

An exploration into the Utilisation of Indigenous Knowledge by Medicinal Plant Vendors as a Livelihood Strategy in Thohoyandou, Vhembe District of Limpopo, South Africa

By

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DECLARATION

I, Sibusisiwe Mhlanga, hereby declare that the dissertation for the Master of Arts in African Studies degree at the University of Venda, hereby submitted by me, has not been submitted previously for a degree at this or any other university, that it is my own work in design and in execution, and that all reference material contained therein has been dully acknowledged

Signature Date

DEDICATION

To my loving husband Tonderai Makoni, your kindness, love and teachings have taught me to give my best to all, to fear and trust God. Whenever you criticized me, I realized I was being shaped to be the best. To my late baby, you gave me a reason to work hard, to refocus and believe this dissertation was possible, I did not get a chance to hold you in my arms, but with this dissertation I hope I made you proud my angel. You made me realize not to take life and every opportunity I am given in life for granted. Thank you.

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ABSTRACT

Medicinal plants are now used as a livelihood activity by the marginalized urban poor communities in various places around the world. Indigenous knowledge in medicinal plants is owned and practiced by the knowledge holders for different purposes. It entails the passing of skills and knowledge from one generation to the other within a specific geographical area. Vhembe district is well known to be rich in plants and the people own the rich knowledge in medicinal plants. However, much debate has emerged around the effectiveness of indigenous knowledge in alleviating poverty levels amongst the communities. Despite the wealth and abundance of indigenous knowledge in medicinal plants, Limpopo Province is still rated as one of the poorest provinces in South Africa. Consequently, this study sought to investigate the utilization of indigenous knowledge by medicinal plant vendors in Thohoyandou, Vhembe District. The study has used the qualitative research approach by means of an interview schedule and semi-structured interviews to collect data from a sample of 10 respondents, who were selected using the purposive and snowballing non-probability sampling techniques. The data collected was analyzed thematically.

The findings in this study revealed that the sale of medicinal plants by vendors is a source of employment done mostly by men than women who have been engaged in this form of street trading for more than 23 years. The CBD in Thohoyandou is deemed preferably by the medicinal plant vendors as it is busy and attracts more customers. Although the medicinal plant vendors make a living out of selling their practice, they are not fully supported by key stakeholders. The research therefore concluded that the use of indigenous knowledge by medicinal plant vendors has an important role to play in creating employment for indigenous knowledge holders and as such should be invested in. The study recommends that key stakeholders such as the municipality, private companies, business support groups and the government should take the initiative to upgrade, develop and invest in indigenous knowledge

holders of medicinal plants to reduce unemployment in the province and avoid the risk of extinction of the knowledge. Lastly, more research should be conducted on a much bigger scale on medicinal plants to construct livelihood for all the medicinal plant vendors that depend on this very important natural asset.

Key Words: indigenous knowledge, livelihood strategy, medicinal plants, medicinal plant vendors, utilisation, Thohoyandou, Vhembe district.

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LIST OF ABBREVIATIONS

CARE:	Cooperative for Assistance and Relief Everywhere
CRIAA:	Centre for Research Information Action in Africa
DEAT:	Department of Environmental Affairs and Tourism
DFID:	Department for International Development
DST:	Department of Science and Technology
DWAF:	Department of Water Affairs and Forestry
FAO:	Food Agriculture Organization
IDS:	Institute for Development Studies
IK:	Indigenous knowledge
IKS:	Indigenous knowledge System
IPR:	Intellectual Property Rights
NGO:	Non-Governmental Organization
SADC:	Southern African Development Community
SLA/F:	Sustainable Livelihood Approach/ Framework
THIBA:	Thohoyandou Hawkers and Informal Business Association
TRIPS:	Trade Related Aspects of Intellectual Property Rights
UNDP:	United Nations Development Programme

WHO: World Health Organization

WSSD: World Summit on Sustainable Development

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

Global demand for traditional medicinal plant is growing. Medicinal plants are used in the treatments of many diseases and illnesses, the uses and effects of which are of growing interest to Western societies. Not only are plants used and chosen for their healing abilities, but they also often have symbolic and spiritual significance (Helwig, 2005). Southern Africa's trade in traditional medicines forms part of a multi-million rand 'hidden economy' which is stimulated by high population growth, rapid urbanization, unemployment, and the high cultural value of traditional medicines (Dold and Cocks, 2002). In fact, the harvesting of natural resources is known to provide a buffer for rural communities against poverty and unemployment (Cunningham, 1991). However, the use of traditional medicine is not only confined to rural areas, but also a basic requirement for urbanites irrespective of social status.

In South Africa, trade in traditional medicine is by far a large and growing industry. Approximately 27 million consumers use traditional medicine which account for a trade of R2.9 billion to the national economy (Mander, Ntuli, Diederichs and MaVundla, 2007). Of significant is that 72 percent of black South African population makes use of these medicinal plants (Mander et al, 2007). For many people in South Africa, traditional medicine is not considered an inferior alternative to western medicine, but is thought to be desirable and necessary for treating a range of health problems that western medicine does not treat adequately (Ntuli, Mander, Diederichs and MaVundla, 2007). This implies that a wide range of ill health cannot be appropriately treated by western medicine, which makes the use of indigenous medicine a basic consumer good, vital for the wellbeing of black households.

Moreover, some provinces in South Africa are well known for medicinal plant trade. Most valuable information has been documented and undertaken in Mpumalanga, Gauteng and KwaZulu-Natal provinces (Dold and Cocks, 2002). A report by Williams, Balkwill and Witkowski, (1997) indicated that some material traded in Gauteng markets originates from the Eastern Cape, thus illuminating that the trade in medicinal plants is not only confined to local areas but also inter-provincial. In addition, the formal and informal sector is also found within the traditional medicinal plant trade industry. According to Williams et al., (1997), herb traders, trading from premises called ‘muti’ shops (herbal chemists) and traditional healers represent the formal sector, whereas traders and commercial gatherers found selling medicinal plants in open-air and on pavement street markets correspond to the informal sector. This entails that consumer demand for indigenous medicine has likely contributed to medicinal traders moving out into the outer boundaries of informal set ups. The trade chain illustrates what Mills, (2005) reported, that the demand for indigenous medicines and services is considerably relative to the demand for western health care services.

