, Modeste N, & Johnson EG. 2012. Attitudes and beliefs predicting Taiwanese older adults' intentions to attend strength and balance training programs. *J Appl Gerontol*.31(2): 260-281

Lisa, L. J & Victor fang, C . 2010. Benefits of Music Participation for Senior Citizens: A Review of the Literature. *Music Education Research International*, Volume 4, 2010

Lowe, P. & Macbride-Henry K. 2012. What factors impact on the quality of life of elderly women with chronic illnesses: Three women's perspective. *The Journal of a Contemporary Nurse*, 41(1)18-27.

Louis, R P. 2007. Can you hear us now? Voices from the margin: *Using indigenous methodologies*. *Geographic Research* 45(2): 784–805.

Luhabe, W. 2002. *Defining moments: Experiences of black executives in South Africa's workplace*. Durban: University of KwaZulu-Natal Press.

MacMillan, H.L., MacMillan, A.B., O'ord, D.R., Dingle, J.L., 1996. Aboriginal health. *Canadian Medical Association* 155, 1569±1578.

Mackenzie, N. & Knipe, S. 2006. Research dilemmas: paradigms, methods, and methodology. *Issues In Educational Research*, 16, 1-15.

Makhubele, J.C. 2011. 'The Effectiveness of Indigenous Knowledge in the Prevention and Treatment of Infertility in a Rural Community of Limpopo Province: *A Social Work Perspective*', *Journal of Community and Health Sciences* 6(1): 9 -20.

Magesa, L. 1998. *African Religion: The Moral Traditions of Abundant Life*. Nairobi: Paulines.

Malesa, M.T. 2012. The importance of the indigenous games among the Ba-Phalaraborwa of the Limpopo, University of Limpopo

Mapana, K. 2007. "Transition and Change of a Music Tradition: A Study of the Muheme Music Tradition of the Wagogo People of Dodoma, Tanzania. Unpublished M.A. Thesis, University of Dar es Salaam.

Marano, H. 1999. The Power of Play. Psychology Today. Palo Alto, CA: Mayfield, pps.32, 36 40, 68.

Mbiti, J. S. 1969. African Religion and Philosophy. London: Heinemann

Mbiti, J.S. 1970. African Religions and Philosophy, London: Heinemann

Mbiti, J.S. 1975. African Religions and Philosophy. Heinemann Publishers. London

Mbiti, J.S., 1986. Bible and theology in African Christianity, Oxford University Press, Nairobi

Mji, G., 2012. The health knowledge utilized by rural older Xhosa women in the management of health problems in their home situation, with a special focus on indigenous knowledge. Stellenbosch University. Pp.1–323.

Moffat, T. & Herring, A. 1999. The historical roots of high rates of infant death in Aboriginal communities in Canada in the early twentieth century: The Case of Fisher River, Manitoba. Social Science and Medicine 48: 1821-1832.

Morris, T., Moore, M. & Morris, F. 2011. Stress and chronic illness: the case of diabetes. *Journal of Adult Development*, 18(2), 70-80. doi:10.1007/s10804 0109118-3.

Mouton, T & Marais, H.C. 2001. Basic concepts in the methodology of the social sciences. Pretoria. HSRC

Moyana, T. T. 1989. Education, Liberation and the Creative Act. Harare: Zimbabwe Publishing House.

Msoni, J.E.B. 1980. The role of Music in an African society. Zululand

Mwenda, P.W. 2014. Elements of traditional games of the Gush Community of Kenya. Unpublished M. Phil. Thesis. Kenyatta University, Kenya. 26

Mufamadi, J.2009. "Cross-cultural dilemmas in the management of HIV/AIDS: The role of African traditional healers ".Indilinga, African journal of indigenous knowledge systems, 8 (1); 24-35

Nakata, M. & Langton, M. (Eds.). 2009. Australian indigenous knowledge and libraries.

