

TOWARDS A MODEL OF TEACHING PRACTICE EXPERIENCE INFORMED BY MENTORING PRACTICES DRAWN FROM AFRICAN INDIGENOUS KNOWLEDGE

R Letsholo and M Mdakane

North West University, Potchefstroom, South Africa
13279335@nwu.ac.za; 10911502@nwu.ac.za

ABSTRACT

The study investigates the interrelationships between teaching practice experience and the training of traditional healers amongst the Batlokwa and Bakwena communities in Madikwe, the North West Province in South Africa. The article uses a participatory and case study approach to determine aspects of convergence and divergence such as content, mode of teaching/training, ways of assessment and final determination of completion of the training. The authors argue that there are areas from which both practices can benefit.

Keywords: African Indigenous Knowledge, Teaching practice experience, mentoring.

INTRODUCTION

A perspective on teaching practice

The broad theoretical framework that underpinned this study is that indigenous African people have had their ways of educating, teaching and training the youth in preparation for roles in their future life. This broad framework advances the use of African Indigenous Knowledge (AIK), in the field of traditional healing systems and it is seen as having possibilities to develop models for teaching practice experience in the new age. By drawing from this framework, a model of teaching practice informed by practices from African Indigenous Knowledge could be constructed. The authors recommend that practices of mentoring health professionals in African traditional communities should provide a framework for modelling teaching practice experience based on African values.

Teaching practice experience in this context refers to the opportunity for student teachers to partake in the real teaching situation for the purpose of experiencing practically how to emulate professionally qualified teachers. It is seen as that aspect of professional experience where the student applies, tests and reconstructs the theory and develops proper skills as teacher (Meyer, 2012).

Meyer (2012) maintains that teaching practice provides student teachers with an opportunity to observe experienced teachers, and to implement knowledge and skills they have acquired. Through this experience they can also conduct their own research and evaluate themselves. Student teachers observe so that they can get perspective of their learners and are enabled to make a smooth transition to the role of the teacher.

In terms of the model currently followed by many universities in South Africa, student teachers are posted to schools for a prescribed period of time to gain the experience of teaching. Their mentors, lecturers and teachers, principals and at times other managers, evaluate their performance on regular basis in an attempt to strengthen their efforts. There are set criteria as assessment measures for student teachers.

The model of teaching practice prescribed by the Department of Education in South Africa seems to be influenced by the competency based model. According to Kasanda (1995), the competency model is based on the assumption that for a given profession, there are a set of pre-defined competencies that each individual has to master. The mentors who in most situations would observe the trainees, often use an observation schedule and later provide the student with feedback (Maphosa *et al.*, 2007).

The models of teaching practice drawn from the indigenous African education systems are in no way in opposition to those from Western systems of education. However, a total replacement of African indigenous knowledge based models with Western models would not produce a teacher who can also teach the African school communities (Maphosa *et al.*, 2007).

THE SIGNIFICANCE OF TEACHING PRACTICE

Ngidi and Sibaya (2003) argue that teaching practice is viewed as an essential aspect of becoming a teacher, since it creates the actual teaching and learning environment for student teachers. During teaching practice, a student teacher is given the opportunity to practise the art of teaching before getting into the real world of the teaching profession (Kasanda, 1995). Student teachers also know the value of teaching practice and, as Menter (1989) remarks, they perceive it as “the crux of their preparation for the teaching profession since it provides for the ‘real interface’ between student-hood and membership of the profession. As a result, teaching practice creates a mixture of anticipation, anxiety, excitement and apprehension in the student teachers as they commence their teaching practice (Mani-on, Keith, Morrison & Cohen, 2003; Perry, 2004).

Marais and Meier (2004) testify that teaching practice represents the range of experiences to which student teachers are exposed when they work in classrooms and schools. Marais and Meier (2004) further argue that teaching practice is a challenging but important part of teacher training, especially in developing countries such as South Africa, where the effectiveness of the teaching practice can be diminished or eroded by a range of challenges, such as geographical distance, low and uneven levels of teacher expertise, a wide-ranging lack of resources as well as a lack of discipline among a wide cross-section of learners and educators. These challenges, if not addressed, may affect student teachers’ performance during teaching practice and may in the long run affect their perception of the teaching profession.

It is on the basis of the aforementioned arguments that the authors of this article wish to unravel the intricacies of traditional healing practice alongside teaching experience practice in order to locate what the two fields can offer to each other. The aspect of healer training will be dealt with later in the appropriate section.