For some post-development writers, indigenous knowledge represents a possible alternative for progress among the world’s rural poor (Briggs, 2005:3). In defining indigenous knowledge, Grenier, (1998: 1), refers to it as, “...knowledge peculiar to the cultural system of such communities in a given locale”. This knowledge in most times seems to be structured in a systematic way, with gender and age –specific taking place. Consequently, SADC member countries have been recognized as having one of the greatest storehouses of indigenous knowledge, which have been discovered to have the potential of becoming major players in the global trade in herbs-based formulations, medicines and products (Eyong, 2003). In South Africa, Mills, (2005) reports that at a national level, 20 000 tones may be traded in a year, with a value of approximately US\$ 60 million (R 270 million). This implies that Africa owns natural resources which can provide a gateway to local development for the poor.

However, the constant demand for traditional medicinal plants has seen the intensive harvesting of plants in some regions. More than 700 plant species are known to be actively traded for medicinal purposes throughout the country (Dold and Cocks, 2002). In Limpopo province, Blouberg Mountain is known for its vast diversity in plants. Mathibela (2013) reported that despite the conservation importance of the mountain, it is currently not protected; this therefore poses a serious threat to biodiversity in the region, thus linked to a growing shortage in supply of popular medicinal plant species. Nevertheless, in a study by Mills (2005), consumers indicated their preference of medicinal plants use over western medicine irrespective of price, they would continue to use indigenous medicine. In other words, the demand and supply by both consumers and medicinal plant traders seems to be on the rise, regardless of other conservation, environmental factors.

In this regard, the South African government in November 2014 adopted a Policy on Indigenous Knowledge System Promulgating Biodiversity Act and the newly IPR Act (Government Gazette, 2008). In addition, the vital role of indigenous people to sustainable development was reaffirmed by the World Summit on Sustainable Development (WSSD) in Johannesburg (WSSD, 2002). This shows that indigenous knowledge systems including traditional medicinal plants are recognized to be of a national matter. In addition, South Africa is well known to be a country with diverse ethnic groups which form a rainbow nation. Most of these ethnic groups are situated in the very distinct geographical areas and carry a vast amount of indigenous people such as the Khoisan communities, the Nguni peoples (Zulu, Xhosa, Swazi, and Ndebele), the Sotho-Tswana peoples (Tswana, Pedi, and Basotho) and the Venda and Shangaan-Tsonga (Mukuka, 2010). For this study, however the area of Thulamela municipality in Limpopo province was used to investigate the utilisation of indigenous knowledge by medicinal plant vendors as a livelihood strategy in Thohoyandou.

1.2. Statement of the problem

The Vhembe district is in Limpopo province and it is one of the regions which are rich in plants. Most of the studies show that there is high biodiversity in terms of plants and the utilisation of medicinal plants. The people own the knowledge in medicinal plants and some are involved in traditional medicinal plant trade. Despite the area being rich in plants, Statistics South Africa (2013) showed that Limpopo has the highest level of poverty of any South African province, with 78,9% of the population living below the national poverty line. Thus, the livelihoods of the vendors involved in medicinal plant trade in Thohoyandou have not improved. A person's livelihood refers to their "means of securing the basic necessities of life like, food, water, shelter, clothing and the capacity to acquire above necessities working either individually or as a group by using endowments (both human and material) for meeting the requirements of the self and his/ her household on a sustainable basis with dignity, the activities are usually out repeatedly (Oxford, 2010). Thus, the problem centers on the incapability of the usage of rich plants found in the area of Limpopo province to better the livelihoods of local medicinal plant vendors within the area of Thohoyandou.

1.3. Significance of the study

In Thohoyandou, indigenous knowledge in medicinal plants is a livelihood strategy adopted by some individuals as an employment activity. Different cultural groups are involved in the selling and buying of medicinal plants, namely VhaVenda, Tsonga and Pedi. The study is important because in terms of species richness and endemism, South Africa views this as an important basis for economic growth and development that underpins the wellbeing of the society (Government Gazette, 2015). It is in this context that the researcher intends to investigate how indigenous knowledge in medicinal plants is a livelihood strategy for

medicinal plant vendors in Thohoyandou. It is hoped that the findings of the study will contribute immensely in assisting the medicinal plant vendors to best utilize their knowledge of indigenous medicinal plants in sustaining their livelihoods. In addition, it is also hoped that the municipality, government and other business support groups will utilize findings advanced in this study to improve the livelihoods of the medicinal plants vendors.

1.4. Aim of the study

This study aims to investigate the utilisation of indigenous knowledge by medicinal plant vendors as a livelihood strategy in Thohoyandou, Vhembe District.

1.4.1. Objectives of the study

- To establish the extent to which medicinal plant vendors use their indigenous knowledge as a livelihood strategy in Thohoyandou;
- To identify the challenges encountered by medicinal plant vendors in using indigenous knowledge as a livelihood strategy in Thohoyandou;
- To understand the role played by the Thulamela Municipality in assisting medicinal plant vendors and other street vendors in Thohoyandou;
- To understand the role and challenges faced by the committee (THIBA) in assisting street vendors in Thohoyandou; and
- To recommend possible strategies that can help medicinal plant vendors to best use their indigenous knowledge in improving their livelihood.

1.4.2. Research Questions

- What is the extent to which medicinal plant vendors use indigenous knowledge as a livelihood strategy in Thohoyandou?
- What are the challenges encountered by medicinal plant vendors in using indigenous knowledge as a livelihood strategy in Thohoyandou?
- What is the role played by the Thulamela Municipality in assisting medicinal plant vendors and other street vendors in Thohoyandou?
- What is the role and challenges of the committee (THIBA) in assisting vendors in Thohoyandou? and
- What are the possible strategies that can help medicinal plant vendors' to best use their indigenous knowledge in improving their livelihoods?

1.5. Definition of Terms

1.5.1. Indigenous knowledge

According to Melchias (2001), indigenous knowledge refers to “what indigenous people know and do, and what they have known and done for generations, practices that evolved through trial and error and proved flexible enough to cope with change.”

1.5.2. Livelihood

A livelihood is a means of making a living. It encompasses people's capabilities, assets, income and activities required to secure the necessities of life (Chambers and Conway, 1992).

1.5.3. Medicinal plants

World Health Organization (WHO) has defined medicinal plants as plants that contain properties or compounds that can be used for therapeutic purposes or those that synthesize metabolites to produce useful drugs (WHO, 2008).

1.5.4. Street vendor

According to Bhowmik (2012), a street vendor is a person who offers goods or services for sale to the public without having a permanently built structure but with a temporary static structure or mobile stall. Thus, might be occupying space on the pavements or other public/private areas, or may be mobile. This study focuses on medicinal plant vendors selling traditional medicine on the streets, pavements and along sidewalks in Thohoyandou CBD.

