

**The Role of Traditional Healers in the treatment of HIV and AIDS in  
Tsetse Village: The Case of Mahikeng in the North West Province**

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## DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work containing therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Signature: T. Sebota

Date: 05 October 2015

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## ABSTRACT

During the colonial era there was a huge disparity between modern sciences and indigenous knowledge systems. For instance, modern sciences have gained momentum while indigenous knowledge was labelled as primitive, out-dated and to certain extent as witchcraft. The disparity in health system created a parallel between modern sciences and indigenous knowledge system.

WHO (2003) has recommended the collaboration between Western medicine and Traditional healers for treatment of HIV and AIDS. The latter are skilled in the treating secondary or opportunistic infections. Therefore, Traditional Healers have a hope that they can cure HIV/AIDS if they can be allowed to practice effectively in hospitals and if their medicines can be accessed. In Africa, traditional herbal medicines are often used as primary treatment for HIV and AIDS symptoms such as dermatological disorders, nausea, depression, *botseno*, *letshollo le malwetsi a thobalano*. Also, people living with HIV and AIDS resorts to traditional medicine to augment conventional therapeutic products.

In this context, a descriptive research used qualitative interviews to investigate the role of traditional healers/ doctors in the treatment of opportunistic infections of HIV and AIDS in Mahikeng (Tsetse village) North West Province. The study utilised unstructured interviews which consisted of various interview questions that are developed in such a way that neither the exact questions the interviewer asks nor the responses of the subjects are predetermined. The units for the study were ten (10) Traditional Healers because they are the key participants for the study and ensured the researcher has knowledge of the topic. The study has found out that Traditional healers play a significant role in the treatment of opportunistic infections and is willing to work with Department of Health in treating people infected with HIV and AIDS. People who are living HIV and AIDS will firstly consult Traditional healers for assistance.

The study has made the following recommendations. Traditional healers must be prohibited from certain procedures, for instance, drawing of blood from patients, rapid use of razors, claiming to cure HIV and AIDS. Traditional healers have knowledge in midwifery and government should give training on continuous basis. In Hospitals Traditional Healers with relevant certificate must work together with western doctors in the diagnosis of diseases and treatment of opportunistic infections. Drastic measures must be taken against bogus doctors who do street abortions and claim to cure more than thousands diseases.

## GLOSSARY

**Badimo:** Ancestors are regarded as the living dead-responsible for misfortunes or calamity in the society. Sometimes, are regarded as gods who are worshipped and appear in dreams or visions. They are regarded as the guiders for healers during consultation (Donmoyer, 2006).

**Ceremony:** A ceremony is way of expressing communication with ancestors and there is always a sacrifice of blood. It is a way of calling upon the ancestors. It has its own rituals, values and customs and does not have religious connotations (Pefile 2005:197).

**Culture:** is a way of life within different society and culture helps people to identify who they are in terms of language, religion, cuisine, social habits, music and arts as contained in (Morris, 2005).

**Divination:** is the prediction of the future or the ability to foresee the unknown through distinct talent or knowledge. The other word for divination is fortune tellers. *Sangomas* are also regarded as diviners because of the ability to foretell the future of individual (Bob, 2004).

**Diviner:** Diviners are predominantly female who act as mediators between humans and ancestors/the supernatural. These people are able to predict the future of the person or country either using water or bones. Diviners diagnose by means of listening, observation and experience as well as the aid of the ancestors in the case of an unexplainable condition, where the message of the ancestors is imparted through bone throwing.

**Herbalist/Ngaka:** Herbalist can be regarded as a pharmacist who dispenses medicine made of natural ingredients comprising the bark of trees, roots, leaves, animal skin, blood or parts of animals, herbs and seawater. Their services do not include prediction (Latiff, 2010).

**Indigenous Knowledge Systems:** Indigenous Knowledge Systems (IKS) is a unique knowledge originates from a particular culture since time immemorial. The knowledge transcends from one generation to another and it has been used for survival over generations. Ethno- science might be defined as a local knowledge that is unique to a given culture or society. Africans used indigenous knowledge to survive the oppression of the colonists (Morris, 2005 and Freeman & Motsei, 2004).

**Rituals:** Rituals are arrangement of events including signals, arguments and items executed in appropriated domicile, and executed according to set of arrangements. Rituals might remain as customs of a public, referring to Christians and they are symbolised by “formalism, traditionalism, invariance, rule-governance” (Hakim and Chishti, 2010).

**Traditional Birth Attendants (TBA):** Traditional Birth Attendants possesses a unique knowledge of bringing new life to earth. Majority of Traditional Birth Attendants are older women and they have been practicing for a long time (Fontaine, 2004).

**Traditional healers (TH)** are recognized in the communities due to their use of herbal medicines and therapies in healing. Many traditional medicinal practitioners are people without education, who have rather received knowledge of medicinal plants and their effects on the human body from their forebears. They have a deep and personal involvement in the healing process and protect the therapeutic knowledge by keeping it a secret (Bob, 2004).

**Traditional Medicine (TM):** Traditional Treatment is the combination of information, expertise and practices created on ideas, opinions and views native to different values that are used to preserve health as well as to avert, identify, increase or treat physical and emotional well-being. Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products that contain parts of plants or other plant material, such as active ingredients (Rupert, 2001).

**Traditional Health Practitioner (THP):** Traditional Health Practitioner is defined as a *sangoma* who is legally recognized in South Africa in terms of the Health Practitioners Health Bill Act (Act 22 of 2007) (Traditional Health Practitioner Bill of 2007). It also involves *Sangomas*, Prophets, Traditional Birth Attendants and Herbalists. Traditional Health Practitioner does not charge exorbitant fees before the consultation and does not use parts of human beings to make *muti*.

**Traditional:** ‘refer to knowledge systems embedded in the cultural traditions of regional, indigenous, or local communities. Traditional knowledge includes types of knowledge about traditional technologies of subsistence (e.g. tools and techniques for hunting or agriculture, midwifery ethno-botany and ecological knowledge (Latiff, 2010).

***Thwasa:*** The process is to prepare the healer for a life of commitment to healing. For instance, at the end of training a goat or cow will be slaughtered and the *ithwasa* will drink the blood as a way to show connection between the ancestors and traditional healer.

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## TO WHOM IT MAY CONCERN

**RE: AN ASSESSMENT OF TRADITIONAL HEALERS/MEDICINE TOWARDS  
THE TREATMENT OF HIV/AIDS IN TSETSE VILLAGE:  
THE CASE OF MAHIKENG IN THE NORTH WEST PROVINCE  
BY T.P. SEBATA - Student No.: 17006929**

26 May 2014

This letter serves to confirm that I language edited the above dissertation, as required.

Please contact the writer should you require any further information.

Regards



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## **CHAPTER ONE**

### **ORIENTATION TO THE STUDY**

#### **1.1 INTRODUCTION**

Chapter one provides an orientation of the role of traditional health practitioners for treating a variety of diseases, such as human immunodeficiency virus/acquired immunodeficiency syndrome (HIV and AIDS), in hospitals and clinics in the North West Province (Tsetse village - Mahikeng). It also explains the usages of traditional medicine among Africans. It sets out the definitions of concepts, the problem statement, and the significance of the study, the hypothesis and the intended aim of the study. The study will use the terms traditional health practitioners and traditional healers interchangeably, as synonyms for the same profession.

#### **1.2 BACKGROUND OF THE STUDY**

Since the colonial era, there has been a huge disparity between modern science and indigenous knowledge systems. Modern science has prospered, while indigenous knowledge systems have been labelled primitive, outdated and witchcraft. The disparity in health practices created the parallel systems of modern science and indigenous knowledge. Western medicine has more often than not shunned traditional health practices, despite their role in primary healthcare in rural communities. The exorbitant cost of modern healthcare systems and technology established in developing countries led to a national healthcare system approach, which gave traditional health practitioners the opportunity to be recognised in modern healthcare in rural communities (Helwig, 2010:30).

Hillenbrand (2006) and Kayombo (2007) state that during the colonial era in Africa modern healthcare was used and advocated among Africans to the extent that modern science came to dominate over indigenous knowledge. Africans, however, continued to use traditional medicine, due to its accessibility and affordability. The support of the World Health Organisation (2002) of the integration of indigenous healing in modern science led to a rise in active indigenous healers in South Africa of approximately 200 000 and an estimated 80% of Africans consult traditional healers on a daily basis. They do so not only because it is a longstanding part of traditional culture, but also due to the lower cost of traditional medicine.

Horton (1998), in Viriri and Mungwini (2009:183), explains that traditional health practitioners use a combination of healing methods, which include: pricking the skin with needles, to alleviate pain and disease; predicting the future or coming troubles; massaging the feet for relaxation and improved circulation; and healing disease, both emotional and physical. Throughout Africa, the sick or afflicted consult prophets to advise them whether the cause of their troubles is the displeasure of their ancestors and whether an individual is meant to become a *sangoma* (traditional healer). Then after thorough consultation with these ancestors, the patient is expected to *thwasa*. The Shona in Zimbabwe, for example, believe that disease within society is the result of disturbed social relations and misfortune.

The prophets treat natural causes of diseases by means of water and visions. Upon pinpointing the causes of the medical condition, the diviner prescribes medicine to the patient. Should it fail to heal the condition, he refers the patient to an herbalist/*inyanga* (traditional healer who cures illness by means of herbs and bones) or a *sangoma* (performs similar functions as the *inyanga*). The diviner may recommend a Western medicine regimen if the condition persists.

The World Health Organisation (2002) furthermore advocates the use of herbal remedies in the primary healthcare sector. In 2012, the Treatment Action Campaign launched a protest against the government's denials on HIV and AIDS and a television programme that brought to light how two people died after attending services of the Christ Embassy Healing School that claimed to be able to cure cancer, heart disease and arthritis and forced people to stop antiretroviral treatment.

The late Minister of Health, Dr. Tshabalala-Msimang, was strongly opposed to the use of antiretroviral drugs to treat HIV and AIDS, calling the latter toxic and dangerous. She instead promoted a balanced diet with a combination of beetroot, garlic and African potatoes in response to which the media labelled her Dr. Beetroot. The former President of South Africa, Thabo Mbeki, also displayed some reluctance towards antiretroviral treatment in the public sector and expressed doubts about whether HIV causes HIV and AIDS (Cunningham, 1993).

African traditional medicine is deeply entrenched in indigenous life across the continent, since indigenous communities favour such treatment over Western medicine. Indigenous medicine is also more accessible and affordable to many indigenous people around the world. Even the Bible cites the use of herbs and records of the use of traditional medicine go back as far as Ancient

Egypt. It is a broad concept that includes a diverse range of practices, like: acupuncture, Ayurveda, Islamic medicine, traditional Vietnamese medicine and African traditional medicine.

Hakim and Chishti (2010) state that the media often cast African traditional health practitioners in a negative light, for example reports on the number of healers claiming to have found the cure HIV and AIDS and the unethical treatment of patients. These reports have tarnished the image of traditional healing in South Africa. One such news item by the South African Broadcast Corporation on 5 October 2013 featured Bishop Nala, who claimed to have found a remedy for HIV. He alleged that drinking holy water had cured a number of HIV-positive people of the virus, a claim that elicited great criticism from the Treatment Action Campaign and government, since no proven cure has yet been found for HIV and AIDS.

Moral and knowledgeable indigenous health practitioners can indeed play a role in Africa's response to HIV and AIDS, but their entreaties for a viable healthcare structure have basically gone unheeded. Both Richter (2003:4) and Peters *et al.* (2010) indicate how media reports in South Africa usually only focus on the negative and sometimes inaccurate depiction of traditional medicine and its practitioners.

Tales of abhorrent acts and practitioners' intentional deception of the public, like the claim to have found a cure for HIV and AIDS, continue to cast all traditional health practitioners in a bad light. Another example of such deception is the false advertising by fraudsters in pamphlets of cures for a variety of diseases and the ability to bring about lottery riches or the return of a lost loved one.