THE ROLE OF A MENTOR IN TEACHING PRACTICE

Marais and Meier (2004) testify that teaching practice diminishes the fear that comes from having to go it alone if the mentee and the mentor co-teach a course, or teach different sections of the same course. It provides the opportunity for co-operation in terms of planning the scheme of work and the related materials needed. Marais and Meier (2004) suggest the following amongst other roles for the mentor in teaching practice:

- providing support for developing course content;
- interpreting departmental practices and policies. Mentors can also offer suggestions about textbooks, how to get examination copies, how to work with the library, etc.;
- providing demonstrations of good teaching practices;
- providing timely and constructive feedback on the mentee's performance;
- encouraging the mentee to be self-reliant;
- being a colleague to the mentee;
- providing constructive criticism, and/or troubleshooting problems together.

AFRICAN INDIGENOUS KNOWLEDGE AND EDUCATION

According to Nyasani (1997), indigenous African education comprises all indigenous activities such as intellectual, moral, physical and vocational training fostered for an all-round education in children, adults and groups of individuals in various communities. However, there are some aspects of African education which are strictly formal, as they contain programmes constructed intentionally and consciously. There is always a clear distance of respect for authority and following between the trainers/educators and their learners.

Intellectuals and foreigners schooled along the lines of colonial doctrines and rulings in the African continent, have often misappropriated and denied the body of knowledge, on Indigenous African Education and ways of teaching methodologies used (Nyasani, 1997). The purpose of these misconceptions was to derail and misappropriate the realities of this kind of education. However, there are standing ways of teaching that African peoples have used throughout the continent to prepare their children for future roles of developing communities in line with the lessons initiated by their cultures, customs and traditions (Nyasani, 1997).

TRADITIONAL HEALING AND TRAINING

Mereni (1997) explains that African indigenous healing practices were originally an integral part of the semi-nomadic and agricultural tribal societies who used same for the provision of their health care needs. Although archaeological evidence for their existence dates back to only around 6000 B.C., their origins date further back to the last Ice-age. For this reason, they were the only source of health care provision for millions of years for the African peoples. Accordingly, they saw societies surviving tragedies of diseases and other problems of life through the ages. What could rather be suggested for them is how to be improved to keep pace with modern developments of time and people's lives. There is no way they can be ruled out as irrelevant as healing ways, or as demonic and anti-Christian as some modernists claim (Nyasani, 1997).

The above revelations make sense when one looks at the fact that traditional healing is entirely based on materials obtained from the environment where traditional communities live. Through interaction with the environment, many discoveries have been made for the enhancement of the people's health care through experimentation and searches for what works and what doesn't. Traditionally, cures for various diseases were obtainable from plant and animal residues after being tested for reliable results. On the basis of this, it is evident that prior to the advent of scientific discoveries and technological advancements, Africans mainly depended on what could be obtained from the environment to sustain health. Selin (2003) testifies that indigenous healing systems and ritual practices have seen their origins from practices of ancient communities of the past. On the basis of this argument, the authors of this present article support the views held by many indigenous communities that it is possible that all known illnesses can be cured through searching for proper remedies from the environment. Research (traditional or modern) needs to be continued, because Africans believe that God didn't create them for suffering (Somé, 2000).

The above views are supported by Millogo & Nubukpo (2004), when stating that African indigenous healers operate differently from practitioners of other medical traditions such as Western medical practitioners, and are therefore unique in that they are holistic in approach and use natural methods for treating patients. Experienced healers teach the novices, and this may take a minimum of seven years. Traditional healers combine formal higher education with traditional methods under the supervision of older and more experienced healers. Ethical principles remain part of their lifelong tradition of practice.

For the question whether the training of healers is based on existing curricula, content, assessment strategies and the marking of the completion of the training process, the answer is "Yes." Though unwritten, the trainer is always aware of the outcomes that he/she wants his/her trainee to achieve. The assessment is strictly continuous where theory and practice are intertwined and applied as a unit which can never be compromised.

THE BATLOKWA MODEL OF TRAINING HEALTH PRACTITIONERS

The control and prevention of common illnesses amongst these communities date back into the preliterate era in the existence of humankind (Somé, 2000).

Highly qualified (not in terms of Western thinking) seasoned traditional healers and other knowledge holders took the lead in training, educating and teaching young men and women to become professional health care practitioners in different fields of diagnosing and curing diseases, by using traditional skills and expertise derived from the environment and duly tested for their effectiveness.