Retrieved from <https://opus.lib.uts.edu.au/bitstream/10453/19486/1/E-book.pdf> (Archived by WebCite® at <http://www.webcitation.org/6uCwxJGs7>)

National Aboriginal Health Organization. 2005. First nations regional longitudinal health survey (RHS) 2002/03: The peoples 'report. Ottawa: National Aboriginal Health Organization

National Aboriginal Community Controlled Health Organisation (NACCHO). 1993. Policy Statement Manifesto on Aboriginal Well-being 1993, NACCHO, Canberra. Accessed on 22 June 2009 at: <http://www.naccho.org.au/Files/Documents/Policy%20Statement%20Manifesto%20on%20Aboriginal%20Well-being%201993.pdf>.

NAHSWG (National Aboriginal Health Strategy Working Group). 1989. A National Aboriginal Health Strategy. Canberra:

Nejad LM, Wertheim EH, & Greenwood K. 2005. Comparison of the health belief model and the theory of planned behavior in the prediction of dieting and fasting behavior. Relaunching soon. 1(1): pp. 63-74.

Nkemnkia, M.1999.African Vitalogy: A step forward in thinking, Paulines Publications Africa.Nairobi
National Academy on an Aging Society (NAAS). 1999. Chronic Conditions, are a challenge for the 21st
century. Retrieved from: <http://www.agingsociety.org/agingsociety/pdf/chronic.pdf>.

Netshivhambe Evans, N. 2017. 4th international conference on arts and humanities, music department,
University of Pretoria

Ntuli, P .P. 2002. Indigenous knowledge systems and the African Renaissance. In: Odora Hoppers, C.A.
2002. The Indigenous Knowledge and the Integration of Knowledge Systems. South Africa: New Africa
Books.

Nzewi, M . 2002. “Backcloth to Music and Healing in traditional African society “.Voices.A
worldForumforMusictherapy,2(2).RetrievedMay2,2011,from[http://voices.no/index.php/voices/ar
ticle/viewArticles/85/67](http://voices.no/index.php/voices/article/viewArticles/85/67)

Ocholla, D., 2007. Marginalized Knowledge: An Agenda for Indigenous Knowledge Development
and Integration with Other Forms of Knowledge. International Review of Information Ethics, 7,
pp.1–10. (cited in Ohajunwa,2019).

Okafor, R. C. 2005. *Music in Nigerian Society*. Enugu: New Generation.Books, 2005.

Oke, E. 1984. An Introduction to Social Anthropology. London: Macmillan Publishers

Oke E. A. 1982. Traditional Health Services: An Investigation of the Providers and the Level and
Patterns of Utilization among the Yoruba’s, Ibadan, University of Ibadan Department of Sociology.

Okonkwo, V. N. 2009. Cultural and creative art as an educational tool for national development.

(AJOMAH) *Alvan Journal of Music and Humanities*. 1, (1), 50-58.

Olupona, J. K., 2004, 'Owner of the day and regulator of the universe: Ifa Divination and healing among the Yoruba of South-Western Nigeria', in M. Winkelman & P.M. Peeks (eds.), *Divination and Healing: Potent vision*, pp.103-117, University of Arizona Press, Tucson, AZ.

Oppong, C. 2006. "Familial Roles and Social Transformations: Older Men and Women in Sub-Saharan Africa", *Research on Aging*, vol. 28, no. 6, pp. 654-668

Opportunity, Choice, Healing, Responsibility, Empowerment (OCHRE). 2013. "NSW Government Plan for Aboriginal Affairs: Education, Employment & Accountability." Accessed February 08, 2014. http://www.aboriginalaffairs.nsw.gov.au/wpcontent/uploads/2013/04/AA_OCHRE_final.pdf.

Patrick, G. 2016. *Handbook of Research on Social, Cultural, and Educational Considerations of Indigenous Knowledge in Developing Countries*, University of South Africa, South Africa DOI:[10.4018/978-1-5225-0838-0.ch010](https://doi.org/10.4018/978-1-5225-0838-0.ch010)

Patton, M. Q. 2002. *Designing qualitative studies [excerpt purposeful sampling]*. In *Qualitative research and evaluation methods* (3rd ed., pp. 230-247). Thousand Oaks, CA: Sage

Peil, M. 1995. Family help for the elderly in Africa. A comparative assessment. *South African Journal of Gerontology*, 4,26–32.