Western society continues to be dismissive of traditional, distrustful of any treatment that has undergone extensive testing. One example of this comes from an article in the South African Medical Journal (Onominya, 2013) that states: A study conducted by the Department of Pharmacology of the University of Cape Town (UCT) showed that herbs used by traditional health practitioners are effective for treating malaria, but remain unused in the public sector. The curative properties of herbs are scientifically sound, but none are close to mainstream medical adoption. Traditional medicine is furthermore experiencing an upward trend in developing countries, due to complementary and alternative medicine that applies natural science or formal science to develop knowledge or forms of medicine. The World Health Organisation on

Traditional Medicine Strategy (2005) calls for traditional medicine to be tested and evaluated for safety and efficacy, before it can be accepted into society/national healthcare policies.

Despite the efficacy of traditional medicine in the treatment of diseases, there have been cases of toxicity among communities. Lack of knowledge, fraudulent practitioners and incorrect dosages have led to instances of death among children. The circumstances around death are not recorded, due to the African belief that the death of an infant is simply the will of the ancestors. Even when a death is recorded, it is not related to indigenous healing and a post-mortem is not always performed.

Onominya (2013) explains, in the South African Medical Journal, indigenous healers are the first to be consulted when calamity strikes a rural community because people trust and believe in their ability to treat, diagnose and cure ailments. Although there are many traditional health practitioners who provide the necessary medical treatment, there are also charlatans who falsely claim to have undergone *thwasa*. They often require upfront payment of an exorbitant fee.

It may be easy to be dismissive of traditional medicine, but its cultural values and healthcare practices are inherent to traditional society and pertinent to issues around HIV and AIDS (Munk, 1997:10). Indigenous communities will continue to opt for traditional health practitioners over Western medicine. A choice justified by the problems encountered in accessing antiretroviral medication, the negative attitude of healthcare professionals and the toxicity of drugs.

The World Health Organisation (2013) and Munk (1997) report that the majority of South Africans consult *sangomas* and *inyangas* for relief from symptoms related to HIV and AIDS. The World Health Organisation (2013) recommends the collaboration between Western doctors and traditional health practitioners to find a cure for HIV and AIDS in Southern Africa. A possible initiative could be to incorporate the expertise and skills traditional health practitioners possess in treating secondary or opportunistic infections. Furthermore, *sangomas* are able to spiritually connect with ancestral spirits for assistance in diagnosing and curing physical and spiritual ailments; while *inyangas* are primarily herbalists, who specifically employ the medicinal properties of indigenous flora toward patient treatment and cure. Most traditional healers consult with ancestral spirits to locate plant material, using plant material vultures and rare animal species to make *muti*.

Mander *et al.* (2007:1) assert that in Africa it is believed that the fortunes of life such as “health, disease, success or misfortune” are in the hands of the ancestors and it is thus necessary to seek the assistance of a traditional healer, who is guided by “prayer, dreams and visions” (2007:1) to gather the relevant herbs and apply the knowledge and skills acquired during training (Mander *et al.*, 2007:1).

The majority of South Africans consult *sangomas* and *inyangas* for the relief of symptoms stemming from HIV and AIDS. Cultural values and healthcare are inherent to traditional society and within the context of HIV treatment in Africa. This cultural bond to a particular indigenous community is the reason for the preference of traditional medicine over Western medicine.

Below is the definition of operational concepts, as set out below.

### **1.3 DEFINITION OF CONCEPTS**

#### **1.3.1 INDIGENOUS KNOWLEDGE SYSTEMS (IKS)**

Indigenous knowledge system is the unique and age-old knowledge of a particular culture. This knowledge is passed down from one generation to the next and has been the means of survival from the oppression of colonists since time immemorial. Ethno-science can be defined as the knowledge distinctive to a given culture or society (Morris, 2005; Freeman & Motsei, 2004).

#### **1.3.2 INDIGENOUS KNOWLEDGE (IK)**

Indigenous knowledge is local knowledge – it originates from a particular culture and is passed from one generation to another and serves as a means of survival. Indigenous knowledge and local knowledge are two different concepts. Local knowledge is generated in universities, research institutions and private firms and form the basis for local-level decision making in agriculture, healthcare, food preparation, education, natural-resource management and a host of other activities in rural communities. Indigenous knowledge is the information base of a society that facilitates communication and decision-making. It is a dynamic information source and continually influenced by internal creativity and experimentation (Freeman & Motsei, 2004).

### **1.3.3 BADIMO/ANCESTORS**

Ancestors are regarded as the forefathers of a family, who continue to live among the family in spirit. Traditional healers also consult with ancestors for healing a variety of diseases. Many cultures around the world worship the spirit of the departed, which in Biblical times consisted of prayers and offerings. This living spirit has the power to cause destruction or calamity in a person's life and the *amadlozi* acts as mediator between the living and God (Maila, 2001).

### **1.3.4 TRADITIONAL KNOWLEGDE (TK)**

Indigenous knowledge is made up of different sub-disciplines, such as “traditional environmental knowledge” and “local knowledge” (Booth & Skelton, 2003), all falling under the umbrella of traditional knowledge and found in national, provincial and local structures. Examples of elements related to traditional knowledge are “tools and techniques for hunting or agriculture); midwifery; ethno-botany and ecological knowledge; celestial navigation; ethno-astronomy” (Booth & Skelton, 2003). Traditional knowledge has therefore played a major role in the lives of indigenous people and it has passed from one generation to the next (Booth & Skelton, 2003).

### **1.3.5 DIVINATION**

Divination, also called fortune telling, is the prediction of the future or the ability to foresee the unknown through a distinct talent or knowledge. *Sangomas* are also regarded as diviners, because of their ability to foretell the future (Bob, 2004).

### **1.3.6 RITUALS**

A ritual is a set arrangement of events including signals, arguments and objects executed in an appropriated domicile. It is often a longstanding customs of a community, which is characterised by “formalism, traditionalism, invariance and rule-governance” (Hakim & Chishti, 2010).

### **1.3.7 SPIRITUALITY**

Spirituality is related to the substance of the soul. Mystical substance is to human beings, like nature is to flora and fauna, but is a connection that transcends time and tangible material (Kahakwa, 2004).

### **1.3.8 TRADITIONAL HEALTH PRACTITIONER (THP)**

Traditional health practitioner is a *sangoma* who is legally recognised in South Africa under the Health Practitioners Health Bill (Act 22 of 2007). Also included under this act are Prophets, traditional birth attendants and herbalists. A true traditional health practitioner does not charge exorbitant fees before the consultation and does not use human body parts to make *muti*.

### **1.3.9 TRADITIONAL HEALER**

Traditional healers are recognised in communities, because they offer curative herbal remedies and therapies. Many traditional medicinal practitioners do not have a formal education, receiving their knowledge of medicinal plants and their effects on the human body from their forebears. They have a deep and personal involvement in the healing process and protect such therapeutic knowledge by keeping it confidential (Bob, 2004).

### **1.3.10 TRADITIONAL MEDICINE**

Traditional treatment is the combination of information, expertise and practices created on ideas, opinions and views native to different values that are used to preserve health as well as to avert, identify, increase or treat physical and emotional well-being. Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products that contain parts of plants or other plant material, such as active ingredients (Rupert, 2001).

Traditional African medicine is a frame of information established and accrued by Africans over tens of thousands of years and is connected with the investigation, analysis, cure, management, avoidance or elevation and recuperation of the physical, psychological, mystical or public welfare of individuals and creatures. Traditional medicine includes assorted methods and opinions integrating herb, animal- and/or crystal-based remedies, mystical cures, handbook practices and applications useful singularly or in arrangement to preserve well-being as well as to treat, identify or avert disorder (Lofman *et al.*, 2010).

African forefathers have employed traditional medicine for the treatment of a range of diseases such as diarrhoea, headache and skin conditions. It is in fact a concept that transcends physical health and socially based. This implies that people will continue to turn to traditional medicine, despite the availability of Western medicine.

The traditional medicine industry contributes immensely to the economy and can be regarded as a system for addressing misfortune (biological or otherwise), drawing on theories about the body, health, illness and remedies that are rooted in the histories of cultures and religions that have built and continue to build a country.

Arguably there are practically as many forms of traditional medicine as there are cultures. The variety of traditional medicine found from one region to another, from country to country and even within a particular country is both an advantage and a challenge. For example, there is a strong oral tradition and no provision for formal training for practitioners in African or Latin American traditional medicine, whereas traditional Chinese medicine is much more structured and documented (Hillenbrand, 2006).

#### **1.4 STATEMENT OF THE PROBLEM**

Traditional medicine has in recent year's sparked increasing interest. The World Health Assembly, for example, puts emphasis on the practice of traditional remedy as well as the incorporation of traditional medical practices and labour support into healthcare systems. Herbal medicine is also gaining popularity worldwide as alternative and complementary therapies and yet despite traditional healers' impact on treating disease, they have not been formally recognised by governments.

Herbal treatments are frequently a great aid in curing HIV-related conditions in Africa, such as dermatological ailments, vomiting, sadness, sleeplessness and weakness. Individuals living with HIV and AIDS regularly and increasingly turn to traditional medicine and natural health products to enhance orthodox therapeutic regimens, though little is known about such treatment. Regardless of rareness of proof on efficiency or possible harm, several countries strongly advocate the use of traditional medicine. The South African Department of Health recommends the practice of traditional medicine in conjunction with antiretroviral drugs (Mander *et al.*, 2007:15).

Lack of training opportunities and support from government for traditional healers has led to them being isolated.

The problem statement of the study is based on the following aspects:

Previous studies have characterised the combined use of antiretroviral treatment and traditional medicine as naive.

Western medicine or biomedicine undermines the impact of traditional medicine for the management of HIV and AIDS, wherein it is alleged that traditional medicine cannot be taken in conjunction with antiretroviral drugs.

The healthcare system in South Africa is exclusive in nature and only ascribes to Western medicine, to the exclusion of traditional healing. This is an unrealistic approach, since the majority of the population consults *sangomas* and *inyangas* for the alleviation of symptoms associated with HIV and AIDS. Traditional health practitioners are skilled in treating secondary or opportunistic infections, which raises the question why their services have not been incorporated into the management and treatment of HIV and AIDS.

## **1.5 OBJECTIVES OF THE STUDY**

The study investigates the prevalence, facilitators, predictors and types of traditional medicine for treatment and cure of HIV and AIDS.

It also examines the role of traditional healers in primary healthcare, particularly in the rural areas.

The study outlines the connection among the Department of Health and traditional healers in the North West Province, particularly in the Mahikeng district.

The study analyses the Traditional Health Practitioner Bill (2003) and the Traditional Health Practitioners Act (35 of 2004) to assess its incorporation of indigenous medicine into the South African healthcare system and to determine traditional healers' knowledge of it.

## **1.6 HYPOTHESIS**

The knowledge and skills of traditional healers are being undermined in Africa in the treatment of the opportunistic infections that arise from HIV and AIDS.

There is no enterprise of collaboration between the Department of Health and *Sangomas* in South Africa and conventional treatment does not allow for consultation with a traditional health

practitioner, prior to exploring Western medicine. Traditional medicine is, in fact, often summarily dismissed as treatment/cure for the physical as well as psychological or mental (i.e. a disturbance in the natural order of social contact with the soul world or, conditional on the precise belief, lack of a deep connection with God or the Supreme Being) symptoms related to HIV and AIDS. In a nutshell, conventional medicine continues to suppress all methods of traditional healing and their practitioners.

Traditional medicine is the best treatment for HIV and AIDS-related illnesses, *lebanta* or *Mollo wa Badimo*, *Makgoma* and tuberculosis - particularly in developing countries. Yet, patients who take antiretroviral medication are prohibited from using traditional medicine.