1.6 Dissertation structure

This chapter has provided the introduction of the study which stated several formal and informal medicinal plant activities done at international, regional and local level. The chapter also elaborated on the informal activity which is to be studied, thus street vending (medicinal plant vending), regarding indigenous knowledge holders of medicinal plant, located at Thohoyandou, Vhembe District. In addition, the problem which is the core of the research, as well as the aim, objectives, significance of the livelihoods of medicinal plant vendors has been outlined above. Chapter two focused on the discussion of economics of the South African medicinal plant trade, the key players involved in this business, the different views of scholars as well as the crisis which poses a threat to the informal activities. Hence, much of it will be revealing the conceptual, empirical and theoretical framework. Chapter three provides the

methodology used to analyze the data collected on chapter four. The last chapter five, provides the conclusion and recommendations.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Reflections from the (FAO, 2005) statistics reveal that nearly 80% of the world's population in developing countries uses traditional plants to meet their primary healthcare needs. There is a world-wide trend of increasing demand, growing between 8-15% per year, for many popular, effective healing plant species in Europe, North America, Africa and Asia (Grunwald and Buttel, 1996). Evidence by Meyer et al (1995) revealed that from 1994, between 12 and 15 million or 60% of South Africans used traditional remedies from as many as 700 indigenous plant species. This is confirmed by Mander (1998) where it is estimated that, approximately 20 000 tons of indigenous plant material are used per annum in South Africa and the average consumer of traditional medicine uses 750 g of plant material a year. Williams (2004) further pointed out that medicinal plants are not only important primary healthcare resources but it is also an important source of income. Shackleton, (2003) and Dold and Cocks, (2002) linked the rising commercialization of natural resources such as medicinal plants to deprivation related to increasing economic hardship and lack of jobs in the formal sector of the economy. As far as South Africa is concerned, experts on medicinal plant trade such as Mander, Dold as well as Cocks among others suggest that the problem of poverty, unemployment might be addressed through the gathering and sale of medicinal plants as another form of a livelihood strategy.

2.2 The contribution of medicinal plants to livelihoods in South Africa and International perspectives

The links between the use and trade in natural resources, environmental sustainability and livelihood security has become a focal area of research attention to examine on over the years

(World Resources Institute, 2005a). Apart from growing local demand within South Africa, there are also indications of a growing international demand. It is estimated that in Sub-Saharan Africa alone, millions of people earn their primary income from the sale of natural resource products (Kaimowitz, 2003) whereas Southern Africa's informal trade in medicinal plants is comprised of approximately 400 000- 500 000 traditional healers, selling crude traditional medicinal plants (Mander and Brenton, 2006). Neighboring countries, particularly, Namibia and Botswana are increasing their demand for South African medicinal plants due to the greater diversity, reliability of supply and quantities available (Mander, 1998: 27).

For the most part of the Southern African states, frequent and regular movement of people between states results in considerable exchange in ideas and information, with foreign healers learning to use South African products (Mander, 1998: 26). According to Scherr, White and Kamowitz (2004), the commercialization of natural resource products is seen as having the potential to alleviate poverty and to help poor people mitigate their plight. However, popular species, now becoming increasingly difficult to obtain in South Africa, are the main focus of trade and studies in Durban market have revealed that *Haworthia limifolia*, *Boweia volubilis* and *Warburgia salutaris* are the scarcest plants which are imported in large quantities from Swaziland and Mozambique (Mander, 1998). These two countries are now recognized as the main sources of supply for these species (Mander, 1998: 42). Key findings from the assessment reveal that nearly all of these species are still found in South Africa but the declining local supply and increasing in-accessibility has led to the importation of these species from countries where they are still common and/or easily accessible (Mander, 1998). Increasingly factors such as unemployment and poverty are forcing rural communities in South Africa to generate income by selling traditional medicinal plant species of medicinal value material (Coopoosamy and Naidoo, 2011; Magoro, 2008).

While cultivation projects of medicinal plants do exist in Namibia, South Africa and possibly Morocco, the quantities produced in these countries play a minor role in international trade (Hachfeld and Schipmann, 2001: 8). The Namibian NGO CRIAA SADC has managed to reimburse this situation by ascertaining the quantity of their resource through direct economically feasible access to the market which is aimed at generating much income as possible for the harvesters and traders in the rural and almost exclusively marginalised and poverty-stricken communities, despite conditions of extreme poverty, results indicate that communities are willing to sustainably harvest their resource (Mander, 1998). However, studies conducted by Larsen and Olsen (2007) as well as Cetinkaya (2010) have noted that the marketing of medicinal plants has often been monopolized by a few local middlemen and that the primary harvesters receive only a small portion of the value of the end products in the international markets.

The emphasis that contractors from outside often hire the local people as laborers to harvest the medicinal plants, who in return are given less money to sustain them for weeks, often results in the local economies of these regions remaining poor and underdeveloped (Das, 2004). A different case is presented in South Africa, parts of Asia and the Caribbean manufacturers of herbal medicines and of plant-derived pharmaceuticals who have entered into contracts with local communities for large volume production of certain species (Mander, 1998). Such projects reduce pressure on wild stocks and create new local enterprise. At the same time, many are based on vertically integrated corporate control of production. Plants are provided along with agricultural inputs and a guaranteed buy back (Mander, 1998). However, farmers have little control over what is grown, how it is grown and the price at which the crop can be sold. By contrast, an emerging trend towards cooperative development aimed to enable gatherers

and small farmers to sell through their cooperative direct to manufactures and receive not only a fair price for their produce but a dividend on any profits of the cooperative (Bodeker, 2005).

Perhaps the most average frequency of traditional medicine use per consumer in South Africa is 4.8 times per year, with an average mass of 157g plant material per treatment. Interestingly, the South African estimates are most likely similar to Ethiopia, with Ethiopian consumers buying traditional medicine 6.1 times a year, with an average mass of 267g per treatment (Mander et al, 2007:190). This indicates that despite South Africa being one of the more developed countries in Africa and Ethiopia being one of the less developed countries, consumption patterns of traditional medicine for both African countries does not differ significantly (Mander et al, 2007).