Pinkoane, M.G., Greeff, M. & Williams, M.J. 2005. The patient relationship and therapeutic techniques of the South Sotho traditional healer. *Curationis*, (018), pp.20–30.

Pilot, D. F., & Hungler, B. P. 1999 . *Nursing research: principles and methods*. Philadelphia: JB Lippincott Company

Polit, D. F & Beck, C. T. 2012. Nursing research: generating and assessing evidence for nursing practice 9th ed. Lippincott Williams & Wilkins

Plotnikoff RC, Lippke S, Courneya KS, Birkett N, & Sigal RJ. 2008 . Physical activity and social cognitive theory: A test in a population sample of adults with type 1 or type 2 diabetes. *Applied Psychology*.57(4): 628-643

Prilleltensky, I. 2005. Promoting well-being: time for a paradigm shift in health and human services. *Scandinavian Journal of Public Health* (pp. 53–60). 33(Suppl. 66).

Prinzing, S. S. 2009. American Indian music: More than just flutes and drums. Montana Office of Public Instruction

Pufaa, H. A. 1999. Traditional Games in West Africa. In L.O. Amusa, A.L. Toriola, and I.U. Onyewadume (Eds.), *Physical Education and Sport in Africa*. Ibadan, LAP Publications limited.

Quarles, B. 1964. *The Negro in making of America*. NY: Macmillan

Ranamane, T.D., 2013. The contribution of the missionaries to the development of Setswana as a written language, *South African Journal of African Languages* 32(1), 27–33. <https://doi.org/10.2989/SAJAL.2012.32.1.5.1128>

Ravelin, R.H, Jari, K, & Teja, K. 2006. Dance in mental health nursing: A hybrid concept analysis. Taylor & Francis publishers, *issue in mental health* 27; 307-317.

Rhodes RE, Blanchard CM, & Matheson DH. 2006. A multicomponent model of the theory of planned behavior. *Br. J. Health Psychol.*11 (1): 119-137.

Richter, M., 2003. Traditional Medicines and Traditional Healers in South Africa. Treatment action campaign and AIDS law project, 17, pp.1–29. Available at: http://healthlink.org.za/uploads/files/TAC_Law_Proj.pdf.

Rigney, L. 2001. A First Perspectives of Indigenous Australian participation in science framing indigenous research towards indigenous Australian intellectual sovereignty

Rigby, C. S., Deci, E., Patrick, B. C., & Ryan, R. 1992. Beyond the intrinsic-extrinsic dichotomy: Self-determination in motivation and learning. *Motivation and Emotion*, 16, 165–185

Robertson, J.F. 1976. Significance of Grandparents perceptions of young adult grandchildren. *Gerontologists* 16; 2.

Robinson, T., Mosha, F., Grainge, M., & Madeley, R. 2006. "Indicators of mortality in African adults with malaria", *Transactions of the Royal Society of Tropical Medicine and Hygiene*, vol. 100, no. 8, pp. 719-724.

Ruch, E. A. & Anyanwu, K. C. 1984. *African Philosophy: An Introduction to the Main Philosophical Trends in Contemporary Africa*. Rome: Catholic Book Agency – Officium Libri Catholicism

Ryan, R. M., & Deci, E. L. 2000. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68.8

Sandelowski, M. 1986. The problem of rigor in qualitative research. *Advances in Nursing Science*, 8(3), 27–37.

Sarpong, K. P. 2002. *People differ: An approach to enculturation in evangelism*, Sub-Sahara Publishers, Accra

Savin-Baden, M, & Major, C, H.2003. *Qualitative Research: The Essential Guide to Theory and Practice*, Routledge.

Schulz, E.K., 2004. Spirituality and disability: an analysis of select themes. *Occupational therapy in health care*, 18(4), pp.57–83. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/23927653> (cited in Ohajunwa, 2019).

Siegel, B. S .1986. *Love, Medicine, and Miracles*. New York: Harper and Row Publishers

Siltoe, P. 2000. Indigenous Knowledge Science and the ‘poorer of the poor’ *Anthropology today*. 16 (6)-3-7

Sixsmith. A & Gibson. G. 2007. Music and the wellbeing of people with dementia. *Ageing & society*. 27 (1), 127-145

Shizha, W. & Charema, J. 2012. —Health and wellness in Southern Africa: Incorporating indigenous and western healing practices. *International Journal of Psychology and Counselling*, 4(5): 59-67.