## **1.7. JUSTIFICATION FOR THE RESEARCH**

The study provides insight into the treatment modalities in South Africa selected by HIV and AIDS sufferers receiving antiretroviral drugs. The findings of the study reveal the significance of traditional medicine and traditional health practitioners in healing diseases related to HIV and AIDS as well as information on the relationship between traditional health practitioners and general physicians on matters related to healing and diagnosing of diseases. The study also sets out knowledge that will inform the formulation of policy and practical solutions to address problems between bio-medicine and traditional healing in South Africa.

## **1.8 CHAPTERS OF THE STUDY**

- 1.8.1 Chapter 1 provides introduction and background of the study
- 1.8.2 Chapter 2 discusses literature review in detail and provides views of other countries
- 1.8.3 Chapter 3 provides methods for data collection
- 1.8.4 Chapter 4 summarises demographic characteristics of the respondents
- 1.8.5 Chapter 5 provides the findings of the study
- 1.8.6 Chapter 6 is the conclusion and recommendation of the study

## **1.9 SUMMARY**

Chapter one provides an overview of the research and delineates the problem under investigation, the formulation of the aims, definitions of concepts and organisation of the study. The main argument of the study is that traditional medicine for the treatment of HIV and AIDS has been increasing, yet insufficiently documented. Chapter two presents the relevant policies and scholarly literature related to the topic.

## **1.10 A BRIEF PREVIEW OF THE FOLLOWING CHAPTER**

Chapter two of this study focuses on the views of other researchers of traditional medicine and HIV and AIDS, also relating the relevant sources of the study

The preceding chapter shed light on the current situation in South Africa; the following chapter provides global views and analysis of policy itself in relation to the vision of national government on the application of traditional medicine and the role of traditional health practitioners in the future of South Africa.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

This chapter discusses the appropriate approaches and theoretical literature impacting on the topic and scrutinises procedures in the guidelines of traditional healing. Furthermore, traditional medicine and the African Renaissance are based on the principle of UBUNTU: *Umntu ngumuntu ngabantu/motho ke motho ka batho*/a human being is a human being through other human beings. There is a connection between the living and the departed and traditional medicine relates to a range of approaches and beliefs, the environment and the human being. It is also vital to study traditional medicine in conjunction with the views of others scholars on the treatment and cure of diseases (Rupert, 2001).

Traditional medicine not only focuses on the treatment of diseases, but also on other aspects of life that have an impact on the individual such as the environment and ancestral spirits. Societal discord is often the result of an imbalance in the relationship between the environment and the community, which is why African traditional medicine possesses in-depth knowledge on all elements of this balance (mental equilibrium). Western researchers have shown a real interest in traditional medicine and the government is also endeavouring to integrate traditional medicine into the primary healthcare system. It remains a challenge, however, because of traditional healers' preference to work in isolation (NWU, 2013).

#### **2.2 CORRESPONDENCES IN POLICIES**

- A. Interest in traditional and alternative medicine is on the rise within the recognised sector of African countries and abroad.
- B. Policy advocates the provision of training, guidelines, regulation and issuing of licence to traditional healers.
- C. Scientific research, intellectual property rights for traditional medicine and quality assurance must be addressed in the manufacture of traditional medicine.
- D. Policy needs to conform to international standards.

Policy comprises the rules of practise for indigenous medicine within a national healthcare system. The objective is to ensure that the code of conduct and legal imperatives for upholding sound

practises, guaranteeing protection and efficiency as well as providing access to healthcare resources. The National Development Plan envisages eradicating poverty and improving on the healthcare system, particularly given the influence of history on this field. Policy is drafted and is currently in the monitoring and appraisal stage awaiting execution (Maila, 2001).

The White Paper for the Transformation of the Health System in South Africa advocates for the inclusion and recognition of traditional birth attendants and traditional doctors in primary healthcare. In addition, there must also be regularisation and registration of traditional doctors so that they can be recognised and able to practice in hospitals and clinics (PHILA, 1997).

### **2.2.1 THE TRADITIONAL MEDICINE STRATEGY – THE WORLD HEALTH ORGANISATION (2002)**

A conference held in Geneva in 2002 recommended the inclusion of traditional health practitioners in the primary healthcare system, especially in developing countries that have a policy on their national healthcare. The World Health Organisation emphasised that intellectual property rights and policy must be put in place to protect traditional health practitioners and traditional medicine in developing countries (WHO, 2002; WHO, 2000; Hakim & Chishti, 2010).

### **2.2.2 TRADITIONAL HEALTH PRACTITIONER BILLOF 2003**

The Traditional Health Practitioners Bill of 2003 allows traditional health practitioners to prescribe medication and sick leave to patients, similar to Western doctors. The Bill inhibits charlatans (fraudulent healers who use human body parts to make *muti* and claim to cure a variety of ailments) from practicing. Government implemented the Traditional Health Practitioners Act (22 of 2007) to ensure that traditional doctors enjoy the same rights as other healthcare practitioners in South Africa and also that all healthcare practitioners are operating legally, meeting all standards of healthcare set out by the Department of Health. The Traditional Health Practitioner Bill (2003) was passed in 2003 by parliament. The objective of the Bill is to recognise the traditional healthcare system in South Africa as well as to provide a framework for ensuring efficacy and quality of traditional healthcare services and give patients recourse in instances of malpractice (Sagan, 2013).

The Bill (2003) also established temporary Traditional Health Practitioners Council of South Africa. The Council is tasked with delivering a regulatory framework to safeguard the productivity, well-being and excellence of traditional healthcare amenities for the regulator and

detailing the recording, preparation, expansion and behaviour of specialists as well as define the classes of the traditional medicine profession.

The Bill (2003) relates the formation, goals, roles and structure of the Council that promotes excellence in healthcare inside the traditional health sector. It guards the benefits of the public and preserves specialised ethics for traditional health practitioners, offering a code of conduct that conforms to generally accepted standards and norms.

The Traditional Health Practitioners Bill (2003) was appraised by the late Ms. Manto Tshabalala-Msimang who emphasised that the plan will bring dignity and respect of traditional medicine to the public sector. During the public consultation seminars of 15 September 2004, she asserted that the Bill will bring traditional healers such as diviners (*sangomas*), herbalists (*izinyangas*), traditional birth attendants and traditional surgeons (*iingcibi*) closer to the primary healthcare system and the Bill will benefit more than 200 000 traditional health practitioners (Matomela, 2013).

### **2.2.3 THE TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007)**

The Traditional Health Practitioners Act (22 of 2007) indicates that all traditional health practitioners in South Africa must register with the Health Professional Council. The Act also established a legal framework known as the Board of Traditional Health Practitioners. The mandate of the Council is to provide support for traditional health practitioners and identify fraudulent practitioners who financially exploit the public (Traditional Health Practitioners Act (22 of 2007)).

The purpose of the Council is to:

- promote health awareness to safeguard the quality of health services within the traditional health system;
- encourage and preserve moral and proficient health standards required from traditional health practitioners;
- improve interest and encourage research and training;
- set and preserve the code of conduct; and
- ensure that traditional practice conforms to universal healthcare standards.

#### **2.2.4 DRAFT POLICY ON AFRICAN TRADITIONAL MEDICINE FOR PUBLIC COMMENT, 21 JULY 2008 – (Department of Health, 2008)**

Chapter Two Section 27 of the Constitution (1996) and Bill of Rights set out a draft policy on traditional medicine with the objective to integrate traditional medicine into the primary healthcare system that all citizens may have the right to quality healthcare and the type of healthcare (i.e. traditional medicine or Western medicine) they wish. The draft policy reflects the diversity of health disciplines available to citizens in South Africa within the public healthcare system.

The Alma-Ata declaration emphasises the transformational process of protecting traditional medicine, acknowledging the heritage of the country and its knowledge to strengthen the national healthcare system by ensuring effective progress through legislative policy (Kale, 1995).

#### **2.3 CO-EXISTENCE OF AFRICAN TRADITIONAL MEDICINE AND BIOMEDICINE**

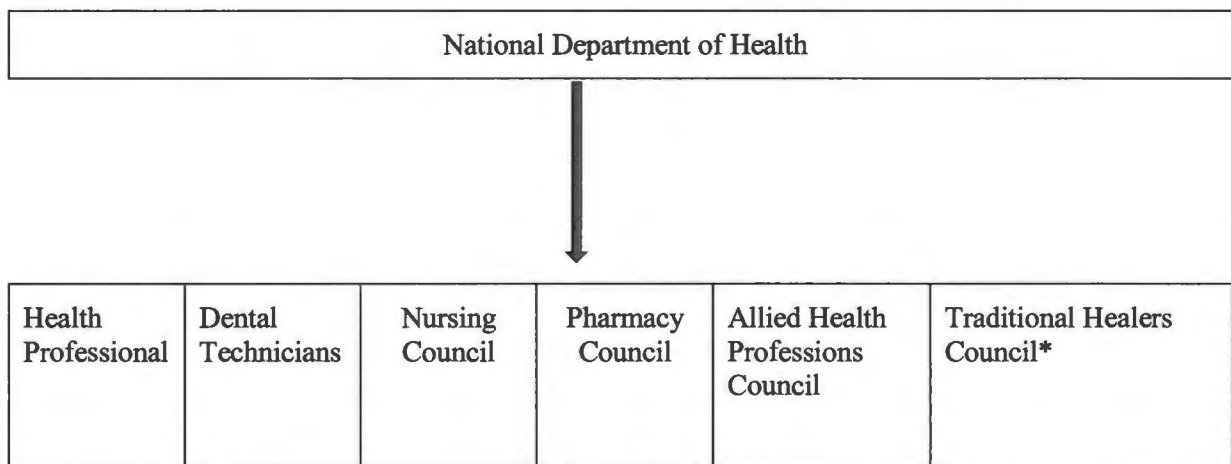
Although conventional medicine (art of healing by diagnosis, treatment and prevention of disease) is embraced in developing countries, it has its limitations in undeveloped countries. Western practices have an impact on areas, such as managing the spread of disease, but has failed to integrate into the culture of indigenous people. This is why the African healer is an important part of society, since many rural communities prefer traditional medicine and also struggle to access treatment facilities due to poor infrastructure and an inadequate transport system. Obtaining such services entails travelling long distances and waiting long hours to receive medical attention (up to eight hours at times).

Hospitals in urban areas are overcrowded and often lack the necessary medication, neither are patients properly informed of the cause and scope of their illness (Mander *et al.*, 2007). Treatment is then also at times sub-standard due to the lack of proper technology and the expense of obtaining proper care. The approach taken in Western medicine has alienated indigenous people from their culture and tradition, distancing them from their families and society, whereby many Africans no longer practice spiritual healing in accordance with their culture.

The interest in the properties and benefits of medicinal plants is on the increase and Western pharmaceutical companies have come to consider herbal medicine as a source of reference for the preparation of synthetic medicine. Some of these companies are, however, using traditional medicine without the permission of traditional healers. This is the result of the lack of recognition

afforded traditional healers and intellectual property rights remaining taboo in the traditional healthcare sector.

### 2.3.1 THE HIERARCHY WITHIN THE HEALTHCARE SYSTEM



\*Interim Council

Source: Caldis *et al.* (2001)

### 2.3.2 DIVINATION, DIAGNOSIS AND HEALING PRACTICES

A *Sangoma* plays the vital role in society of ensuring that the community is protected from evil spirits that bring illness, in which the healer mediates the relationship between the patient and the ancestors. A patient visits the *sangoma*, who determines the nature of the affliction or the reason for the patient seeking their assistance. The diviner throws bones (*ditaola*) on the floor that may include animal vertebrae, dominoes, dice, coins, shells and stones to ascertain the cause of the ailment and the appropriate treatment. Such treatment may be a purification ritual or animal sacrifice to appease the spirits through atonement. Each bone has a different meaning, which only the healer can interpret. *Ditaola* has certain implications for human life, like a hyena bone identifies a thief and will provide information about stolen property. The *sangoma* or the patient throws the bones, but the ancestors control how they are interpreted in terms of the patient's ailment (Mawere, 2011).