Among the Batlokwa/Bakwena communities in Madikwe, the training/ education in the healing profession often starts with an aspirant healer-trainee making him/herself available to the known traditional healer or knowledge holder with a reckoned record of training new healers for receiving vocational training. The actual teaching would then take root, during which time the trainee would attend organised sessions of verbal briefings which would henceforth be combined with practice where information and knowledge would be given about the profession of traditional healing. According to the participants from the Batlokwa/Bakwena communities where the study was conducted, the Batswana traditional healing is unique to this ethnic group, and the possibility of a member from them to train successfully in a different ethnic group's healing system, is almost a futile exercise. *"Bongaka jwa Setswana ga bo kopane le jwa Se-zulu kana Sethosa"*, i.e., "Batswana healing cannot mix or be replaced by that of Isizulu or Isixhosa because the ethnic ancestry cannot click."

Such sessions are so arranged according to clear time-bound periods, even though these might not necessarily be in line with the mathematical wrist watch of Western origin like where the timetable will be followed in a modern school system. The progress of the trainee is closely monitored and controlled continuously for as long as the trainer and the trainee are together (Fayemi & Adeyelu, 2009). *"Ngaka ya mokatisi le mokatisiwa ba nna ba ntse monwana le lenala ka dinako tsothe"*, i.e., "The healer trainer and the trainee remain like finger and nail at all times."

METHODOLOGY

The study followed a participatory case study approach (Babbie, 2004), to investigate traditional healing practices of the Batlokwa and Bakwena communities in the Madikwe area with emphasis on what could be learned from these to influence the model for teaching practice. Community knowledge holders, traditional healers, traditional leaders and other key informants were active from the beginning to the end (Babbie, 2004).

Babbie (2004) divulges on the importance of participatory action research serving as a resource to those being studied, and providing an opportunity for them to act effectively in their own interest. The approach also reminds the researcher of his/her duty to take participants on board at all levels of the research process in order to ensure that their views are properly presented, represented and

captured accordingly. The study community therefore defines the research problem and approach and takes the lead in designing the research that will help them realise their aims.

According to Radhakrisna, Leite and Bagget (2003), in a participatory approach it is believed that research does not only function as a means to knowledge production, but is also a tool to the education and development of a consciousness and mobilisation for action. In this study, most aspects studied, including the socio-economic and demographic characteristics of the key informants in the study community, were investigated from the perspective of the community rather than from that of the researchers and other outsiders.

Ryan (2000) states that an advocate of participatory action research equates access to information with power, and argues that this power has been kept in the hands of the dominant class, sex, ethnicity, or nationality. However, Smith (2001: 100) argues that once community members see themselves as researchers, they automatically gain power over knowledge in respect of the research conducted about them.

Yin (2003) describes a case study as a detailed account of an investigation conducted on a group of people or a situation over a period of time. Sekaran (2000) adds that it is an intensive study of a single group, incident, or community, rather than using samples and following a rigid protocol to examine a number of variables. Case study methods involve in-depth examination of a single instance or event: a case such as that of the Batlokwa and Bakwena communities in the Madikwe area. They provide a systematic way of looking at events, collecting data, analysing information and reporting the results. As a result the researcher may gain a sharpened understanding of why the event happened as it did, and what might become important to look at extensively in future research. Case studies lend themselves to both generating and testing hypotheses.

Another suggestion from Thomas (2005) indicates that a case study should be defined as a research strategy, an empirical enquiry that investigates a phenomenon within its real life context. Thomas (2005) further states that a case study research may involve single and multiple case studies, where qualitative evidence may be included. It also relies on multiple sources of evidence and benefits from the prior development of theoretical propositions. However, case studies should not be confused with other research methods as they are unique and often deal with single individual cases.

The Batlokwa and Bakwena communities in the Madikwe area (North West Province, South Africa) formed the units of this study. They comprise two distinct Batswana ethnic groups located in seven villages of Madikwe in the Bojanala West Municipality District, the present Moses Kotane Municipality. The villages are Kolontwane/Tlokweg, Matlhako/Pella, Matau, Manamela, Montsana, Molatedi and Letlhakeng. The communities were core to the study due to their lasting reputation for adherence to traditional healing and ritual practices as part of their health and medical care systems. They were also selected because of their proximity to one another in the same district.

The seven villages are separated by a distance of approximately forty kilometres (40 km) from each other; only the first and the last villages may be further apart from each other. One of the researchers originates from the area, and it was therefore easy to have access to the sources of information, especially in respect of the knowledge holders in terms of language and knowledge of cultural etiquettes, and to win the trust of the key informants.