2.2.1 Economics of medicinal plant trade

Investigation on a single district of Pithoragarh in Uttaranchal state of India indicated that, more than 1300 tons of medicinal aromatic plants are collected and traded annually, most of them illegally (Regmi and Bista, 2002). Through exploratory research of the Great Himalayan National Park of Himachal Pradesh, almost all the local people are dependent on medicinal plants for collection for their livelihoods and earn around \$100/HH/year through collection and sales (Regmi et al, 2002). While South Asian countries have a large number of valuable medicinal plants naturally growing mostly in fragile ecosystems (meaning delicate and vulnerable ecosystems), that are predominantly inhabited by rural poor and indigenous communities, sustainably using and growing economically remunerative Medicinal Aromatic Plants are an ample scope to maintain both the urban-rural livelihoods and environmental sustainability.

Olsen and Larsen (2007: 20, 43 and 44), argue that the livelihoods of the people of Western Nepal heavily depend on the collection and trade of medicinal plants and an average of 20 000 tons of raw materials worth between \$8.6-\$27 million (\$US) annually, are traded and or exported from Nepal. The value of medicinal raw material exported from Nepal to India and other countries is estimated between 18 to 20 million dollars (Kanel, 2000). Arguably in all the countries of South Asia, medicinal and aromatic plants (MAPs) play a significant role in the subsistence economy of the people, especially those living in the rugged and impoverished hills, mountains and rural interiors. In fairness, the indigenous people of Himalayas have a rich local health tradition and a large number of traditional healers have been practicing indigenous medicine for hundreds of years (Bordekar, 2000; Rynjah, 1995). In the view of Karki (2003:4), private sectors stand to benefit by ensuring sustainable supply of quality raw materials to benefit their industry and trade if they can be facilitated to build partnerships with cultivators and wild collectors especially in Himalayas, Western and Eastern Ghats, Central Indian and Sri Lankan plateau.

High medicinal plant use across regions both domestically and for export, has seen Asian countries like India harvesting 90% of its medicinal plants from uncultivated sources manufacturing an estimated US \$1billion, whilst China harvest 80% of its medicinal plant material from wild sources and exports approximately 32, 600 tons of medicinal raw material each year (Parotta, 2002: 6-7). However, in South Africa the value of the trade in raw material plants is estimated to be approximately R520 million per year in 2006 prices and the total traditional medicinal plants and products trade in South Africa is estimated to be worth R2.9 billion per year (Mander et al., 2007: 194). Traditional medicinal plants and products in South Africa are generating at least 133 000 income earning opportunities and for those involved it's a major contributor to rural and urban household incomes (Mander et al., 2007:194-195). As

Mander and other authors describe it, there will be more international imports of highly valued plants from neighboring countries, such as Mozambique, Zambia and Swaziland.

While the significance of the trade in natural resources for livelihoods of poor and marginalized people is recognized, questions have been raised as to whether natural resources can play a role in sustaining livelihoods and improving income and thus contribute to poverty alleviation (Shackleton, 2004 and Shackleton, 2005). Furthermore, researchers have also recognized the potential of medicinal plants as important cash crops for the socio-economic development of poor people (Shahidullah and Emdad Haque, 2010; Karki *et al.*, 2003).

2.3 An overview of the trade in medicinal plants in South Africa

Ongoing observations of the medicinal plant trade indicate that since some of the initial surveys in 1997 and 1998, the markets have continued to be buoyant, with street markets remaining well patronized and market demand for plants increasing (Mander et al, 2007: 190). Thus, it is hypothesized that medicinal plant trade is a panacea to both urban and rural poor, uneducated, unemployed as well as medicinal practitioners in the post-apartheid South Africa. Medicinal plant trade on a massive scale is the indispensable precondition for ensuring that medicinal plant traders and practitioners around the world have access to a source of income.

In the past, approximately 40 species of plants were used by the San (an indigenous group also present in the Kimberley area) for medicinal purposes, (Monakisi, 2007:8). Currently, more than 1000 species of South African plants are used for medicinal purposes and approximately 147 plant families are traditionally used for healing purposes by the Zulu, Xhosa and Sotho people of South Africa (Mander and Brenton, 2006; Louw et al, 2002).

According to Mander et al (2007:190), the average South African consumer of traditional medicines uses 750g of medicinal plants a year, and progressively it is estimated that 128 million courses of traditional medicine treatments are to be prescribed per year, therefore resulting in the consumption of approximately 20 000 tons of plant material, most of which is indigenous. Hence, recently researchers and government organizations, such as the Department of Water Affairs and Forestry (DWAF), have begun to recognize the importance of medicinal plants in the livelihoods of the people of South Africa and this has paradoxically resulted in the disparity in medicinal plant use from the specialist activity of traditional medicinal practitioners to a commercial trade involving many informal street traders.

It is in this context that most of the trade in medicinal plants takes place in the informal sector of the economy, which is represented by transient commercial harvesters and street traders (Diedericks, Mander, Mavundla and Ntuli, 2007). However, the contradicting factor between livelihood strategy and sustainability of these traditional plants is illustrated by the scarcity of most plants which are in demand as a species and a source of income.

According to Mander et al. (2007), it was discovered that 72% of black South Africans and 68% of the Ethiopian population reported to be using traditional medicine. The consumption of traditional medicine appears not to differ that much from these African countries, despite South Africa being a much more developed country than Ethiopia. The findings from Campbell (1996) and Shackleton et al. (2007) show that there has been a growing appreciation amongst many researchers from various disciplines, conservation and development organizations and policy analysts of the importance of natural resources in the livelihoods of poor, marginalized people, particularly in developing countries. The very same findings correspond with Holdstock (1978) which estimated that between 80 and 85% of the black population in Soweto

(a black township in Johannesburg) consumed indigenous medicine; Ellis (1986) found that 100% of a random sample of hospital patients in the Estcourt area (a typical rural population in South Africa) used indigenous medicine; in peri-urban Bushbuckridge estimated that 58% of the clinic patients used indigenous medicine and KwaZulu-Natal is no exception with an approximately 84% equivalent to 6 million potential black population users of indigenous medicine (Mander, 1997:22).

Critics of medicinal plant use such as research by Botha *et al.* (2004), Tshisikhawe (2002), Williams *et al.* (2001) and Marshall (1998) on *muthi* markets have indicated that the survival of medicinal plant species is jeopardized by excessive harvesting of wild populations, which increases the risk of loss of genetic diversity and local extirpation. Kepe (2007) further highlighted that the growing city markets of medicinal plants trade, directly results in the scarcity of plants needed. This is corroborated by Cunningham (1992) who argued that one of the main reasons for the scarcity of medicinal plants is commercial over-exploitation to meet urban demand. Thus, the sustainability of these plants is at stake and medicinal plant shortages manifest the failure of the traditional medicine business for traders, consumers and traditional healers to meet the requirements of their source of income.