The National Health Plan for South Africa (ANC, 1994) and Mathonsi (2013) urge that the benefits of collaboration and cooperation between modern and traditional health practitioners need to be fostered, given that traditional practitioners are often more accessible and satisfactory than the modern healthcare sector and can thus aid in promoting good health.

On 12 February 2013 an Interim Traditional Health Practitioners' Council (ITHPC) officially integrated traditional healers into the National Health Insurance (NHI) landscape (Mathonsi, 2013). This council advocates mutual education between healthcare systems that all specialists, including traditional healers, may enriched their practices.

The Interim Traditional Health Practitioners Council operates under the leadership of Abram Conrad Tsiane and consists of twenty members from a variety of disciplines such as herbalists, diviners, traditional surgeons, traditional birth attendants, academics and researchers from the Department of Health (Mathonsi, 2003). The objective of this council is to register traditional health practitioners with the Health Professional Council of South Africa and to protect the public against fraudulent healers who exploit the public. It is also responsible for protecting the intellectual property rights of traditional healers, to keep any company or individual from acquiring such medicine without acknowledging or compensating traditional healers. Research into traditional medicine must benefit the community and the creators of knowledge (Mathonsi, 2013).

Mathonsi (2013) argues that the 1978 Alma Ata Declaration, endorsed by the World Health Organisation, provided for the incorporation of traditional medicine into the primary healthcare system. There has been a degree of collaboration between Western and traditional systems. Many primary healthcare facilities and hospitals have been working hand in hand with traditional health practitioners to treat childhood diseases such as diarrhoea, vomiting, HIV and AIDS, tuberculosis and mental illness (Mathonsi, 2013).

Mawere (2011) asserts that African countries need to recognise the importance role that traditional and faith healers play in healthcare, since so many people prefer traditional medicine to Western medicine. A study conducted in the Northern Cape among hospital patients and staff; church members; and university students revealed that most diseases are cured with traditional healing. These diseases include witchcraft- (like *Sejeso* and *Sefolane*) and ancestor- (*badimo*) related problems; traditional diseases, like *hlogwana* (pulsating fontanel - lit. "little head"); *makgoma* (assortment of ailments, the result of the violation of particular taboos); infertility and sexually transmitted diseases; asthma; mental disorders; epilepsy; and diarrhoea. Biomedicine was found successful in diseases such as tuberculosis, chicken pox, AIDS, hypertension, diabetes, malaria, measles, cancer, anaemia, mental retardation and ulcers. It must also be mentioned that Western medicine is unable to treat the above conditions.

Sagan (2013) states that understanding traditional medicine requires a thorough investigation of the lives and views of Africans. The opinions of Africans differ and form a multifaceted organisation in which opinions about inherited spirits, magic, sorcery, witches and pollution co-exist. This loose connotation offers a normal way of understanding bad luck and provides straightforward answers to the puzzling questions of the purpose of life.

Health to the traditional African is being in harmony with cosmic vitality/energy, i.e. honouring ancestors to prevent misfortune in life. Traditional healers heal both physical and spiritual/social ailments by diagnosing common illnesses; selling and dispensing remedies for medical complaints; and divining the cause and providing solutions to spiritual or social complaints. It is furthermore believed that diseases relate to the mental, spiritual and physical requiring holistic treatment.

### 2.3.3 *THWASA* AND INITIATION

*Sangomas* have the ability to heal a variety of ailments, such as spiritual troubles and social disharmony as well as act as mediators between the living and the ancestors. It is believed that ancestors provide the instructions and advice to heal illness and that communication between the ancestors and the living occurs in a secret healing hut or *ndumba* (a sacred place for healing), where the ancestors are believed to reside. *Sangomas* communicate and seek guidance from the ancestors through interpreting dreams and throwing bones. Drums, songs and dancing all form part of the interaction with ancestors, where the traditional health practitioner enters into a trance that enables him to communicate directly with the ancestors (Peters, 2010).

The ancestors play a definite role in the “calling” (*thwasa*) of a health practitioner, which consist of certain processes and rituals. A *sangoma* is believed to be “called” to heal through an initiation of illness that is characterised by psychosis, headache, intractable stomach pain, shoulder or neck complaints or illness that cannot be cured by conventional means. The simultaneous emergence of such symptoms is deemed to be *twasa* or the calling of the ancestors. It is also the belief that failure to respond to the calling will result in further illness, until the person relents and obtains training. The word *twasa* is derived from *thwasa*, which means “the light of the new moon”, or from *ku mu thwasisa* meaning “to lead to the light” (Richter 2010).

The training of a healer could take several years, just like a medical student who has to undergo seven years of medical school. A trainee *sangoma* (*ithwasa*) receives formal instruction from elderly *sangoma*, for a period ranging from a few months to many years. The training involves

learning humility towards the ancestors, purification through steaming, washing in the blood of sacrificed animals and the use of *muti*, medicine with spiritual significance (Richter, 2010).

It is a process aimed at preparing the healer for a life of commitment to healing. Upon completion of the training, a goat or cow will be slaughtered and the *ithwasa* will drink the blood as a way to demonstrate the connection between the ancestors and traditional healers. Local community, friends and family will be invited to observe and rejoice upon the conclusion of the exercise. The transcended healer will be tested by the elder *sangoma* to ensure he has acquired the skills and insight to heal. This is signified and proved when other *sangomas* hide the *ithwasa's* sacred objects, including the gall bladder of the goat that was sacrificed, and the *ithwasa* must call upon their ancestors, find the hidden objects and return them back to the *sangomas* that hid them in front of the community, thus proving their ability to “see” beyond the physical world (Matomela, 2013; Verhelst & Tyndale, 2010).

#### **2.3.4 PROMULGATION OF TRADITIONAL HEALTH PRACTITIONER ACT (22 OF 2007)**

The Traditional Health Practitioners Act (22 of 2007) recognises and acknowledges the following traditional healers: herbalist, traditional birth attendants and traditional surgeons. The Act also established the Traditional Health Practitioners Council on 12 February 2013, after Parliament had already approved the Traditional Health Practitioners Act (35 of 2004). Doctors for Life International however ruled the Act unconstitutional, because the public was not consulted at provincial level during the promulgation of the Act.

#### **2.3.5 TYPES OF TRADITIONAL HEALTH PRACTITIONERS**

Motsei and Freeman (1992:118) and the NWU (2013) identify four categories of traditional healer: *inyanga*, *sangoma*, traditional surgeon and traditional birth attendants. A traditional doctor specialises in using herbs for the cure of ailments. The *dingaka* (Sotho) or *isangoma* (Zulu) is usually a woman ( $\pm 90\%$ ) who operates within a traditional religious supernatural context and acts as a medium to the ancestral shades/spirits. Only those who are called by the ancestors can become diviners. Then there is the faith healer, called *umprofethi* or *umthandazi*, who integrates traditional practice into Christian rituals. Faith healers are predominantly Christians who use holy water or mirrors for treatment or to predict the future and belongs to the Independent African Churches.

Kale (1995:1) states that traditional birth attendants are mostly elderly women who assist during labour to ensure that the baby and mother safely make it through the birth. Traditional birth attendants are respected within the community for their skills and work in partnership with an *inyanga*, especially when complications arise during birth. Aside from these traditional birth attendants, there are also traditional surgeons (*rathipana*) who are responsible for circumcision and taking boys to the mountain for initiation. There they teach initiates about culture and their roles in society. Despite the existence of these traditional practitioners, lack of collaboration remains a challenge.

Traditional healers possess the knowledge and skills to treat sexually transmitted diseases and children's diseases (*tlhogwana, letshollo le khujwana le amangwe*), whereas faith healers focus on substance abuse and chronic conditions as well as social problems. Most traditional health practitioners would be interested in assisting the government in the treatment of diseases arising from HIV and AIDS, but they would have to work out of sight of the community to avoid possibly angering the ancestors (Rhodes & Rhodes, 2004).

The ingredients of traditional medicine include plants and animals, aimed at maintaining the wellbeing of Africans. Mapara (2009) sets out the approximate number of people who consult Western doctors and those who choose traditional healers. In South Africa there are approximately thirty to forty thousand traditional health practitioners, but a mere six thousand Western doctors. Marapa (2009) further provides the geographical areas where traditional medicine features strongly (the percentage of traditional health practitioners to university-trained physicians in relation to population size is covered in the next session). In the Kwahu district of Ghana, for instance, more people go to traditional healers than to Western doctors and in Swaziland there are hundred and ten thousand people for every traditional healer, but only ten thousand for the university-trained doctor. This is a clear demonstration of the preference for traditional medicine over its Western counterpart.

The tendency to resort to traditional healing can be ascribed to the high cost of Western medicines and the inaccessibility of Western services, making traditional health practitioners the only source of medical treatment for many Africans. Traditional healers offer valuable experience as well as affordable and effective treatment (even in relation to HIV and AIDS), according to a traditional healer and trained dentist in Uganda (Mapara, 2009).

Rhodes and Rhodes (2004) indicate the clear distinction among traditional healers according to the particular functions they perform and in South Africa each culture has its own term for a diviner. Among the Xhosa traditional healers are known as *amagqira*, in South Sotho they are called *ngaka* and in Northern Sotho *Selaoli* and *Mungome* in Venda and Tsonga. Generally, traditional healers are referred as *sangomas* (from the Zulu word *izangoma*) in South Africa.

Recently Western society has expressed an interest in the efficacy and efficiency of herbal remedies and greater research is being undertaken into the ingredients (such as aloe, buchu and devil's claw) of the traditional medicine of traditional healers. Public health specialists acknowledge the role of traditional health practitioners in the treatment of diseases, such as: HIV and AIDS, diarrhoea and pneumonia, which are major causes of death in rural areas (especially in children). Traditional health practitioners have continued to assist in the fight against the scourge of HIV and AIDS in Africa.

Claude El Fox 2010:3 Healthy People 2010 states that traditional healers in Africa fall under the umbrella of herbalists. Their practices centre on treating ailments by means of herbal medicine, while diviners use prayer, prediction and spirit channelling. Traditional African healing focuses on the body, spirit and social well-being of individuals. Any disturbance on these levels manifests in ill health, healing will thus address the patient in relation to the environment, society and universe. Expertise, techniques and methods of diagnoses vary among the traditional healers (*izangoma*) in South Africa and their practices overlap, making the distinction between diviners and herbalists virtually impossible. Another practice recently added to the framework of traditional medicine is Christian prophesying and there has also been talk about including traditional surgeons (*ingcibi*) and traditional midwives/birth attendants (*ababelithisi*) in the category of traditional healers.

The remuneration traditional health practitioners receive depends on the effectiveness of their services. A traditional health practitioner who has undergone initiation or *thwasa* will only request payment once the relevant condition has been treated successfully, reflecting that the care of patients are uppermost and not financial gain. Western physicians however expect payment prior to consultation, especially in urban areas. The following categories of traditional healer can be distinguished:

### **a. Diviner/sangoma**

According to Kayombo (2007), diviners must undergo a ceremony of spirit possession that primarily features music, dancing, community participation and interpretation of dreams. Diviners are predominantly female who act as mediators between humans and ancestors/the supernatural. This traditional practice is a calling and not a choice. Such calling may occur through visions, prophecy and dreams or sometimes the individual called this service will suddenly fall ill for a period of time and will then, upon consulting a traditional healer, learn of the calling to this profession.

Diviners diagnose by means of listening, observation and experience as well as the aid of the ancestors in the case of an unexplainable condition, where the message of the ancestors is imparted through bone throwing. Prediction is another method a diviner employs to interact with *badimo* (ancestors), to determine the impact of illness and curative ceremonies or mechanics. This practice entails the reading of palms, water and mirrors; dancing; trance; throwing bones or shells; and prayers (Hakim, 2010).

Becoming a traditional healer/*go thwasa* can occur in a different ways. Witchdoctors learn of this skill when receiving this kind of treatment and then resolve to become healers upon recovery (mental disarray might be a sign of spiritual calling). There are also instances that involve spiritual calling and diagnosis and treatment will thus be supernatural in nature.