In consultation with community authorities and knowledge holders in the two communities, key-informants were identified and selected purposively. They included the elders, healers and chiefs who were practising and using traditional healing rituals as part of their health and medical care systems, and the youth. Men and women were evenly represented as informants from both study communities. We used a purposive sampling strategy in this qualitative research study. Purposeful sampling is the umbrella term that McMillan and Schumacher (2001) refer to as a process of “selecting information-rich cases for study in-depth.” While Brannen (2005) describes a purposive sample as a sample selected in a deliberative and non-random fashion to achieve a certain goal. In a focus group, for example, one may occasionally seek out respondents at both ends of a spectrum (as well as some in the middle) in order to ensure that all viewpoints are adequately represented and considered for validation. You might also prefer informants with the best knowledge and experience in an area; this is what happened with regard to the current study.

Ten traditional healers, men and women, from the two study communities participated in the research as key-informants. Overall from the two study groups, twenty men and ten women participated in the research as key-informants. Two traditional leaders from the two communities participated in the research. Both gender sections of the tribal groups were involved in order to have a comprehensive understanding of the research problem.

METHODS OF DATA COLLECTION

Creswell (2008) is of the opinion that qualitative research methodology is suitable for research questioning that requires the researcher to explore, while Henning (2004) explains that a qualitative approach emphasises verbal description and explanations of human behaviour. These statements support our decision to make use of the qualitative research methodology as opposed to quantitative research methodologies where the data are more rigid. The researchers' decision to choose qualitative research rather than a quantitative approach was further inspired by Niewenhuis (2010), who asserts that “qualitative data analysis is usually based on an interpretive philosophy that is aimed at examining meaningful and symbolic content of qualitative data.” Qualitative research methods such as key-informant interviews and focus group discussions formed the core of data collection methods.

Interviews are one of the most common forms of qualitative research methods (Bogdan & Biklen, 2006; Creswell, 2008; Marshall & Rossman, 1999; Masson, 2002; Merriam, 1998). An interview is a flexible, interactive and generative tool to

explore meaning and language in depth (Richie & Lewis, 2003) An interview is a two-way conversation in which the interviewer asks the participant questions in order to collect data and learn about the ideas, beliefs, opinions and behaviours of the participant (Nieuwenhuis, 2010). Qualitative interviewing refers to in-depth, semi-structured or loosely structured forms of interviewing (Ary *et al.*, 2002; Masson, 2002)

We used in-depth interviewing as data collection strategy during this study. “In-depth interview merely extends and formalises conversation and is often characterised as a conversation with a goal” (McMillian & Schumacher). In-depth qualitative interviewing refers to “face to face encounters between the researcher and participants directed toward understanding participants’ perspectives on their lives, experiences or situations as expressed in their own words” (Taylor & Bogdan, 1998). The open-ended nature of this research method allows the respondents to answer the questions according to their own frame of reference (Bogdan & Biklen, 2006)

The fieldwork processes were undertaken for purposes of data collection from the selected informants in both study communities. Interviews were conducted through the medium of Setswana which is the local language used by the two communities. For purposes of ensuring the originality of facts presented, all interviews were video-taped and later transcribed and translated directly into English in order to ensure that all readers will understand the content. Though there were few incidents of doubt about the purpose of the research, the informants participated whole-heartedly and provided as much information as it was possible for them to do. In some instances direct observations of sites were made by the researchers and the participants, in which case direct narratives were made about facts concerning the sites. For instance, *Thaba ya badimo*, i.e., “mountain of the ancestors” in the village of Kolontwane, was explained to be of great significance to the local community as this is the place where people can communicate with the ancestors and share problems and gratifications with them. The Batswana people were extremely elaborate in their presentation of facts so that most of the things they said appeared like repetition, but that is their way of talking. However, the researchers learned a lot from the community knowledge holders about the importance of the Batswana healing systems and ritual practices, particularly about those of the Batlokwa and Bakwena in Madikwe for sustainable community livelihood (Flick, 2004: 77).

Qualitative data in the form of video-taped interviews were transcribed, translated verbatim into English and then classified into main information areas. Narratives from the key-informants were presented in presentation and discussion of the findings in their original forms. Interview and participant observation notes were typed, and a control analysis was conducted in order to ensure that correct and proper facts on the findings were captured and recorded. Whenever possible and necessary, the site assistant was also the person who assisted with transcribed and translated audio tapes on interviews with key-informants in order to ensure the accuracy of the data. Data collected from interviews were then checked and coded.

Validation checks were conducted through all phases of the data analysis process in order to ensure the highest level of data accuracy. The results were then triangulated for a comprehensive understanding of the research problem.