The bottom line is that in the current medicinal plant market, unemployment and poverty are forcing both urban and rural communities to generate income by selling plant species of medicinal value (Magoro, 2008; Coopoosamy and Naidoo, 2011). The income generated from the trade in medicinal plants is one of the important source of income for the informal traders in Eastern Cape, and the majority of the traders prefer to remain in the medicinal plant industry rather than to pursue other income generating opportunities (Delia Felecia, 2012). This shows the extent to which medicinal plants is valued in some communities around the country and

calls for several urgent strategies by policymakers and the government to work together including the formal and informal as well as the private sector to provide the traders with necessary skills and capital to pursue their medicinal plant business.

It is also evident that trade in medicinal plant is different in each province. According to a study conducted in Khanyayo village in South Africa, 23 medicinal plant species emerged as being extremely important to local livelihoods, either for domestic use or trading purposes in the city markets (Kepe, 2007). Several households surveyed in Mpondoland indicated the continuous or massive use of medicinal plants as home remedies on a regular basis whereas the collectors or traders sell their plant materials in city markets of Durban (Kepe, 2007: 173-174). Moreover, a Durban survey done by Mander *et al.* (1998) estimated that 1 500 tons of plant material was consumed per annum in Durban. The average mass per plant product bought from the street vendors in Durban was 216.5 g and 83 g from *muthi* shops. Much of the street market trade in medicinal plants is conducted within the R5 to R10 range on sidewalks in urban areas near public transport nodes, and in informal market places on pension days in rural areas (Mander *et al.* 2007). This is evident by a visible growth in the street trade of medicinal plants in both rural and urban markets in Mpumalanga and Kwazulu-Natal (Mander *et al.* 2007). Thus, Williams *et al.* (2007) argue that there is an inverse and disproportionate relationship between the price per kilogram and mass of the product sold. The smaller the quantity sold, the higher the price per kilogram.

As suggested by Shackleton, Buiten and Bird (2007) the medicinal plant traders have a greater security than other traders who sell seasonal natural resources, such as marula fruit. This is because medicinal plants are not only available on a seasonal basis, but traders can access the plants throughout the year, even though there are some medicinal plants which in fact are

seasonal. According to Botha et al, (2004) and Tshisikhawe (2002), in Venda *muthi* shops, 69 medicinal plant species were recorded to be traded in 2002, and in 2004, 70 different species, representing 40 families, were traded in the Lowveld of the Limpopo Province. It is difficult to assess how many medicinal plants are commercially traded, either on a provincial, national or even an international level. This is due to considerable local variation and complexities in the harvesting and marketing of medicinal plants, which include both a national and international dimension that present challenges in the management of these plants (Botha *et al.* 2004). Hence, Moeng (2010: 87), suggested that the *muthi* trade needs to be transformed, from informal to formal. This will allow government to fine and penalize traders who contravene environmental legislation. All registered traders will belong to a user group umbrella, which will result in enabling government departments to contact and liaise with them directly.

Research findings by Mander et al, (2007:195) have shown that the use of traditional medicines is a positive choice made by consumers, who are often prepared to pay a premium price for these products and services, even when this exceeds the cost of western treatments. According to Kepe (2007), traditional healers in Pondoland are often paid in the form of a goat, a cow or in cash. Whereas the herbalists, chicken or money may be paid as a token of appreciation. It is in this context that, traditional healers are regarded as wealthy and powerful since these are people who have specialized knowledge of medicinal plant uses and who administer treatment to others for a living. Other studies by Cunningham (1993) suggest that there is significant evidence to show that the supply of plants for traditional medicine is failing to satisfy demand. In South Africa, between 400 -550 species are currently sold for use in traditional medicine, of which an estimated 99% originate from wild sources (Williams, 1997).

2.3.1 Characteristics of the medicinal plant market

The traditional medicine trade can be largely differentiated into two sectors, namely formal businesses and informal vendors (Williams *et al.*, 1997). While the formal sector is represented by herb-traders, including traditional healers, consumers of traditional medicine and owners trading from premises called *muti* shops (herbal chemists), commercial gatherers and traders selling plants from pavements and open-air street markets, on the other hand, represent the informal sector (Mander, 1998; Dold and Cocks, 2002). As such, the traditional medicine business forms part of the largest trade industry in post-apartheid South Africa. According to Williams *et al.* (2000), the Faraday Street Market which is probably South Africa's second largest market for medicinal plants after the Warwick Street market in Durban, KwaZulu-Natal comprises ethnic diversity of the Witwatersrand traders, healers and gatherers has been influential in determining the floristic diversity and sources of the plants in trade. It is from this diversity of stakeholders in the Witwatersrand medicinal plant trade that vendors were selected (Mander, 1998).

People trading mainly in indigenous medicinal plants are reported to be local traditional healers (Tshisikhawe, 2002). For example, 67% of the community members in Blouberg mountain responded to consulting traditional healers concerning their health problems, perspicaciously the use of medicinal plants is quite prevalent in Limpopo area (Mathibela, 2013). According to Mkhize cited in Mathibela (2013), among the Zulu population in South Africa an estimated 80% visit traditional healers. The HIV and AIDS epidemic is also fueling demand, with many consumers consulting with traditional healers who offer HIV and AIDS treatments, or immune boosters. For example, in 1997 in Mpumalanga, 94% of traditional healers reported that they treated HIV and AIDS (Mander *et al.*, 2007: 191). The extent to which traditional medicine is

being consumed in some parts of South Africa is evidence that it is not an inferior health care system but also a firmly entrenched cultural practice.

Although the harvest and trade of plants used by traditional healers in South Africa is strictly regulated via NEM:BA, poverty often forces rural inhabitants to act unlawfully as gatherers for the medicinal plant market, especially for those products where the legal harvest is tightly controlled or prohibited (Damn, 2002). Outwardly in Durban, a range of traditional medicines are packaged in a modern way and has five health shops selling them (Mander et al, 2007). Whereas, in KwaZulu-Natal and Mpumalanga a visible growth in the street trade of medicinal plants in both urban and rural markets have reportedly been observed (Mander et al, 2007: 190). Much of the informal trade in the urban areas in South Africa takes place on the street pavements near public transport nodes and in informal markets, within historically black residential areas and ‘down-market’ commercial areas (Mander, 2004). However, in the rural areas on the other hand, the medicinal plant trade occurs at pension pay-out points, farmers or stock markets or during other trading events which occur in the region (Mander and Le Breton, 2006).