Shizha, E. 2008. Globalisation and indigenous knowledge: An African post-colonial theoretical analysis. In S. Guo & A. A. Abdi (eds). *Education and Social Development: Global Issues and Analysis*. Rotterdam: Sense Publishers.

Smith, E. A. 2010. Communication and collective action: Language and the evolution of human cooperation. *Evolution and Human Behavior* 31(4): 231-245.

Steward, D.E & Irons, J.Y . 2018. Music, public health, and health promotion. Can music be a social determinant of health ? in N.Sunderland.N., Lewandowski, D. Bendrup & B.L Bartleet (eds) *music, health and wellbeing equity and social justice (17-31)* London: Palgrave macmillan, UK Sutherland,

Adams, SM. 2019. Building on the definition of social and emotional wellbeing: an Indigenous (Australian, Canadian, and New Zealand) viewpoint. *ab-Original*, 3(1), 48-72. 10.5325/aboriginal.3.1.0048

Streubert, H. J., & Carpenter, D. R. 2003. *Qualitative research in nursing*. (3rd ed.). USA:

Lippincott Williams & Wilkins. Streubert, H. J. 2007. Designing data generation and management strategies. Pages 33-56 in H. J. Streubert and D. R. Carpenter, editors. *Qualitative research in nursing: advancing the humanistic imperative*. Third edition. Lippincott Williams & Wilkins, Philadelphia, Pennsylvania, USA.

Tahzib, F. 1983. *Traditional Medical Practitioners and Specialists in Northern Nigeria*.

The International Seminar on Hausa Studies, University of Sokoto

Tobin, G.A., & Begley, C.M. 2004. Methodological rigor within a qualitative framework. *Journal of Advanced Nursing*, 48, 388–396.

Tornstam, L. 2011 *Åldrandets psykologi [The Psychology of Ageing]*. Stockholm: Nordstedts

Terr, L. 1999. *Beyond Love and Work: Why Adults need to Play*. New York: NY Scribner.

Tuck, E., & Yang, K. W. 2012. Decolonization is not a metaphor. *Decolonization: Indigeneity, Education & Society*, 1, 1–40. Retrieved from https://www.researchgate.net/publication/277992187_Decolonization_Is_Not_a_Metaphor

Van der Merwe, F.J.G. & Bressan, E.S. 1995. Traditional games of the Xhosa of South Africa. *African Journal for Physical, Health Education, Recreation and Dance*, 1(1): 32-46.

Van mele, V. & Reanson, R. 1990 . Traditional games in South America. ICSSPE Sport Science Studies 4. Schorndorf: Verlag Karl Hofmann.

VanWeelden, K., & Cevasco, A. M. 2009 . Geriatric clients' preferences for specific popular songs to use during singing activities. *Journal of Music Therapy*, 46, 147–159. doi:10.1093/jmt/46.2.147

Verghese, J., Lipton, R. B., Katz, M. J., Hall, C. B., Derby, C. A., Kuslansky, G., et al. 2003. Leisure activities and the risk of dementia in the elderly. *New England Journal of Medicine*, 348(25), 2508–2516. <https://doi.org/10.1056/NEJMoa022252>.

Waldron, I.R.G., 2002. African Canadian women storming the barricades! Challenging psychiatric imperialism through indigenous conceptualizations of “mental illness” and self-healing. Dissertation Abstracts International Section A: Humanities and Social Sciences, 63(6–A), p.2377. Available at: <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=psyc4&NEWS=N &AN=2002-95023-087>.

Walsh, M. 1993. “Languages and their Status in Aboriginal Australia.” In *Language and Culture in Aboriginal Australia*, edited by Michael Walsh, and Colin Yallop, 1–14. Canberra: Aboriginal Studies Press.