ETHICAL CONSIDERATIONS

Ethics are generally considered to deal with beliefs about what is right or wrong, proper or improper, good or bad (McMillian & Schumacher, 2001). The following measures were taken while planning and conducting the study to ensure that the rights and welfare of each participant are protected, and that nobody was harmed or hurt in any way during the research (Denzin & Lincon, 2005; McMillian & Schumacher, 2001; Richie & Lewis, 2003). Participants were informed by way of information letter about the nature and intention of the study, and the whole process was transparent. Formal consent was obtained and participation would be voluntary. All participants were treated with respect and could withdraw their participation from the study at any time.

LIMITATIONS OF THE STUDY

There might have been inhibiting factors that influenced the research. Merriam (1998) states: "The human instrument is as fallible as any other research instrument." The researcher as human instrument is limited by being human—mistakes are made, opportunities are missed, personal bias may cause interferences. The methodology used may have left out some informants with rich knowledge on the research problem. It might have left out some informants with valuable knowledge and information on the research problem. There were some challenges during the data collection process, because some informants who were old, could not read, and experienced problems in understanding the questions asked to them. Some difficulties were also experienced in meeting the respondents strictly according to the appointments with them at home on week days but not, except on Sundays. Some respondents could only be met on Sundays; the questionnaire had to be painstakingly interpreted to those respondents who were illiterate. Some respondents were sceptical about the motive of the research and some were not amenable in giving out information; others asked for material or financial motivations before ditching out information, especially on the healing ritual practices. However, the majority of the respondent community members showed interest and co-operated in the study. They were happy to be part of the research process.

FINDINGS

Information obtained from interviews with mentors and other participants assisted to confirm that the training, education and teaching on matters pertaining to traditional healing processes traditionally assume all three forms of informal, non-formal and formal ways as carried out and facilitated by traditional mentors, educators and teachers. Such an approach pre-supposes a multiple

approach to the mentoring of traditional healers. As a result, the current model of mentoring teaching practice seems to be too formal. The traditional healers in Madikwe are known to be the accredited service providers to their respective communities, and these communities have endorsed the accreditation by recognising the knowledge and experiences that they have had in respect of what these traditional healers are capable of doing.

Not every traditional healer is competent to mentor aspiring health practitioners, while our tertiary institutions often assume that every lecturer is capable of equipping student teachers with skills to make him/her a better teacher of the future. Emphasis should be placed on the “accreditation” of teaching practice mentors, and a teaching qualification and experience do not necessarily make one competent to mentor aspiring teachers.

PROPOSING A MODEL FOR TEACHING PRACTICE EXPERIENCE

On proposing a model for teaching practice experience, the following information obtained from the participants was extremely instrumental.

The structure for mentoring

Pertaining to the responses of the participants, facts and information were accessed which could assist researchers to make decisive conclusions regarding points of convergence and divergence concerning teaching practice experience. It was possible for the researchers to learn more about those aspects of traditional healing practices that could still be of use in fostering the teaching experience of the modern day. In addition to that, information was tapped from narratives provided by individual participants representing their respective constituencies in Madikwe, and this assisted in making the findings legitimate and more representative of the two communities investigated. A follow-up was made on the narratives in the form of interpretation of the findings, to interrogate them and give the responses of the researchers on what participants had said.

A mentor forms a long term relationship with the mentee

The traditional healer forms a long-term relationship with the mentee to provide on-going professional support to the mentee. This is a process of self-empowerment and consciousness which allows individuals to realise how connected they are with their mentor. Most African people traditionally believe that we re-incarnate after a period of time and that we share ancestors with our mentors. When mentees consult with a mentor, they are asking the mentor to receive information from the ancestral guides as to their life path, well-being, spiritual path and general way of life on a physical, emotional, mental and spiritual level.

INTERPRETATION OF THE FINDINGS

In his capacity as a chief of the Batlokwa tribe, participant 1 alluded to the fact that traditional healing had been part of their cultural heritage from time immemorial. According to him, this healing encompasses a specialized skill possessed by few individuals who were blessed with special talent from God, coupled with thorough learning and exploration, and searching in the immediate environment materials in the form of herbs and animal residues that could help to alleviate or cure certain ailments from which people suffer. The chief also emphasised that this healing skill operates and is implemented in close collaboration with the ancestors of the tribe, and particularly of the clans of the individuals involved in the healing. The skill involves a lot of practice, experimentation, knowledge and the practical implementation thereof by the healer. A traditional healer therefore is afforded a lot of respect and commands a high esteem from the people of his community. He is well trusted and consulted on all matters pertaining to the problems of the people, ranging from illnesses to general problems of life.