Passing down knowledge and skills informally from a close family member, such as a father or uncle or even mother or aunt (in the case of midwives), is another way it may occur. It is a kind of apprenticeship in which a traditional health practitioner conveys the skills and knowledge to the younger generation (Ramokgopa, 2013).

### **b. Herbalists/ngaka**

Herbalists possess extensive knowledge of supernatural techniques. They also employ empirical knowledge to diagnose certain illnesses and prescribe the proper curative herbs; prevent calamity within a village; provide defence against bewitchment and hardship; and bringing wealth and contentment.

Traditional health practitioners use traditional medicine, such as crocodile skin for fever, to treat a variety of illness. Becoming an herbalist requires seven years of strict training, under a qualified

herbalist, whereafter the trainee is tested during ceremonial ritual on his/her knowledge of herbal remedies.

Herbalist can be regarded as a pharmacist who dispenses medicine made of natural ingredients comprising the bark of trees, roots, leaves, animal skin, blood or parts of animals, herbs and seawater. Their services do not include prediction (Latiff, 2010).

**c. Prophets/faith healers**

Faith healers diagnose and treat disease by means of prayer, candlelight or water. Upon healing, patients normally join the church where the healer is a member.

**d. Traditional Birth Attendants (TBA)**

Fontaine (2004) indicates that a traditional birth attendant assists a community far from hospitals or Western medicine, which is only widely available in urban areas, and is a valuable asset. Despite the vital role that a traditional birth attendant plays, particularly in rural areas, practices have not been documented.

## **2.4 INDIGENOUS KNOWLEDGE SYSTEMS AND TRADITIONAL HEALING PRACTICES**

Struthers and Eschiti (2004) indicate that indigenous knowledge originates from the relationship between human beings, the earth and animals. This knowledge is employed for farming, without the aid of modern technology; healing the ailments of animals and humans; and for making rain. Indigenous knowledge systems include traditional knowledge, indigenous technical knowledge and rural knowledge and arose from the struggle of indigenous people against colonialism. The importance of bringing this knowledge to the fore becomes clear from native communities' testimony of success, across the world, in fields like health and medicine (Helwig, 2010:43).

Westerners may have introduced advanced medical knowledge to Africa, but they also caused their own share of problems for the local population. Floyed *et al.* (2009) explain how indigenous communities have contributed significantly to the medical field, through the treatment of the sexually transmitted diseases of gonorrhoea and syphilis that were brought by colonisation.

Traditional health practitioners have the skills and knowledge to treat a range of ailments, which has been recognised by the World Health Organisation and the United Nations Conference on

Environment and Development (UNCED). For example, traditional health practitioners use herbs such as the African willow (South Africa), the hoodia plant (Namibia) and “*iboga*” (Gabon and Cameroon) (Floyd, 2009) to treat conditions like cancer, obesity and drug addiction. Western pharmaceutical companies have become aware of the potential of the herbs used in traditional medicine and have at times stolen these plants to sell them to indigenous people at greatly inflated prices.

## **2.5 TRADITIONAL CONCEPTUALISATION OF HEALTH AND ILLNESS IN AFRICA**

Wilkson (2010) explains the great social and political role that traditional healers play in the community through their healing of spiritual and emotional illness; assistance in childbearing; location of property and interpretation of the past and future. Traditional health practitioners are highly respected in the community, because of their ability to cure illness associated to witchcraft and the displeasure of ancestors that results in misfortune being visited on a family or community.

Traditional health practitioners appease these ancestors by means of certain rituals that include burning *imphepho* (*Helichrysum petiolare*) or play drums and chanting. They also prescribe *muti* (medication), prepared from floras and faunae, and infused with spiritual importance. *Muti* is often significantly representative of the goal it aims to achieve, such as giving lion fat to children to promote bravery. There are treatments for all forms of physical and mental illness, social disagreement and spiritual difficulties as well as potions for protection, love and luck (Padayachee, 2004).

### **2.5.1 TRADITIONAL TREATMENTS**

Healing is defined as the correcting of disorders affecting the body, mind and soul for which traditional health practitioners have a diverse range of traditional healing methods. Examples of such treatments include taking green tea orally (herbal remedies), mixture of hot water and herbs where the vapour enhances relaxation and washes off bad luck (steaming); traditional medicines that improve blood circulation (blood cleansing and incision) and others that bring about good fortune (charms); and communication with ancestors, through drums and music (dancing) (Campbell, 2008).

African society ascribes ill health to a troubled relationship with the community and the ancestors or disobedience to elders and ancestors, breaking social norms and infuriating God. An example of this is when a widow fails to mourn her husband’s death a full year and enters into marriage before

that period has passed. The variables are multi-faceted, with complex implications on how people understand their world and their place in it. Culturally prescribed interpersonal rules regulate behaviour among members of the family, social groups and the broader community (Hakim & Chishti, 2010).

Healing and illness are interconnected and cannot be separated. The theory of illness is complex and does not only relate to pain or malfunctioning of the cells, but cuts across the whole of the human being and the community. Healing is, therefore, restoring wholeness in human relationships including the psychological, social, moral, economic, political and spiritual. In order to bring about such restoration, the ancestors are consulted for solutions to illness (Hakim & Chishti, 2010).

Manner of greeting, interaction with members of the community; specific duties and social obligations are instilled from childhood. Duty to family and society is crucial in traditional life and respect for the important members of society such as community leaders, older people, professors and doctors is heavily emphasised. It is believed that lack of respect for social norms and standards leads to headaches, mental illness and bad luck (Brodnicka, 2003).

Traditional health practitioners use *ditaola*/bones to treat variety of illnesses. For instance, we have different types of *ditaola*/bones and each has its own name. The following is a list of names of *ditaola*/bones: “*Moremogolo*”, “*Sejaro/ tlhako ya kgomo*”, “*Maboni a ga Ratsatsi*”, “*Pubagadi/tlhako ya kgomo*”, “*Kgoloko-kgoloko/ pelo ya tshilwana*”, “*Thakadu/ seepela tse dingwe matsatsa*”, “*Ditlhakwana tsa podi tse pedi*” and “*Mosarwa o losika o a rongwa*” (Padayachee, 2004).

Further examples of traditional medicine are as follows:

- Diarrhoea (*letshollo*) is treated with a combination of boiled water and the roots of the *mosokelo* tree, which must be drunk three times a day.
- A patient who has a stomach pain would be given hot water mixed with roots of a tree known as *sekatapohwana*. A traditional health practitioner may also mix warm water with the barks of the *leshogwa* tree.
- A diviner uses holy water and dried chicken breast to treat heartburn and vomiting.
- A woman who has given birth will be given *makwati a mosetlha and phate ya ngaka* to clean the womb (Padayachee, 2004).

## **2.6 CORRESPONDENCE OF WESTERN AND AFRICAN MEDICINE**

The Journal of Pan African Studies (2009) states that among the Yoruba tribe holistic healing encompasses the body, mind and the spiritual world. This holistic approach is ultimately the distinction between traditional healing and Western modes of treatment. Traditional healing in Africa employs herbal medicine as well as incarnation and invocation of spirits for whole-body healing. African traditional medicine is, as indicated above, strongly connected with the cultural belief in the supernatural.

Conventional medicine is allopathic, while African Traditional medicine is homeopathic in nature. The Journal of Pan African Studies (2009) explains that allopathic medicine is based on the principle: prevention is better than cure. Orthodox medicinal principles promote concentrated doses of medicine to treat illness, which often have severe side-effects, focussed on the alleviation of symptoms (Campbell, 2008).

### **2.6.1 EXAMPLES OF HEALING THROUGH MOVEMENTS/DANCE AMONG KHOI**

#### **2.6.1.1 NDEUP**

According to Brodnicka (2003), *Ndeup* is a type of therapeutic ritual that heals a person possessed by spirits by addressing the relationship of the ancestors with the community and reconciling the afflicted individual with the ancestors. *Ndeup* is also necessary when a family has failed to show the ancestors the proper respect by strictly adhering to the prescriptions for an ancestral offering. This ceremony generally lasts four to eight days, (Pefile, 2005) relate, which is arranged by the traditional healer and attended by the community.

Once the ceremony has been completed, a trainee or *lethwasana* is tested on the skills he acquired during training. The trainee must slaughter a goat or sheep and pour the blood onto the patient, during which the trainee communicates with the ancestors in different languages and beat drums to which the patient then starts to dance. The drums are played from the morning until the evening to revive the spirit of the ancestors (Pefile, 2005).

The traditional health practitioners of the Bushmen heal by means of trances (a complete relaxation of the mind, body and soul), during which the patient has visions of animals or flying in the sky and is in a state of hypnotism. The patient then dances like chicken or a cow and this process can heal a variety of ailments such as chest pains or stomach cancer. Trances also serve

to call for rain and expel evil spirits from the community, whereby members of the community would also entered into a trance. The process/healing is characterised by the beating of drums and patients dancing like a snake (Rupert, 2001).

Struther *et al.* (2012) and Floyed *et al.* (2009) furthermore indicate that women with babies tied on their back sing and clap, while the men dance with bangles made from cocoons clung together with cords tied to their legs. The dancing lasts all night (an age-old tradition) and, Dowson (2013) explains, during the night songs can be heard from far away as it travels on the cool night air that warms with the coming of dawn. Children are taught how to go into a trance at an early age, but this practice can be dangerous – for example should the person who is in a trance point a finger, especially among children, it could lead to death.

Yet this trance state energises the traditional healer with a powerful spirit, enabling him to undergo a process of transformation and connect the healer with the ancestors and community. The traditional healer can then identify the illness in the patient and, as Richter (2010) explains, treatment entails the healer putting his feet inside the fire (healers often walk on fire to see inside of the human body), one hand on the person's chest and the other on their back to suddenly suck the evil out. Healers do not just focus on healing physical illness, they also expel what they call “star sicknesses” (a force that takes over a group of people that causes jealousy, anger and failure) and is the evil that causes havoc, division and a break in unity. Bushmen thus continue to use this method of healing to ensure unity and peace in their community.

Dowson (2013) calls becoming a traditional health practitioner a long and painful, but necessary, process. The motivation behind the wish to become a healer, despite it being an arduous process, is a passion to serve the community by bringing the dead back to his family or diagnosing illness or foretelling the future.

## **2.6.2 ANCESTRAL WORSHIP AMONG THE CRISTIANS**

Donmoyer (2006) states that to the African *badimo* are close family like parents, grandparents or clan who look after the living. Ancestors have endless capabilities, in terms of the living, and have the talent to intervene among human beings as well as the Creator. It is believed that *badimo* represent the Creator of earth. Many African Christians worship both the ancestors and God, believing that the ancestors have reached divine status. African languages are filled with beliefs and principles referring to ancestors.

Death is the transition from earthly to spiritual life. The deceased may not be physically there any longer, but they remain in and around the living and maintain a parental role. It is such a deep-seated connection that many continue to worship the departed regardless of their Christian beliefs.

The ancestors communicate with the community through visions; dreams; noises; diviners; priests; the incarnation of a dead person; and even through manifestation of animals such a snake, butterfly and lion. Ancestors serve to unify families and other members of the community, to care for each other; empower; bless; reward and inspire and protect families against demons. Traditional health practitioners similarly strive to unite families with the divine and facilitate holistic healing. Any member of the community that's has been cursed by the ancestors is to admit to his troubles, upon which the elders intervene to bring about reconciliation with the ancestors (Richter 2003).

### **2.6.3 THE RELATIONSHIP BETWEEN ANCESTORS AND AFRICAN CRISTIANITY**

It is believed that most African Christians also worship their ancestors, a practice that precedes the introduction of Christianity to the continent. While incense is burned to communicate with ancestors, Christians communicate with the Creator through prayer and immersion in the Holy Bible. Many academics, preachers and theologians characterised the ancestors and spirits as instruments of the devil, in previous times, considering it imperative to eradicate this belief in ancestors as soon as possible - despite the worship of ancestors also being a feature of monotheistic religions like Judaism, Islam and Christianity (Kale, 1995).