Walsh, M. 2010. “Why Language Revitalisation Sometimes Works.” In *Re-awakening Languages. Theory and Practice in the Revitalisation of Australia's Indigenous Languages*, edited by JohnRobertHobson, KevinLowe, SusanPoetsch, and Michael Walsh, 22–36. Sydney: Sydney University Press.

Wanderi, P. M. 2011. *The Indigenous games of the people of coastal region of Kenya: A cultural educational appraisal Ethiopia*, Addis Ababa: Organisation for Social Science research in Eastern and Southern Africa (OSSREA).

Weber-Pillwax, C. 2001. Coming to an Understanding: A panel presentation on what is Indigenous research?

Canadian Journal of Native Education, 25(2), 166-174.

Wertz, F. J., Charmaz, K., McMullen, L., Josselson, R., Anderson, R., & McSpadden, E. 2011. Five ways of doing qualitative analysis: Phenomenological psychology, grounded theory, discourse analysis, narrative research, and intuitive inquiry. New York, NY: Guilford Press

Wiand, L. L. 2004. The effects of sacred/shamanic music on trauma-related disorders: Dissociative disorders and music of an indigenous Native American flute. ProQuest Information and Learning Company

Wilson, S. 2001. What is an Indigenous research methodology? *Canadian Journal of Native Education*, 25(2), 175-179.

Wilson, S. 2008. Research is ceremony: Indigenous research methods. Halifax, Canada: Fernwood.

Willcox, S., Oberreicht, L., Bopp, M., Kammermann, S.K & McElmurray, C.T. 2005 . A qualitative study of exercise in older African American and white women in rural South Carolina ; perceptions, barriers, and motivations, *Journal of women & aging*, 17 (1-2), 37-53

World population prospects: The 2017 Revision, published by the UN Department of Economic and Social Affairs

World Health Organisation. 1986. Ottawa Charter for health promotion. WHO

World Health Organization. 2017. *Ageing and life course*. Retrieved October 10, 2017 from <http://www.who.int/ageing/en/>

World Health Organization. 2012. World Health Statistics 2012: Indicator Compendium [online text],

Wong J. P., & Poon, M. K. 2010. Bringing translation out of the shadows: Translation as an issue of methodological significance in cross-cultural qualitative research. *Journal of Transcultural Nursing*, 21(2), 151–158. doi:10.1177/1043659609357637 PMID:20220035

Zuckermann, G. 2013. “Historical and Moral Arguments for Language Reclamation.” *History and Philosophy of the Language Sciences*. Accessed February 10, 2014. <http://hiphilangsci.net/2013/06/26/historical-and-moral-arguments-for-language-reclamation>.

Appendix A

Introduction letter

I Mogamisi Melita Setswano, student no 2460098, a Masters student of M.IKS at North-West University, Mafikeng campus. The proposed thesis is titled: Indigenous Games, Music, and Dance for promotion of health and wellbeing of the aged people, North-West Province. The areas of the study are Khunwana and Sione villages. As a researcher I have realized that many aged people die before they reach the age of 70, this is due to a lack of knowledge of exercising using indigenous games, music, and dance and being brainwashed that anything created by Westerners is superior to African ways. The study aims to document the health and well-being benefits of indigenous games, music, and dances to the aged people of Khunwana and Sione villages, North-West provinces.



Research objectives

- To identify and document the indigenous games, music, and dances used by the aged people of Khunwana and Sione village for health and wellbeing
- Investigate how indigenous games, music, and dance contribute to the health and wellbeing of the aged people of Khunwana and Sione villages
- Assess the extent to which the aged people participate in indigenous games, music, and dance at Khunwana and Sione villages.