From the side of the healers themselves, participant 2 outlined facts surrounding how a person becomes a traditional healer. Amongst others, he alluded to the fact that such a person often observes some unusual symptoms, visions or dreams, indicating that something needs attention concerning his/her life. The healer also indicated that such a person often needs to be an older mature man/woman who has better understanding of the world. A healer is said to connect with the spiritual world of the ancestors from time to time.

Participant 3 testified that the profession of traditional healing often grapples with the problem of cheating and unqualified persons who rob the patients, claiming that they are genuine healers when they are not. According to the informant, the problem is aggravated by lack of evidence of qualifications and training and accreditation of traditional healers, as there are still some instances where there are no mechanisms in place to ascertain that things are properly done.

Participant 4 (incentives for those offering assistance to healers).

Though the profession of the healer often does not put emphasis on remuneration and incentives as it is driven by the will of God, the healer himself and other human individuals assisting him in his work need to be offered some incentives for them to sustain their living. Some of the materials they use for healing purposes are not obtainable free of charge.

CONCLUSION

It must be noted in conclusion that African indigenous healing systems are in no way in conflict with the Western healing systems and education systems.

They complement each other rather than work in opposition with each other. There are a number of positive aspects from Western education that fit well into indigenous education and have been accepted as such through time,

because it is important that what was learned and borrowed from foreign cultures must be added to the indigenous and not be allowed to replace what is genuinely African. Besides, Western education cannot be rejected in totality because much of it has already become heritage and knowledge systems; more so, the world is gradually growing into a global village within which all kinds of cross-cultural activities occur.

After unravelling the mentoring practices in the training of professional health practitioners within the context of African Indigenous Knowledge, the authors argue that such mentoring practices could indeed be used to inform a model of teaching practice experience in the modern times.

ANNEXURE: VERBATIM ACCOUNTS OF PARTICIPANT

The following narratives were captured from the participants and translated into English, ensuring a minimal change of meaning from what the participants said:

Motsayakarolo 1 (go tswa mo ketapeleng ya morafe)

Jaaka kgosi, ke tlhaloganya gore bongaka jwa setso sa Setswana ke boswa jwa morafe go tswa ga Lowe. Bongaka jo, ke boitseanape le neo e e kgethegileng e dingaka di e neilweng ke Modimo ka thebolelo ya tshwaragano le badimo go di rotloetsa le go tiisa tiro ya tsona. Dingaka tseo di dirang mo gare ga morafe di itse ka ga maemo a a kwa godimo a magosi mo tirong e di e dirang. Magosi a na le taolo e e feletseng mo bathong ba a ba okametseng. Setswana sa re "kgosi ke motlhanka wa morafe e bile ke ena mmampodi mo morafeng. Sengwe le sengwe se kgosi e se laelang se tshwanetse sa diragadiwa kwa ntle ga go botsa dipotso". Seno ke gona go supa tlotlo mo kgosing.

Participant 1 (from tribal leadership)

As a chief, I understand that Setswana traditional healing is a heritage of the people from time immemorial. The healing system is a specialized expertise and gift that the healers receive from God and the request the ancestors to work in conjunction with them to encourage and strengthen them in their work. Healers who work within the tribe(s) know well about the high status of the chiefs within the areas of their jurisdiction. They have full authority within the areas of their people. The Setswana saying goes: "The chief is the servant of his tribe, but also a champion in the tribe. Every instruction he gives is carried out without question." This is done as a token of respect and in the spirit of obedience.

Traditional healing practice process involves the community

Traditional healers working within communities are recognised by the communities as legitimate health care providers in their communities. Their position is that of esteem and respect and they are highly regarded. Communities should be kept informed about the mentoring process that healers are involved in, and give support wherever they can.

Motsayakarolo 2 (*go tswa dingakeng tsa setso*)

Go ya ka setso sa rona Batlokwa/Bakwena mo Madikwe, fa motho a simolola go tlhagisa tsa go ka amega mo bongakeng jwa setso ka gale go nna le ditshupo tse di rileng mo go ena mo gongwe e bile di tshwenyana le mowa wa gagwe. Ke gore motho yo o a fetlhega kana gona go feretlhega. gore ditshupo tse di nne le bokao kana gore a kgone go nagana thata ka ga tsona, o tshwanetse a bo a setse a fatlhogile e bile a gamogile sentle mo tlhaloganyong. Gantsi e nna monna e seng mosadi. Monna wa go nna jaana o tshwanetse a bo a setse a tsamaela dingwaga tsa magareng ka ntlha ya fa go rebotse Ramasedi a bo a laela badimo ba gaabo go nna le tisanommogo le ena

Accreditation of mentors

Not every person should be involved in the exercise of training the healers as those participating are required to demonstrate knowledge, skills and the experience as training healers.