There are thus many who are both devoted members of a church and continue to communicate with their ancestors, who they deem to be the living dead or resting and able to communicate with the living. Christians do not, however, consider the ancestors to be gods and such a claim would be a distortion of their culture, nor do they associate the ancestors with Christian saints, which would be a dangerous and confusing comparison (Kale, 1995).

## **2.7 SUMMARY**

This chapter describes the relationship between nature and human beings, in which the literature explains nature as part of life and a living force in African philosophy. Any disruption in nature may lead to imbalances in the social, physical and mental well-being of society. African traditional medicine revolves around the relationship between the environment, ancestors and people.

The chapter also defines the clear distinctive types of traditional healer, according to the specific functions each performs, preventing any generalisation. The diviner, for example, diagnoses illness by throwing bones and the herbalist applies the extensive knowledge of supernatural techniques. Then there is also the traditional birth attendant essential to a village located great distances from Western medical facilities. The next chapter presents the methods of data collections of the study.

## **2.8 A BRIEF PREVIEW OF THE FOLLOWING CHAPTER**

The following chapter details the methodological aspect of the research study. Areas of focus are the physical structure and the functions of the selected population. It also describes the type of research methods and data-collection tools employed as well as the rationale behind their use.

## **CHAPTER THREE**

### **RESEARCH APPROACH**

#### **3.1 INTRODUCTION**

Chapter three outlines the research methods, data-collection tools, population, sampling technique and data-analysis technique. It also explains the rationale behind the methodology employed, instruments of collecting data, also the manner in which the study was conducted and the possible limitations of the study.

#### **3.2 METHODOLOGY**

Research methodology is the manner selected to obtain information for a study and describe the approach to the work. This methodology encompasses the approaches, processes and methods used to gather and examine material. Investigation of the study entails the assumptions, hypotheses, guidelines and approaches the researcher employs to render their work open to examination and and/or adaptation for selection of research methods.

Secondary sources consist of journal articles and textbooks on traditional healing and medicine. Mouton (2002:30) refers to methodology of study as an analysis of those principles and procedures that describe how an investigation should be carried out. This research follows a qualitative approach that does not involve measuring variables in a quantifiable way, but represent data collected for its numerical value. Given that a qualitative comparison cannot be drawn from the data collected, the researcher focuses on the situation to ensure the results remain objective (Gerbach, 2009).

#### **3.3 RESEARCH DESIGN**

The research design is understood to be a systematic process of research that entails intensive planning of events, prior to conducting the actual study. The objective of the research design of every study is to provide solutions to an existing problem. The qualitative research design is deemed to be the most suitable to accomplish this and thus the researcher has observed, discovered, compared and analysed the technique, methods of healing and facial expressions of traditional healers.

This qualitative research follows a design that seeks and describes new observations, where no prior information existed (Seaman & Baxter, 2008) and the investigation strategy guides the achievement of the objectives of the study. It also directs the researcher in the selection of relevant study material, respondents and the examination of material collected (Mouton & Babbie, 2001).

Seaman and Baxter (2009) indicate that research design connects research questions with the implementation of the study, in other words how the research is structure and the methods of data collection used. It aids the researcher in collecting material relevant to the research (Lofman *et al.*, 2010:137).

This implies that the research design must guide the respondents in articulating the answers to the research questions and thus the survey strategy has to be appropriate to the study. Marczyk *et al.* (2005) further explains that survey design normally includes qualitative data, from unstructured questions, in qualitative interviews. This questioning technique allows the respondents to express their answers in their own words. The research design of this descriptive research has used qualitative interviews to investigate traditional healers/doctors in Mahikeng, North West Province, who are contributing to the search for a cure for HIV and AIDS.

### **3.4 RESEARCH PARADIGM**

The study's qualitative research approach incorporates the core tenants of African-centred psychology. This approach was selected due its appropriateness for examining different facets of the phenomena explored, for triangulation as well as for adding breadth and depth to the examination of the issues. The objective of qualitative research is, furthermore, to gain an understanding of a particular phenomenon to create new ideas and patterns of behaviour (Hoy, 2010). The purpose of the research is to render guidelines and recommendations for primary healthcare to the peripheral society.

The objective of the research is furthermore to obtain a true experience of the social aspects of society and offer a solution, by rendering an account of the roles and responsibilities of traditional healers and medicine in the treatment of HIV and AIDS. The phenomenological methodology creates the opportunity for a holistic understanding of the diseases related to HIV and AIDS. This is then also the reason for the socio-cultural approach (defined as lives and stories narrated as meaning, coherent entities).

Individual stories tend to be fairly succinct and narrate the exact events witnessed. Wimpenny and Gass (2000) assert that research that narrates the life history of elders tends to provide a clearer image of life experiences and thus the researcher selected the unstructured interview (i.e. the respondents is allowed to elaborate on the questions) to acquire the relevant information (Watkins & Shulman, 2008; Gerbich, 2009).

### **3.4.1 QUALITATIVE RESEARCH**

Mouton & Babbie (2001) indicate that qualitative research is based more on narrative events than on numbers since it is not possible to count phenomena like opinions, views, thoughts and symbols. The goal is thus to form a holistic view of events to gain a deeper understanding of the cultural or social aspects of society. Data is acquired by means of interviews, observation and document analysis as well as narrative analysis that include case studies, focus groups and historical research. The research approach taken improves the validity of the findings and increases the capacity to cross-check one data set against another (Mouton & Babbie, 2001).

The researcher must avoid enforcing his/her expectations on emerging data, since the primary goal is to acquire the relevant information from the respondents in a natural setting without bias or preconceived assumptions. Qualitative research questions are usually framed as behaviours, factors accounting for behaviours, the meaning associated with behaviours and the context in which meanings, behaviour and other factors occur. Questions may also address changes over time. The choice of qualitative interviews thus enables the researcher to direct the respondents in answering probing questions. Qualitative interviews ensure that the researcher either comes to reject or accept the hypotheses set out in chapter one (Wiersma, 1995; Given, 2008:518).

### **3.4.2 SAMPLING TECHNIQUE**

Sampling is a process of selecting a portion of the main population for study, Seaman and Baxter (2009) explain. The sampling process assists in the collection of specific information from the respondents, the chosen sample of the study. The sample population determines the method of data analysis of a study. In this case the selected sample of the population might be traditional health practitioners who are registered and certified with the Traditional Health Council. This researcher elected convenience sampling, due to the limited number of traditional health practitioners in the particular community (i.e. Tsetse village) and their availability during the research (Maila & Loubser, 2003).

Convenience sampling is not only a user-friendly method, but also possesses certain other research advantages. It permits the investigator to acquire simple documents, without the difficulties inherent to a randomised sample. The sampling technique also facilitates recording a specific quality of a material or phenomenon occurring within an agreed sample (Seaman & Baxter, 2009).

### **3.4.3 RESPONDENTS**

Lofman *et al.* (2004) explain that understanding social behaviour rests heavily on the participation of the study's respondents. Respondents are the subjects, participants and interviewees who aid the researcher to gather relevant data by means of questionnaires, tests and personal health records.

The population is the complete number of people within a particular location selected for the study from which the researcher can draw a sample. Another way to define population is the entire collection of observations to which study results can be generalised (Makgoba, 1999).

Ten to twelve respondents are sufficient for the study, particularly for understanding the views and perceptions of respondents. The proportion of the population selected depends on the actual number of respondents and the required sample size should be determined through a power analysis, which employs the alpha level and the size of the population (Hoy, 2010:23).

The researcher obtained a letter of permission to conduct research from the Faculty of Human and Social Sciences/Indigenous Knowledge Systems Centre of Excellence at the North-West University. The researcher visited the tribal office of Tsetse village and requested permission from the chief to conduct research in the village. Assistance was also requested with allocating available traditional healers, well-known in the village, and was given a list of a mere ten traditional healers. The researcher was allocated an assistant to aid in the interviewing of the traditional healers.

The units for the study comprise ten traditional healers (the key respondents of the study), because of the detailed insight they possess on the subject. Tsetse village has less than twenty (20) traditional healers of which only ten agreed to participate in the study. A sample size of ten is manageable and time efficient.

### **3.4.4 STUDY SITE**

Given (2008:518) defines the study site as the location/place chosen to conduct the study. It could be the homes of respondents, university library or community library in the relevant city/town. The research site of this study is Tsetse village, twenty kilometres from Mahikeng.

### **3.4.5 DATA-COLLECTION TECHNIQUE/RESEARCH METHODS**

The research methods are the ways in which the researcher collects data, whether by questioning, measuring or observation. The chosen method of data collection, the problem being studied and the research design are all related. Qualitative interviews provide a detailed account of the problem under study, protect the anonymity of respondents and enable the researcher to clarify any uncertainty with the interviewees (Marczyk *et al.*, 2005).

According to Conelly *et al.* (2009), a research interview can be either structured or unstructured. The structured interview allows respondents to elaborate in detail and the researcher to probe for further information from the respondents, providing an in-depth understanding of the topic. The unstructured method, followed in this study, entails an assortment of interviews. Structured interviews follow a precise set of questions, in which the respondents' answers are succinct, while the open-ended questions of the unstructured interview give respondents (i.e. traditional health practitioners) the opportunity to elaborate.

### **3.4.6 QUALITATIVE RESEARCH INTERVIEWS – QUESTIONNAIRES**

Questionnaires were administered to the sample population for the purpose of collecting data on the research problem. A questionnaire constitutes a method of data capturing through written response to questions posed by the researcher. Human behaviour becomes accessible by means of indirect observation found in the questionnaire. The investigator elucidated the objectives of the study to the respondents and requested permission to conduct interviews. The researcher ensured that respondents felt at ease by establishing a rapport with the respondents, by means of a short conversation that created a bond with the interviewee and instilled a sense of freedom to share. The collaboration between respondents and interviewer is guaranteed if there is understanding between the two (Mouton, 2001).

The researcher was present for each interview and took detailed process and observation notes, with the purpose to enhance the partnership with the respondents. Before the start of the interviews, permission was obtained from the traditional health practitioners to conduct the research and questions were asked in the local language *Setswana*.

Respondents were also allowed time to pose questions. Interviews of approximately fifteen to twenty five minutes were held at the respondents' homes, ensuring a familiar and comfortable interviewing environment as well as a sense of safety to participate in the process. Particular

attention was paid to recording the respondents' facial expression, not only the information they communicated. The notes taken during the interviews aided the analysis of the results and to determine if their relevance to the study (Watkins & Shulman, 2008). The researcher did encounter challenges, like the refusal to disclose the types of medicines used to treat certain ailments. It did not, however, affect the quality of the data acquired and sufficient data were obtained for analysis.

Given (2008:520) states that investigation in qualitative research relate to the respondents of the study. The researcher plays a vital role in the gathering of data, which involves the key aspects of introspection and reflection on possible bias. The objective of qualitative research methods for collecting data is based on social phenomena and the personal experiences of respondents.

### **3.4.7 OPEN-ENDED QUESTIONS**

Siedman (2006:582) defines open-ended questioning as a set of questions posed to the respondents in which the researcher always probes for further elaboration. The type of questions posed indicates the respondents and researcher knowledge on the topic under discussion. The study presented open-ended questions to traditional healers, with the purpose to gather information on the topic and they were allowed to elaborate in detail with greater flexibility.

Since the study is based on the metaphysics of traditional healers and traditional medicine, open-ended questions are hugely beneficial. It enables in-depth understanding of the topic, revealing much information on traditional healing and especially on the dynamics of African healing. It revealed the benefits of African healing over conventional medicine, in that traditional medicine is affordable and easily available; does not only focus on the individual, but also extends to the community; and aims to ascertain the main cause of illness to ensure that the traditional healer, with the assistance of the ancestors, provides an accurate diagnosis.