Appendix B :A permission letter from North West University

Appendix C : A permission letter from the tribal chief

Barolong Boo Ratlou Ba ga Seitshiro
P.O Box 998
Khunwana
2748
MINA TSEIPI



Tel no: 018 387 0919
Fax no: 018 387 0918
Stand 40225 kgosing section,khunwana

Ref no:11/2/10/3/10
Enq:J.DIPHOKO
DATE: 30/07/2019

**BAROLONG BOO RATLOU
BA GA SEITSHIRO T/C**
2019 -07- 3 1
P.O. BOX 998 • KHUNWANA 2748
DITSOBOTLA
NORTH WEST PROVINCE

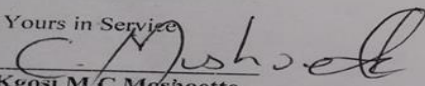
TO WHOM IT MAY CONCERN

**FROM: KGOSI AND TRADITIONAL COUNCIL
BAROLONG BOO RATLOU BA GA SEITSHIRO**

SUBJECT: PERMISSION TO CONDUCT RESEARCH AT KHUNWANA AND SIONE VILLAGE

This is communique serves to permit MS M.S.Mogamisi and support her to make a research of Indigenous games,dance,music on healthy and wellbeing of the elderly people in our two villages mentioned above. We understand that the research is for Academic purposes so that she can be able to complete her Degree.

Thanking you in advanced

Yours in Service

Kgosi M.C.Moshoeite
Barolong boo Ratlou Baga Seitshiro

Appendix D (a)-Consent letter – English version

Dear sir/Madam

Thank you for taking part in this master’s study titled “indigenous games, music and dance for health and wellbeing promotion of the aged, North-West province.

As a researcher, I promised you that your given knowledge or any information about you would be secret and confidential between you and the researcher. To take part in this study is voluntary; you have the right to withdraw from this study if you are no longer interested along the study journey without any punishment.

Please answer the questions with your best trustworthiness and loyalty. Thank you for taking part in this study.

I agree to take part and assist in any way I can in this study and I will do that with my best loyalty and trustworthiness.

.....

.....

Researcher

Participant)

Date

.....

Annexure D (b) – Setswana version

Lekwalo laboitlamo

Madume Mme/Rre

Kea go leboga go tsaya karolo mo dipatlisisong tsa “Masters” mo thuto ego lebeletsweng Metshameko ya setso,Mmino le kopelo ya setso mogo tokafatseng kemopholo le boitekanelo jwa bagodi mo North West Province.

Ke le mmatlisise ke go tshepisa ga di puisano tsa gago, leina kapa kitso engwe le engwe ka wena ekanna khupamarama /sephiri marageng ga wena le mmatlisise.Go tsaya karolo mo dipatlisisong tse kego ithaopa, ona le tswanelo yago ikgogela morago ga oikutlwa gore gaona kgatlhego ntle le kotlo epe.

Ka kopa araba dipotso ka botshepegi le bothakga.Ke lebogela go tsaya karolo ga gago.

Nna kekeke a dumela go tsaya karolo lego thus aka mokgwa onka kgonang ka teng modipatlisisong tse, mme seo ketla sedira ka botshepegi le bothaka.

.....

Motsayakarolo

.....

Mmatlisise

Letlha

.....

Annexure E(a)-Focus group discussion – English version

Objective 1: Identify and document the indigenous games, dance and music used by the aged of Khunwana and Sione villages.

1. What is your name?

.....

2. How old are you?

.....

3. What is your understanding of aged people, indigenous knowledge systems, indigenous games music, and dance?

.....

4. Why are indigenous games, music, and dance important to you as an aged people

.....

5. What is your own understanding of health and wellbeing?

.....

6. What are the names of the indigenous games, music, and dance that you use to promote your healthand wellbeing?

.....

7. How do you play/dance the mentioned indigenous games, dances, and music?

.....

8. Which tools are being used in the chosen indigenous games, music, and dance mentioned?

.....

9. How many participants are needed and where did you acquire the knowledge of indigenous games, music, and dance?

.....

10. How long have you been participating in indigenous games, dance, and music?

.....

Annexure E(b) – Dipuisano tsa setlhopa – Setswana version

Objective 1: Identify and document the indigenous games, dance, and music used by the aged of Khunwana and Sione villages.

1. Leina la gago ke mang?

.....

2. Onale dingwaga di le kae?

.....

3. Ontlhaloganyana eng ka bogodi, dikitso tsa setso le mmino wa setso le kopelo?

.....

4. Goreng mmino le metshamekong ya setso e le botlhokwa mo go wena jaaka mogodi?

.....

5. Otlhaloganyana eng ka boitekanelo le kemopholo?

.....