Participant 2 (Accredited mentors)

According to our culture as Batlokwa and Bakwena in Madikwe, it is very important that when a person is to be involved in traditional healing, such a person must be a grown-up and have the necessary experience of life. This person must be a male and not a female. It must also be somewhat a middle-aged male because the ancestors and God prefer that to be the case. Such a person must be somebody who is seasoned who can deal with different diseases and other problems of life efficiently. The reason for this is that healing systems must not be interpreted as unimportant when people see children becoming involved in them. When a person is within the required age bracket when he joins, the ancestors will not hesitate to stand by his side in all matters pertaining to traditional healing.

Motsayakarolo wa 3 (*botlhokwa jwa go katisa bafatlhosi*)

Go na gape le bothata jwa gore batho bangwe ba ba sa katisiwang jaaka dingaka ba ka tsietsa balwetse ka go ba tshasa bobi mo matlhong gore bona ke dingaka tsa setso tse di katisitsweng e bile ba nonofile go mekamekana le malwetse a mefuta e e farologaneng le go kgona go a alafa ka katlego. Batho ba go nna jaana ba ka nna kotsi thata ka ntlha ya fa ba ka baya matshelo a balwetse mo `nakeng tsa kukama'1 gongwe le gona go baka dintsho tse di ne di sa tlhokege ka gope ka ntlha ya go tlhoka kitso e e maleba ya ditlhare tse di alafang malwetse ka tshwanelo.

Participant 3 (the importance of training mentors)

There is also a problem of people who are not trained as traditional healers who cheat the clients by claiming that they are well-trained traditional healers. Such people can be very dangerous because they can put the patients in danger of losing their lives.

Motsayakarolo 4 (*go neelana ka dikatso mo bafatlhosing e le go ba leboga*)

Kitso le bokgoni jo ngaka ya setso e nang najo, ga se tse di bewang mo maruding a gagwe ka esi a re ke ena ka namana a nang le bokgoni jwa kalafi ya setso kwa ntle ga go bona kitso le tshedimosetso e e kgethegileng gope gape go gongwe, mme ka gale o newa tshedimosetso e a e tlhokang ke badimo mmogo le Ramasedi e leng bona ba ba mo rebotseng go tsenela tiro e e masisi eno ya bongaka jwa setso jo go tweng ke maaka-marutwa-ka-kgomo se se rayang gore ka gale ga go bonolo go thaloganya ka moo bo dirang ka gona le mororo bo le tlhwatlhwa-godimo go ithutelwa. Go le gantsi tlhwatlhwa e e tsewang e le kgolo thata e motho a ka e duelang fa a bo ithutela ke go bo duelela ka kgomo. Kgomo ke yona fela e tsewang e lekane ka gone e tseelwa kwa godimo thata mo setsong sa Batswana ka bophara.

Participant 4 (providing incentives for mentors in the form of remuneration)

Knowledge and skills that the healers possess cannot be squarely added to his abilities as a person without getting assistance anywhere else. He often receives help and clarifications about matters of healing from the ancestors and God. They are the ones who allowed him to enter this difficult profession. This is so because it is often not easy to understand how these healing systems operate, though they are so expensive to acquire. A trainee healer often pays for his training by offering a beast to his trainer. Amongst the Batswana people, the beast is thought to be the highest price that one can ever be requested to pay.