Some of the disadvantages of the open-ended questioning is that is time consuming and the researcher might record information that is not relevant to the study. It also requires skill to analyse and record the data. The researcher found it difficult to pose questions to the respondents and record information at the same time. Most of them refused the use of a tape recorder, fearing that the researcher might pass the information on to other healers and the media (Given, 2008).

### **3.4.8 ETHICAL CONSIDERATIONS**

Ethical principles must always be taken into account during the interview. The research presented no risk to respondents relating to experimental treatment or exposure to physical or psychological harm. Ethical concerns are important in reference to planning, conducting and evaluating research. Care was taken to ensure that the respondents understand the objective of the research and that the study is completely voluntary. The researcher also explained that data collected from the study would be treated as completely confidential and would at no stage be transferred to any third person.

### **3.4.9 DATA-ANALYSIS METHODS**

According to Mouton (2002:108), the choice of data-analysis methodology for a study is influenced by certain factors. Data analysis entails organising information into segments to form meaning and establish trends, for interpreting the data and relating the findings to existing theory to show whether they support or refute interpretation.

The data in this study were collected by means of a research design posing unstructured questions. The researcher chose a combination of content and narrative analysis to understand the perceptions, roles and views of traditional healers.

Conelly *et al.* (2009) argue that narrative analysis implies using raw data gathered during interviews, fieldwork and archival documents arranged in order to form meaning. People are collectively the centre of knowledge in their diverse experience of life, narrative study is thus the life experiences of society. The methodology is about investigating, collecting and understanding the life experiences of people under study.

Gerbach (2009) defines content analysis as an orderly coding and classifying method that enables the inconspicuous discovery of great quantities of written information in order to determine the styles and forms of words used. The researcher furthermore applied the basic process of qualitative data analysis: observing, gathering and noting interesting facts. Jorgensen (1989), as contained in Seidel (2009), states that the aim of this process is to assemble or reconstruct the data in a meaningful or comprehensive fashion.

### **3.4.10 THEORISING**

The process of theorising involves the researcher taking the collected results and looking at them again through the lens or frames of one or several theoretical or conceptual positions, in order to make further sense of information and to lift the analytical discussion to a more abstract level. The method allows the researcher to call upon a huge variety of conceptual methods and theoretical ideas that exist across all available disciplines in order to provide a more abstract explanation of the findings. Once the data has been assembled into groupings, the researcher can begin recording. The first step is to see if it is possible to develop a more abstract explanation of the results gathered (Gerbach, 2009).

### **3.5 SUMMARY**

Chapter three lays down the structure of the research for collecting and methods employed to analyse data. The selected method of convenience sampling was the result of the availability of respondents during the research and data was collected by means of interviews and questionnaires. The chapter also highlights the questions administered to respondents that include: treatment methods, diseases treated, type of referral system, relationship with Department of Health and process of curing diseases. The next chapter presents the empirical research conducted as well as the interpretation of the findings.

### **3.6 A BRIEF PREVIEW OF THE FOLLOWING CHAPTER**

The next chapter deals with data analysis. The gathered data serves to substantiate or refute the hypothesis, confirmed by relevant literature. The appropriate narrative analysis and tests are also explored to calculate the findings and help make sense of the data.

## CHAPTER FOUR

### SOCIO-ECONOMIC AND DEMOGRAPHIC OF THE RESPONDENTS

#### 4.1 INTRODUCTION

This section of the mini-dissertation deals with arranging raw data into patterns and trends to make meaning of the data. The qualitative interview was the primary data-collection tool, administered to a representative sample of ten. The findings of the research presented in this chapter reflect the life experiences of traditional health practitioners.

The information obtained from the respondents was the cross-referenced with the literature on the topic to confirm important features that would enable identifying solutions toward advancing fruitful execution. The innovative investigation enquiries offered in the study are reviewed and the appropriate results presented, with the determination of classifying styles.

#### 4.2 THE SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

No	Age	Gender	Religion	Level of experience	Type of healer	Methods of healing
1.	70	Female	N/A	Satisfactory	Diviner/herbalist	Specialises in herbs, with ancestral guidance
2.	65	Female	N/A	Satisfactory, with certificate	Diviner/herbalist	Specialises in herbs, with ancestral guidance
3.	55	Male	Apostle Zion	Fair	Faith healer/prophet	Holy water and prayer
4.	48	Female	N/A	Satisfactory	Diviner	<i>Muti</i> /herbs
5.	76	Female	N/A	Satisfactory	Diviner/herbalist	Specialises in herbs, with ancestral guidance
6.	33	Male	N/A	Satisfactory, with certificate	Diviner/herbalist	Traditional bones/ <i>ditaola</i>
7.	58	Female	N/A	Fair	Herbalists/diviner	Specialises in herbs, with ancestral guidance
8.	45	Female	Church member	Satisfactory, with certificate	Herbalists/diviner	Holy water, prayer, traditional bones
9.	55	Female	Anglican Church	Satisfactory, with certificate	Herbalists/diviner	Traditional bones/ <i>ditaola</i>
10.	33	Male	Anglican Church	Satisfactory, with certificate	Herbalists/diviner	Traditional bones/ <i>ditaola</i>

### 4.3 QUESTIONNAIRES AND RESULTS OF RESPONDENTS - ANNEXURE A

The researcher interviewed ten traditional health practitioners who are well recognised in the community (Tsetse village) and are registered with the Board of Traditional Healers, with the intent to ascertain their views on the treatment of HIV and AIDS and whether they would be amenable to have it integrated into the healthcare system. A secondary aim was to identify some of the traditional medicine used to treat HIV and AIDS. The following set of questions was posed to the traditional health practitioners:

#### **In which area of traditional medicine do you specialise?**

The majority of the respondents indicated that they specialise in a combination of spiritual and traditional healing. All employ ancestral guidance to heal patients, together with prescribing a range of self-made herbal remedies.

#### **What are your views on traditional health practitioners working in government hospitals and clinics?**

Five traditional health practitioners stated that they would gladly offer their services in government hospitals, while the remaining five respondents would not support such an initiative. They prefer to work independently and fear that the presence of ancestral spirits would not be as clear or effective in a medical facility.

Regardless of their personal preference, these healers would first have to consult with the ancestors before taking such a step. Traditional medicine is unique and could not co-exist with Western medicine, given the difference in belief and approach between the traditional and scientific. The traditional health practitioner, for example, burns *imphepho* to request the assistance of the ancestors.

#### **How do you distinguish between spiritual healers and traditional healers? How does their method of treatment differ?**

The majority of respondents related that spiritual healers use holy water and prayer to treat disease and traditional healers throw bones/*diataola* to identify the cause of ailments. Some conditions may require a combination of herbal and spiritual healing (holistic treatment). The different types of traditional health practitioners are outlined in the literature review.

**Do Western physicians or facilities ever refer patients to you?**

None of the respondents have ever received patients from clinics or hospitals. Traditional health practitioners do however refer patients to hospitals/clinics when the illness necessitates Western medicine or when blood samples need to be drawn, due to a lack of resources.

**Have you, as traditional healer, ever treated the opportunistic infections of HIV and AIDS?**

Half of the respondents have diagnosed such infections by means of consultation with the ancestors, through throwing of bones, and offered treated with traditional medicine. The ancestors may at times require the patient to performing cleansing ritual to ward off misfortune. Five of the respondents indicated that they normally refer patients to Western medical facilities for treatment.

One respondent explained that he is able to treat mental illness and supernatural diseases because of his knowledge of which traditional medicine ingredients to gather from the mountain and the assistance of the ancestors. Another traditional health practitioner is able to cure high blood pressure, lymphadenopathy and tuberculosis. It is however important that patients seek treatment early. A fourth respondent has cured infertility and womb conditions.

The remaining respondent is an expert on marriage, fertility, relationships, reversal of luck and witchcraft. He also combats the *tokoloshe* and, like the above respondent, treats early-stage HIV and AIDS and tuberculosis. All the ingredients for his treatment are gathered from the mountain, a very expensive enterprise.

**How long does it take traditional medicine to cure the opportunistic diseases related to HIV and AIDS?**

The majority of the traditional health practitioners indicated the necessity of early treatment in the curing of such opportunistic diseases. One traditional healer indicated that within three weeks of giving a patient *muti* the patient showed improvement and increased strength. The treatment is however holistic – i.e. the body, soul and spirit – and not only focussed on the particular condition.

**Do you work with hospitals and clinics?**

None of the respondents have ever collaborated with any medical facilities, but have recommended extremely weak patients to seek Western medical treatment.

### **What kind of treatment do you provide to patients who show symptoms of HIV and AIDS?**

All the respondents refused to divulge the kind of treatment they provide to patients. One traditional healer explained that they are not supposed to divulge certain information to the public, due to a number of factors. Traditional medicine philosophy is never to be revealed to the public and certain information was kept from the researcher, to ensure that communication with the ancestors remains a sacred.

#### **4.4 SUMMARY**

This chapter presents the socio-economic information and demographics of the respondents as well as the interpretation of the findings. It focuses on the ten traditional health practitioners, duly recognised in their community (Tsetse village). Most of the respondents indicated that they would welcome being integrated into the healthcare system, particularly in clinics and hospitals.

## CHAPTER FIVE

### TRENDS AND RESULTS

#### 5.1 OVERVIEW

Chapter five presents the results and outcomes of the study as well as the general views of *sangomas* on the treatment of the opportunistic diseases of HIV and AIDS and the integration of traditional medicine into primary healthcare. Most of the respondents of the study asserted that they are able to cure a variety of ailments ranging from diarrhoea, *lethopa*, shingles, *lebanta* and sexually transmitted infections (STIs).

#### 5.2 TRENDS

##### 5.2.1 Question 1: Why do you think you are side-lined in the treatment of opportunistic infections arising from HIV and AIDS?

The majority of the respondents would like to be integrated into the national healthcare sector.

The research also shows the following:

- There is no collaboration between clinics and hospitals.
- Patients are encouraged to continue taking antiretroviral medication, while undergoing traditional treatment.
- Traditional healers are unable to assist patients who seek treatment too late.
- Traditional healers offer medicinal mixtures to cure illness.
- The following diseases are treated: diarrhoea, *lethopa*, shingles, *lebanta* and sexually transmitted infections.

The majority of the respondents under study indicated that:

- the government and research institutions, like the Council for Industrial Research, should test traditional medication in laboratories;
- there must be sharing of skills between traditional health practitioners and Western physicians, particularly for treating disease;
- consultation fees must be regulated, i.e. standardisation of rates; and
- the sites of traditional herbs should be protected.

### **5.2.2 Question 2: Would you like to be integrated into government medical facilities?**

All of the respondents are somewhat reluctant to have their services integrated into government facilities. Traditional medicine, communicating with ancestors and bone throwing must never be made public. They would only consider such a move if they were provided with an isolated and safe environment within these medical facilities.

### **5.2.3 Question 4: Do you treat all diseases arising from HIV and AIDS?**

The respondents explained that they are able to treat a variety of ailments, by means of a range of remedies, which include: diarrhoea, shingles, *lebanta* and sexually transmitted infections, HIV and tuberculosis.

### **5.2.4 Question 5: Have you ever treated patients suffering from the opportunistic diseases related to HIV and AIDS (referred by a clinic or hospital)?**

The respondents indicated that hospitals/clinics have not to date referred patients to them and it is rather they who refer patients to these facilities for treatment.

### **5.2.5 Question 6: Do you collaborate with clinics and hospitals for treating of opportunistic diseases?**

One of the respondents summed up the general finding in this regard as follows: “We work separately, clinics prohibit HIV positive people to use traditional medicine. Hospitals and Clinics undermine our traditional medicine. Clinics prohibit patients from coming to us (THPs).”

### **5.2.6 Question 7: How long does it take for a person being treated with traditional medicine to be cured from the opportunistic diseases of HIV and AIDS?**

A respondent explained that if the patient takes the traditional medicine properly, it usually takes a week to see some improvement. God also plays a major role and early treatment is crucial for healing and the immune system.