6. Ke metshameko efe ya setso le mmino le kopelo tsa setso tseo o di dirisang go tokafatso boitekanelo le kemopholo ya gago ?

.....

7. Otshameka jaang/bina metshameko le mmino wa setso jaang?

.....

8. Ke didiriswa tsefe tse o didirisang go tshameko metshameko ya setso kgotsa go bina mmino wa setso?

.....

9. Go tlokega badiragatsi ba le kae go tshameka metshameko le mmino ya setso eo umakilweng?

.....

10. O na le nako e kae o tsaya karolo mo mminong le metshameko ya setso?

.....

Annexure F (a) English version-in-depth interview

Objective 2: Investigate how indigenous games, dances, and music contribute to the health and well-being of the aged of Khunwana and Sione villages

Objective 3: Assess the extent to which the aged people participate in indigenous games, music, and dance

1. What types of ailments do you treat using indigenous games, music, and dance what are the causes of those?

.....

2. What is the value of indigenous games, music, and dance to aged people?

.....

3. How has your health and wellbeing improved by using indigenous games, music, and dance?

.....

4. How do African values impact indigenous games, music, and dance and influence the health and wellbeing of others?

.....

5. How does your participation in indigenous games, music, and dance improve your health and wellbeing generally?

.....

6. How regularly do you use indigenous games, music, and dance for health and wellbeing?

.....

7. What limit your participation in indigenous games, music, and dance, and does that affect your healthand wellbeing?

.....

Annexure F (b)-Tswana version –dipuisano tse di tseneletseng tsa setlhopa

Objective 2: Investigate how indigenous games, dances, and music contribute to the health and well-being of the aged of Khunwana and Sione villages

Objective 3: Assess the extent to which the aged people participate in indigenous games, music, and dance

1. Ke makoa afe ao tokofatsang ka tiriso ya metshameko le mmimo ya setso, ke eng se setholang makoa ao?

.....

2. Boleng jwa metshameko le mmimo wa setso ke eng mo go wena jaaka mogodi?

.....

3. Tiriso ya metshameko le mmimo wa setso di tokafaditse jaang kemopholo le boitekanelo ba gago?

.....

4. Melawana ya boitswaro jwa ma Afrika jo bo ikaegile mo metshamekong le mmimo ya setso e ama jaang kemopholo le boitekanelo ya gago le ya ba bangwe ?

.....

5. Go tsaya karolo mo metshamekong le mmimo ya setso go tokafatsa kemopholo le boitekanelo k kakaretso?

.....

6. Ka tlwaelo odirisa metshameko le mmimo ya setso go tokafatsa boitekanelo le boitekanelo?

.....

7. Go ya wena ke eng se se kgoreletsang/lekanyang go tsaya karolo ga gago mo metshamekong le mmino setso, dilekanyetsi tseo di ama jaang kemopholo le boitekanelo jwa gago?

.....



Private Bag X2046, Mmabatho
South Africa, 2735
Tel: 018 389-2111
Fax: 018 392-5775

School of Communications Studies

Tel: 018 389 2438

Fax: 018 389 2504

Email: chilombo.mbenga@nwu.ac.za

23 NOVEMBER 2021

Dear Sir/Madam,

RE: LANGUAGE EDITING CERTIFICATE: MS MS MOGAMISI (24600938)

This is to certify that the following Masters dissertation entitled: “**Indigenous Games, Dance and Music for the Promotion Health and Wellbeing of the Aged People, North-West Province**”, commissioned to me (Dr. Chilombo Banda), by Ms MS Mogamisi has been edited for English language, grammar, punctuation and spelling on November 23, 2021.

Disclaimer: the author is free to accept or reject changes made in the document after editing. However, I do not bear responsibility to revisions made to the document after editing is done.

Yours Sincerely,

Dr Chilombo Banda
BA, BA (Hons) (NWU), MA (UCT), PhD (NWU)
Programma Leader/Subject Chair
School of Communication Studies
North-West University, Mafikeng Campus
Email: Chilombo.Mbenga@nwu.ac.za
Tel: 018-389-2438
Cell: 0791788697