REFERENCES

- Ary, D., Jacobs, L.C. and Razavieh, A. (2002). *Introduction to Research in Education*. Belmont: Wadsworth.
- Babbie, E. (2004). *The Basics of Social Research*. London: Thomson Wadson.
- Bogdan, R.C. and Biklen, S.K. (2006). *Qualitative Research for Education: An Introduction to Theory and Methods*, 4th ed. Boston: Pearson.
- Brannen, J. (2005). Mixing Methods: The Entry of Qualitative and Quantitative Approaches into the Research Process. *International Journal of Social Research Methodology*.
- Creswell, J.W. (2008). *Educational Research: Planning, Conducting and Evaluating Quantitative and Qualitative Research*, 3rd ed. Upper Saddle River: Pearson, p. 670.
- Czajka, R.F. (2005). *Designing Surveys: A Guide to Decision and Procedures Research Methods and Statistics*. London: Amazon.
- Denzin, N.K. and Lincoln, Y.S. (eds). (1998). *Handbook of Qualitative Research*, 4th ed. London: Sage.
- Flick, U. (2009). *Introduction to Quantitative Research*. London: Sage Publications..
- Henning, E. (2004). *Finding Your Way in Qualitative Research*. Pretoria: Van Schaik Publishers.
- Kasanda, C.D. (1995). Teaching Practice at the University of Namibia: Views From Student Teachers. Zimbabwe, *Journal of Educational Research*, 7: 57-68.
- Maphosa, C., Shumba, J. and Shumba A. (2007). Mentorship for Students on Teaching Practice in Zimbabwe: Are Student Teachers Getting a Raw Deal? *South African Journal of Higher Education*, 21: 296-307.
- Marais P. and Meier C. (2004). Hear Our Voices: Student Teachers' Experience During Practical Teaching. *Africa Education Review*, 1: 220-233.
- Marshall, C. and Rossman, G.B. (1999). *Designing Qualitative Research*, 3rd ed. London: Sage Publications.
- Masson, J. (2002). *Qualitative Researching*, 2nd ed. London: Sage Publications.
- McMillian, J.H. and Schumacher, S. (2001). *Research In Education: A Conceptual Introduction*, 5th ed. New York: Allyn & Bacon.
- Menter, I. (1989). Teaching Stasis: Racism, Sexism and School Experience in Initial Teacher Education. *British Journal of Sociology of Education*, 10: 459-473.
- Mereni, A.E. (1997). 'Kinesis Und Katharsis' The African Traditional Concept of Sound/motion (music): Its Application in and Implications For, Music Therapy-part. *British Journal of Music Therapy*, 11(1): 20-23.

- Merriam, S.B. (1998). *Qualitative Research and Case Study Application*. San Francisco: Jossey-Bass, p. 248.
- Meyer, L. (2013). Professional Studies. Study Guide for EDCC 112. University of the North-West. Vaal Triangle Campus.
- Millogo *et al.* (2004). Epilepsy and Traditional Medicine in Burkina Faso. *Acta Neural Scand*, 109: 254 [PubMed].
- Mori, K. (2007). A Revised Method for Revising Two Different Movies to Two Different Groups of Viewers Without Their Noticing Their Duality. *Behaviour Research Methods*, Vol 39(3): 574-578.
- Ngidi, D.P. and Sibaya, P.T. (2003). Student Teacher Anxieties Related to Practice Teaching. *South African Journal of Education*, 23: 18-22.
- Nieuwenhuis, J. (2010). Qualitative Research Designs and Data Gathering Techniques. In Maree, K., (ed). *First Steps in Research*. Pretoria: Van Schaik, p. 70-98.)
- Perry, R. (2004). Teaching Practice for Early Childhood. A Guide for Students. Available at: <http://www.Routledge.Com/catalogues./0418/114838.pdf>. Accessed on: 15 June 2014.
- Radhakrishna, R.B., Leite, F.C. and Bagget, C.D. (2003). An Analysis of Research Design Used in Agricultural and Extension Education. Proceedings of the 30th National Agricultural Education Research Conference, 528-541.
- Richie, J. and Lewis, J. (2003). *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage Publications, p. 331.
- Nyasani, J.M. (1997). *The African Psyche*. Nairobi. University of Nairobi and Theological Printing Press Ltd.
- Ryan, S. (2000). *The Virtual University: The Internet and Resource-based Learning*. London: Kogan Page.
- Sekaran, U. (2000). *Research Methods for Business*. New York: John Wiley & Sons, Inc.
- Smith, M.J. and Liehr, P. (1999). Attentively Embracing Story: A Middle Range Embracing Story with Practice and Research Implications. *Scholarly Inquiry for Nursing Practice*, 13(3): 3-27.
- Smith, L.T. (2000). *Decolonizing Methodologies – Research and Indigenous People*. Zed Books Ltd. London & New York.
- Somé, M.P. (2000). *Of Water and the Spirit*. The Putman Publishing Group. Arkana.
- Taylor, S.J. and Bogdan, R. (1998). *Introduction to Qualitative Research Methods*. New York: John Wiley & sons, p. 337.

Yin, R.K. (2003). *Applications of Case Study Research*. London: Sage Publications.

Yin, R.K. (1984). *Case Study Research*. Bererley Hills: Sage Publications.