### **5.2.7 Question 8: What kind of treatment do you provide to patients who show symptoms of HIV and AIDS?**

Most of the respondents were unwilling to answer this question, citing concern over misuse of information if divulged.

### **5.3 SUMMARY**

Chapter five relates how traditional healers would only practice in medical facilities if they could do so in a confined environment, to facilitate contact with ancestral spirits. Traditional Health Practitioners furthermore expressed the wish to have traditional medicine be tested and regulation of consultation fees. The following chapter presents the recommendation of the study.

## CHAPTER SIX

### DISCUSSIONS AND RECOMMENDATIONS

#### 6.1 OVERVIEW

Chapter six details the outcomes derived from the data obtained from the respondents, the conclusions drawn and the resultant recommendations for the integration of traditional medicine into the primary healthcare system. Here the mini-dissertation renders new insights concerning the problems faced by traditional healers in the North West Province. It also examines models that policymakers might use in the drafting of national health policy, in reference to the input of a number of scholars. The chapter concludes with a review of the input and suggestions for the future of traditional medicine.

Traditional medicine is progressively losing ground around the world. Research to determine the quality and efficacy of traditional medicine remains a challenge and fraudulent practices are escalating at an alarming rate. This decline can be ascribed to the lack of support provided to traditional health practitioners. Legislation, like the Traditional Health Practitioners Act (22 of 2007), is not enforced and the results of research on traditional medicine are not always communicated to traditional health practitioners and remains unpublished. The World Health Organisation (2001) has placed great emphasis on traditional medicines and urged further research in support of quality medicine. Although the Traditional Health Practitioners Act (22 of 2007) stipulates stringent measures on research into traditional medicine to ensure safety and quality, it remains a challenge especially among the developing countries.

#### 6.2 RECOMMENDATIONS

##### 6.2.1 RECOMMENDATION 1:

**Would you like to be integrated into government medical facilities? Do you think traditional medicines should be regulated by the Board of Traditional Healers?**

Richter (2003) states that despite the use of traditional medicine in developing countries HIV and AIDS remains a challenge. Many HIV-positive patients take both traditional and Western medicine, reflecting the conflict between these two systems. It would thus be necessary for the government to support and educate traditional health practitioners in the formal healthcare

system and also enlist their aid in expanding the research on traditional medicine. This research will enable the production of tested and quality traditional medicine for the treatment of HIV and AIDS.

Ensuring the protection, effectiveness and excellence of traditional medicine would imply registering traditional health practitioners with the Board of Traditional Healers and instituting measures to monitor practice. A range of traditional herbs needs to be introduced and rigorous investigation/research on traditional medicine is vital, which would bolster further research that would in turn produce quality medication that could be recommended in public healthcare facilities. This would require structuring the traditional medicine profession within the primary healthcare policy.

### **6.2.2 RECOMMENDATION 2:**

#### **Question 2: Why do you think you are side-lined in the treatment of the opportunistic infections related to HIV and AIDS?**

The community trusts traditional healers and consults them before seeking Western medicine. Indigenous healing forms part of their ethnic principles and traditional health practitioners are often suggested by families and friends. Traditional health practitioners are furthermore a great deal more accessible and affordable to rural communities, making government regulation of traditional medicine essential. The Western healthcare system has oppressed and dismissed traditional healing and medicine as outdated, ineffective in the treatment of disease, and existing legislation, as contained in the Traditional Health Practitioners Bill (2003), is not adequate or effective. Hospitals and other facilities could collaborate with traditional health practitioners in the treatment of the opportunistic diseases of HIV and AIDS, in which traditional health practitioners are allowed to establish traditional pharmacies and receive the authority to prescribe sick leave. De Conning (2007) asserts that a scheme to control, record and issue licences to traditional health practitioners and training is vital.

### **6.2.3 RECOMMENDATION 3:**

#### **Question 3: Do you treat all diseases arising from HIV and AIDS?**

The respondents indicated that they have the ability to treat a variety of ailments such as diarrhoea, shingles, *lebanta* and sexually transmitted infections, HIV and tuberculosis. The

study, therefore, recommends that a cooperative relationship among Western and traditional medicine must be developed at all levels.

Practitioners can however not be permitted to draw blood or treat cancers, diabetes and HIV and AIDS because of the lack of resources.

#### **6.2.4 RECOMMENDATION 4:**

**Have you ever received patients who suffered from opportunistic diseases due to HIV and AIDS (who came from a clinic or hospital)?**

Traditional healers and their medicine have been suppressed for a long time by colonialists and are even now not recognised for their knowledge and skills in curing a variety of ailments. One example of this is the prohibition against traditional medicine, citing it as untested and potentially dangerous, for patients taking antiretroviral drugs.

Traditional healers work independently and although they have referred patients to clinics/hospitals, these medical facilities have never suggested traditional medicine to their patients.

The literature on traditional medicine reveals a variety of specialities such as the use of holy water and mirrors; *ditaola*; and the traditional *muti*. Unfortunately, patients often only seek treatment once it is too late and certain ailments, like high blood and diabetes, require intensive care.

#### **6.2.5 RECOMMENDATION 5:**

**How long does it take for traditional medicine to cure opportunistic diseases related to HIV and AIDS?**

The respondents claimed the ability to cure symptoms associated with HIV and AIDS, should the disease still be in its early stages and one respondent recounted a case in which the patient was healed of all symptoms of HIV and AIDS. The overall findings indicate a significant improvement in these patients after consultation with a traditional healer. Traditional healers make a real contribution in the treatment of disease, but receive little recognition from the government. The Southern Africa Development Community introduced an action plan, entitled Decade for African Traditional Medicine (2001-2010), in June 2006. Its objective was for all

member states to formalise traditional medicine as part of their public healthcare system by 2010. Yet traditional medicine continues to be marginalised in South Africa.

All the respondents were adamant that the Department of Health should take action against “charlatans” misleading the public, by claiming to cure more than a thousand diseases. Traditional health practitioners are not supposed to advertise their specific services and easily be located through enquiries in the community.

The study recommends the following:

- Traditional health practitioners must be thoroughly trained in procedures such as drawing blood from patients, the rapid use of razors and the treatment of conditions related to HIV and AIDS.
- The government should provide continuous training on midwifery.
- Traditional healers must be certified to practice in hospitals/clinics to enable them to collaborate with Western doctors in the diagnosis of disease and treatment of opportunistic infections.
- Drastic measures must be taken against fraudulent doctors who perform street abortions and falsely claim to cure innumerable diseases.

The objective of traditional healing is to diagnose, prevent, promote and rehabilitate physical, mental and emotional illness as well as address issues within the family and the society.

### **6.3 SUMMARY**

Having studied the relevant documents, extracted the purposes of the investigation, provided recommendations and a projected structure it remains reasonable to both lawfully and practically acknowledge and promote traditional medicine in South Africa. Regardless of all the impact and adversities brought about by Apartheid, South Africa has demonstrated that it is capable of the reform and progress that will unlock the gates to an accomplished, successful and progressive nation.

## CONCLUSION

This study is an inquiry for the role of traditional healers in the treatment of HIV and AIDS in Mahikeng, North West Province (Tsetse Village) as research site. The research uncovered the facts on the discipline of traditional medicine and assessed its efficacy. Although the findings are based on a somewhat small sample of traditional health specialists, it is expected that the results could create insight into the field of traditional healing. Investigations on Traditional Medicine need to be understood from the perspective of the nature and scope of the schoolwork, which assert that the research will serve to enlighten traditional healers and add value to policy.

The purpose of the study is to determine how traditional medicine can be incorporated into the national healthcare system and contribute to a possible strategy. In order to do so greater understanding of traditional medicine, which is quietly practiced to variable degrees throughout South Africa, was sought. Traditional healing remains the dominant form of healthcare in rural areas. It needs to be analytically investigated to protect its practitioners and recipients against negligence as well as institute safety measures and regulation to protect its benefits, while still retaining the scope for its survival and growth.

It was found that rural communities are increasingly accessing national healthcare services (i.e. Western medicine), but continue to consult traditional practitioners due to the cost and arduousness of travelling to medical institutions. Much of traditional medicine, both in rural and urban areas, is for benevolent purposes and not healthcare - for example, the administering of a cleansing ritual (in consultation with the ancestors) to counteract misfortune.

The study thereby concludes that African traditional medicine is an important part of the South African healthcare structure. South Africa has an abundance of plant life that is used every day both as nourishment and in traditional medicine. It is an intrinsic part of the services offered by traditional healers who are regularly consulted throughout African for the relief of symptoms or prevention of illness.

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## **Research Interviews – Questionnaire**

I am Tsietsi Sebata, currently doing Masters Degree studies in Indigenous Knowledge Systems (IKS) at the North West University (Mahikeng Campus).

The research is about traditional medicines/traditional health practitioners towards the treatment of HIV/AIDS in the North West Province, with a specific focus on the Ngaka Modiri Molema District Municipality in Tsetse Village.

I would therefore, ask for your assistance to answer the following questions to the best of your ability. You are therefore, asked not to mention your name and you are also assured that all data and information supplied will be treated with outmost confidentiality and but will only be used solely for research/study purposes.

**1. What type of traditional healer are you?**

**O ngaka ya mofuta mang?**

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**2. Would you like to be integrated into government hospitals?**

**A o ka itumelela go dira ko dipetlele tsa puso**

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**3. Why do you think you are sidelined in treatment of opportunistic infections which arises from HIV/AIDS? Seabe sa lona le le dingaka ke sefeng go thusa mo go lwantsheng kokwana tlhoko ya AIDS?**

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**4. Do you treat all diseases arising from HIV/AIDS?**

**A kgona go alafa malwetsi a kokwana-tlhoko ya phamokate?**

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**5. Have you ever received patients who suffered from opportunistic diseases due to HIV/AIDS (who have been send from a clinic or hospital)?**

**A o tlile wa alafa balwetsi baba tshwatsegileng ke mogare wa AIDS go tswa ko sepetle?**

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**8. What kind of treatment do you provide to a person who is suffering from opportunistic infections?**

**O dirisa melemo e feng ya setso go alafa molwetsi yo o nang le kokwana tlhoko ya AIDS?**

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**9. What is the difference between spiritual healers and traditional healers? Do they have different treatments?**

**Pharologanyo magareng ga Mosebeletsi le Ngaka Ya Setso?**

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**10. How do you distinguish between spiritual healers and traditional healers? How does their method of treatment differ?**

**A o kgona go farologanya Mosebeletsi le Ngaka ya Setso**

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SYSTEMS PROGRAMME**

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To: Whom it May Concern

24 January 2013

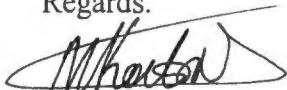
Dear Sir / Madam

**SUBJECT: PERMISSION TO CONDUCT RESEARCH**

This serves to inform you that the student: Sebata, T. P (Student # 17006929) is a registered student for the Master Degree in Indigenous Knowledge Systems, Faculty of Human and Social Sciences, North West University. Mr Sebata is conducting research on the following topic: An Assessment of Traditional Medicine Towards Treatment of HIV/AIDS in Tsetse Village, North West province. This study aims to investigate the prevalence, facilitators, predictors, and types of Traditional Medicine used among persons living with HIV/AIDS on antiretroviral treatment. Furthermore, this study will also investigate the role of Traditional Healers in finding the cure for HIV/AIDS. Moreover, the study will also investigate the relationship between Department of Health and Traditional Healers in North West Province, particularly in Mahikeng district, to assess if that relationship might lead to reduction of HIV/AIDS in our province.

It is against this backdrop that we hereby request your permission to allow Mr Sebata to conduct research as indicated above and this is not for profit making but for academic and educational purposes. Your cooperation and assistance will be highly appreciated.

Regards.



Motheo Koitsiwe

Head: Indigenous Knowledge Systems Programme