In this traditional plant industry, plants can be sold as raw material or as partially processed (chopped or ground) products by traders and traditional healers, or they can be prescribed in the form of complex mixtures (Mander et al 2007: 192). According to (Mander et al., 2006), the many uses of medicinal plants for trade and subsistence needs have led to conflict and overexploitation. This is perceived by limiting factors such as low market prices set by local markets. This coincides with an earlier study conducted by Mander in 1998, the results showed that *Muthi* shops for instance, sell medicinal plants with better packaging and at a higher price compared to most informal herbalist that sell in the streets. However, conditions in the informal

markets are poor and unhygienic. Surveys conducted in KwaZulu-Natal, indicated that most medicinal plant consumers would prefer more hygienic and modern facilities at the markets (Mander, 1998). In South Africa, much of the informal trade in the urban areas takes place on the street pavements near public transport nodes and in informal markets, within historically black residential areas and ‘down-market’ commercial areas (Mander, 2004).

It is estimated that approximately 74% of medicinal plant harvesters, street traders and traditional healers are women, and of these some 80% are rural and 20% are urban (Mander et al, 2007: 192). This is further compounded by the fact that most of the street traders and harvesters have a limited education and come from impoverished, usually single income households (Botha, Shackleton and Witkowski, 2004; Williams, 2004). According to Hamilton (2004), the harvesters of medicinal plants are often herders, shepherds or other economically marginalized sections of society, such as women and landless people. The relationship between the poorest and most marginalized communities is most often closely dependent on natural resources such as medicinal plants for their livelihoods (Hamilton, 2004; Cavendish, 2000; Neumann and Hirsch, 2000). The more marginalized street vendors or traders involved in selling of natural plants such as medicinal plants, the most likely they are to stay in the business. It is in this context that apart from having knowledge about the medicinal plants, the barriers of entry are limited as the trade requires few skills. On the contrary, in places such as Limpopo and Mpumalanga, studies recorded men as dominating the informal medicinal plants trade (Botha, 2001). The medicinal plant trade is thus a diverse industry involving people of different gender and in less favorable conditions.

2.3.2 Significance of traditional medicinal plant in South Africa to informal role players

Table 2.1 Number of informal sector role players and average annual income earned by various stakeholders in South Africa

Role players	Number in industry	Average annual income per participant (Rands per month)
Medicinal plant harvesters	63,000 (although many harvesters will also do part-time street trade)	7941
Street traders	3000	7941
Traditional medicine practitioners	68,000 (Full-time traditional healers only)	38 491

Source; Mander et al., 2007

On average medicinal plant harvesters and street traders earn R7 941 per annum, while traditional medicine practitioners earn considerably higher incomes of R38 491 per annum (Table 2.1). Wealthier, urban-based entrepreneurs, including some traditional healers, who have better access to cash, facilities and clients, appear to benefit the most (Kepe, 2007). It is in this context that traditional healers are regarded as wealthy and powerful since these are people who have specialized knowledge of medicinal plant uses and who administer treatment to others for a living (Kepe, 2007). However, the growing street traders (3000) and medicinal plant harvesters (63 000) in the informal sector directly results in the scarcity of plants, thus creating a rather good opportunity for them to sell than the traditional healers.

Furthermore, Delia Felecia (2012) argued that most of the informal traders came from impoverished households where the majority of the traders were the sole breadwinners. Indeed,

these traders in a study conducted by Kepe (2007:78), revealed that by trading in medicinal plants, they were assured of having at least income for food. Instead of being in the demoralizing position of not having a job and depending on others for their livelihoods, the traders help to sustain their families and to provide for their daily needs (Delia Felecia, 2012:79). In addition, an estimated 26.6 million people are consumers of traditional medicine in South Africa (Mander et al, 2007: 190), and therefore medicinal plant trade plays a significant role in people's lives. However, information is lacking on the exact significance of the medicinal plant trade to the individual traders (Mander et al., 2006) and there are only a few isolated studies in South Africa that have attempted to interpret the role of the medicinal plant trade from a livelihood perspective (Kepe, 2007).

2.3.3 Medicinal plant sources in South Africa

It is a known fact that in South Africa, the medicinal plant trade is no longer confined to traditional medicine practitioners (Dold and Cocks, 2002). As argued by Cunningham (1991b) that it involves hundreds of commercial gatherers who sell at informal markets and who supply formal sector traders across the country. These medicinal plants are primarily sourced from wild stocks on state, commercial and communal lands (Mander, 2004). Of recent, medicinal plants which are cultivated add up to a small proportion of (maximum 50 tons per annum), while those harvested from wild stocks are estimated to be worth 20 000 tons of medicinal plants (Mander et al., 2007). Research has shown that millions of people, mostly in developing countries derive a significant part of their income from gathered wild plants (Schippman, Cunningham and Leaman, 2002) or are involved in the trading and processing thereof (Hamilton, 2004).

In a study conducted by Mathibela (2013: 43-55), medicinal plants were harvested from a variety of habitats such as the mountain peak, mountain slope, swamp, river, donga and from the forests. In addition, 24 plant species were recorded to be declining due to unsustainable harvesting by the traders of medicinal plants in Blouberg mountains of Limpopo. Hence, other collectors of medicinal plants are now resorting to unsustainable harvesting and exploitation causing serious harm to the survival of some species used in traditional medicine (Keirungi and Fabricius, 2005).

However, the high demands presented in both urban and rural areas result in the increased supply of traditional medicinal plants by the street traders and in South Africa, the majority of rural people depend on natural resources for their livelihood with local foods and medicinal plants (Ntsoane, 2006). This, however, does not change the fact that, the trade in medicinal plants is driven by consumer demand to a large extent, poverty within households, particularly in rural areas, has further driven the expansion of the trade (Williams, 2004). Furthermore, traditional medicine is regarded as a basic commodity among most black households and is used for the treatment of certain conditions irrespective of the income and educational levels of the consumers (Cocks and Dold, 2000).

2.3.4 The municipal involvement to medicinal plant use and legislation governing IKS practitioners in South Africa

The government of South Africa recognizes three efficient tiers, which are national, provincial and local spheres. Among these three tiers, it is argued that the local government is the most underdeveloped. However, in some instances the local municipalities have received and been involved in the reconstruction of the new post-apartheid South Africa. Despite this recent

assignment on local government, a legislation governing IKS practitioners in South Africa has been slow in assisting medicinal plant vendors and traders at municipal level. It is in this context that municipal initiatives around medicinal plant vending or trading have to a greater extent been mostly of unstructured and short term.

The Traditional Health Practitioners Bill No. 24404 of 2003, a constitutional body which seeks to provide for the Interim Traditional Health Practitioners Council of Republic of South Africa ensures a regulatory framework to ensure compliance on the safety, efficacy and quality, access and rational use of traditional medicine was promulgated to represent or deploy the social and economic potential embedded in those who own or practice indigenous knowledge of medicinal plants in South Africa (Republic of South Africa, 2004). The report or Act suggests that the primary source of government involvement is funding and promoting indigenous knowledge systems found within the local communities and this initiative is geared towards creation of incentive methods of economic growth (Republic of South Africa, 2004).

In 2006, the South African government took steps towards the official recognition and institutionalization of African Traditional Medicine. This led to the establishment of a Directorate of Traditional Medicine in 2008 to co-ordinate and manage initiatives regarding African Traditional Medicine within the Department of Health (Mathibela, 2013:49). It also initiated a Patents Amendment Act (Act No. 20 of 2005) to provide protection for indigenous genetic material, indigenous biological resources, traditional knowledge and the way in which an indigenous community uses an indigenous biological resource or a genetic resource (Department of Environment Affairs and Tourism, 2005). Hence, South Africa is a signatory to Trade Related Intellectual Property (TRIPS), and the protection of aspects of Indigenous Knowledge Systems (IKS) within the context of trademarks is possible within this framework. Protection of IKS is also possible within its own kind of legislation in respect of the rights of

Indigenous Knowledge (IK) holders. Protection of IKS is therefore feasible under TRIPS agreements (DST, 2011).

The National Forest Act [No.84 of 1998], the Convention on the Trade in Endangered Species of Wild Fauna and Flora as well as new Biodiversity Act [No. 10 of 2004] by the Department of Environment Affairs and Tourism (DEAT) are legislations that exist to protect plant communities especially in conservation and management of these plants (Heritage Legislation Paper, 2016). The users of these plants have been identified as protecting the medicinal plants through what is called self-regulation, other than the plants being protected by national or local laws and policies or national conventions (Diederichs et al. 2006).

The harvesters are known for taking risks, many constantly run the risk of arrest, fines and even jail because they do not have the necessary permits to harvest medicinal plants, they take the risk of harvesting the plants because they have no other income generating opportunities. Either these harvesters are not aware of the legal implications of the trade or they may be aware of the legalities but take the risk anyway (Diederichs *et al.* 2006). However, the need to earn an income motivates many of the harvesters to continue harvesting medicinal plants illegally (Department of Water Affairs and Forestry, 2005) and the possibility of arrest is “...viewed as an occupational hazard rather than a deterrent” (Botha, Shackleton and Witkowski, 2004:44).

The Heritage Legislation Paper of South Africa (2016) recognizes that there is existing intellectual property legislation that partially covers the indigenous medicine practitioners as far as biodiversity is concerned. In addition, it has provision for the protection of IKS and equitable sharing of benefits as a social responsibility into the society which traditional medicine practitioners come from. Though some local municipalities have developed their own

Integrated Development Plan (IDP) to invest in market infrastructure upgrades. An example is Warwick Junction Herb Market in the city centre, and in Ezimbuzini in Umlazi. These two markets are the main trade points for medicinal plants in the greater Durban area (Mander et al, 2007). In addition, the municipality has also invested in promoting commercial plant production at five rural medicinal plant nurseries and farms to promote a more sustainable supply of plants into the Durban markets (Mander *et al.* 2007). The above initiatives depend on the supply and trade of medicinal plants by the traders for sustaining livelihoods and providing important health care services. However, regardless of these initiatives, most government funding has focused on bioprospecting and pharmacological research and little or no investment has been invested in developing current markets for medicinal plants (Mander, 2004).

Nevertheless, some critics also argue that the protection of IKS should be done by the practitioners themselves, hence there is a need for more dialogue with the government, private sector and all stakeholders about the educational value of IKS and legal or technical capacity building among the communities (Heritage Legislation, 2017). It is in this framework that other researchers view the importance of involving all stakeholders and medicinal traditional practitioners in the implementation or enforcement of IPR.

2.3.5 Indigenous knowledge systems perspectives

IKS refers to a total of knowledge and practices, whether explicit or implicit, used in the management of socioeconomic, ecological and spiritual facets of life, stored in the collective memory and communicated orally among members of the community and to the future generations [through, stories, myth, songs, etc.] (Hoppers, 2005: 2). In the African context, Nel

(2008) states that African Indigenous Knowledge Systems are informed by and relate to all domains of life and the environment. In response to the question why then IK is often called a system, Nel (2008) argues that system refers to the holistic nature of the knowledge as it links up and relates to all aspects of life and the environment as it also refers to the plurality of both its properties and functions.

Additionally, people who are referred to as 'indigenous' belong to a specific group of people occupying a certain geographic area (ibid: 75) for many generations. They possess, practice and protect a sum of knowledge and skills constitutive of their meaning, belief systems, livelihood constructions and expression that distinguish them from other groups (Dondolo, 2005: 112; Hoppers, 2005; Nel, 2005; Masoga, 2005). Thus, the medicinal plant vendors in Thohoyandou have the knowledge and skills of plants that cure certain diseases, therefore constitutive of their livelihood construction. In principle AIKS are contextually and culturally bound, yet all indigenous communities across the globe share in common their respect for all forms of life, contrary to the modern separation of humans from their environment (ibid). Indeed, African Indigenous Knowledge Systems (AIKS) emphasize the importance of a harmonious "interrelationship and interdependence of all phenomena" be it biological, physical, social, cultural or spiritual (Hoppers, 2005: 4).

IKS as mentioned above is a system which involves different categories, for this study, medicinal or traditional plants is the subject of discussion. According to the World Health Organisation (2008), the term "traditional medicine" is to be understood as the sum of knowledge, skills and practices based on theories, beliefs and experiences indigenous to different cultures that are used to maintain and improve health, as well as to prevent, diagnose, and treat physical and mental illnesses. The medicine or *muti* that is used is based on plants

and, sometimes, different animals. This *muti* may have pharmacological properties, but one cannot isolate the power of the remedy from the strength of the healer or that of the ancestors (WHO, 2008). However, the research is focusing on medicinal plants which is acknowledged across the world and throughout the ages that plants have traditionally played a major role in the treatment of human diseases (Thirumalai, Kelumalai, Senthilkumar and David, 2009).

Scholars like Van Wyk, argue that the use of herbal remedies as an adjunct or alternative to conventional medicine is also becoming increasingly popular all over the world, and South Africa being the case study is blessed with a rich cultural diversity which is reflected in the formal and informal systems of medicine that are presently practiced in different parts of the country (Van Wyk et al., 1997). Samie, Bessong, Obi and Namrita (2005) concur that in South Africa, traditional medicine is well-established and recognized form of healing, with different communities using a wide variety of plants for the treatment of various ailments. They also add that, the Venda region of South Africa, situated in the far North of the country, and which still remains most rural in character, has a very strong tradition of medicinal plant usage (Samie et al., 2005), hence it is the targeted area of study. Indigenous knowledge of using medicinal plants for healing human ailments is, however, in danger of gradually becoming extinct, because this knowledge is passed on orally from generation to generation without the aid of a writing system and because many traditional healers do not keep written records (Kaido, Havlik, Rama and Veale, 1997).

Nevertheless, the disadvantages of using IKS are but many, according to Zeleza (2006: 196), since colonialism set foot in Africa and until the present day, all systems of knowledge production, dissemination and consumption reflect robust Western hegemony. Other assessments consider AIKS as being unable to constitute valid bodies of knowledge for science

promotion, since their mode of thinking is intuitive (and not analytical), their truth and rationality are related to local conditions and culture, and that their taxonomies accentuate ontological and biological differences between cognition systems (Nel, 2008). Increasingly, most cultures possess a huge store of undocumented traditional knowledge of applying herbal remedies in the treatment of diseases (Offiah et al., 2011). It has now become more important than ever to record and preserve the traditional knowledge on medicinal plants to aid the discovery of new drugs and possibly to find improved applications of traditional medicine (Kone and Antindehou, 2008). Hence, the significance of this study in documenting the livelihood strategies of medicinal plants vendors in Thohoyandou. In fact, the World Health Organization has a keen interest in documenting the use of medicinal plants by native people from different parts of the world (Buragohain, 2011), therefore the importance of this body of knowledge to modern society. However, other scholars such as Nel (2008) have noted that, the political recognition of indigenous people, the growing disillusionment of Africans with the promises of the modern “Western” science at the same time increased public awareness of the value of cultural Heritage and that science must find its locality in the social and cultural context, are some of the new developments.

2.4 The Theoretical Construct of the Study

As stated in the background of this study, the theory adapted in part for this study is the sustainable livelihoods approach/ framework (SLA/F) which seeks to suggest that raising quality of life is not a matter of simply improving the incomes of the poor, but rather it means increasing people’s capacity to provide for themselves and lift themselves out of poverty. It is therefore best to look at the concept of sustainable livelihoods which was first introduced by the Brundtland Commission on Environment and Development as a way of linking

socioeconomic and ecological considerations in a cohesive, policy-relevant structure through the work of Krantz and Ian Scoones (Krantz, 2001; Scoones, 1998). As a development measure, the term reflects the value of poverty eradication for the achievement of sustainable livelihoods. Krantz (2001) believed more attention must be channeled towards the various factors and processes which either constrain or enhance poor people's ability to make a living in an economically, ecologically and socially sustainable manner.

In his work, Scoones (1998:7) argued that livelihood resources are the basic material and social, tangible and intangible assets that people use for constructing their livelihoods and these are conceptualized as different types of 'capital' to stress their role as a resource base. However, the other assumption within sustainable livelihoods approach/ framework is that it gives room for people to choose their livelihood strategies and to create intrinsic as well as instrumental livelihood outcomes against the backdrop of their asset stocks and the prevailing structures and processes (Ashley and Carney, 1999). Also, there are other definitions of the sustainable livelihood approach/ framework which best defines it and thus show how such an approach is dependent on the assets which people have in their possession.

2.4.1 The Sustainable livelihoods approach/framework Definitions

According to Chambers and Conway (1992), the main assumption of sustainable livelihoods approach/framework is that a livelihood comprises of the capabilities, assets (stores, resources, claims and access) and activities required for a means of living. The outcomes of this causal statement vary, in a sense that a livelihood is sustainable if it can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation; and which contributes net benefits to other

livelihoods at the local and global levels and in the short and long term (Krantz, 2001: 1). However, this assumption takes a wider definitional scope for the livelihoods concept into the notions of well-being and capabilities. Chambers (1997) emphasized that SLA/F to poverty and livelihood strategies or analysis may allow people themselves to define the criteria which is important and this may result in a range of sustainable livelihood outcome criteria, which includes diverse factors such as self-esteem, security and power (Chambers, 1989). According to this definition together with the assumption that capabilities and assets construct livelihood strategies, suggests that for an individual to engage in labor markets and earn a livelihood, assets play a significant or important role in the livelihood framework.

The Institute for Development Studies (IDS) and Scoones (1998) view sustainable livelihood as an analysis of the institutional processes and organizational structures that link livelihoods together. According to this approach, SLA/F is especially useful in dealing with livelihoods of the poor, or more generally, involving the local people to let their knowledge, perceptions, and interests be heard. Similarly, many recent SLA/F emphasize the link between identification and implementation of activities where proper. For example, in UNDP approach, certain emphasis is given to integrating support activities aimed at strengthening poor and vulnerable groups coping and adaptive strategies, whereas CARE suggests that strengthening the capability of poor people enables them to take initiatives to secure their own livelihoods. More generally, DFID's approach to SLF believe that poverty-focused development activity should be people-centered, responsive and participatory, hence showing how various factors that constrain or enhance livelihoods opportunities relate to each other (Krantz, 2001).

Despite differences in these definitions, they all share quite similar perspectives in that "sustainable livelihood approach/framework" is of significant importance as a strategy to

poverty alleviation. In fact, in many applications, development scholars view SLA/F as a mixture of these approaches. However, in Krantz (2001), UNDP and CARE has very similar implications as they focus on facilitating the planning of concrete projects and programmes, while for DFID the SLA/F is more of a basic framework for analysis than a procedure for programming.

2.4.2 The Sustainable Livelihoods Approach/Framework as applied in terms of assets

The claim that SLA/F studies about poverty reduction and rural and urban livelihood sustainability highlight that poverty reduction is concerned with improving poor people's assets and enhancing the proper use of existing assets (Oblak, 2008: 42). Furthermore, other studies have emphasized that livelihood strategies are created around "a fundamental understanding "of the choices open to the marginalized people, including their survival strategies and their vulnerability, thus the assets are divided into five different categories which include, natural capital, physical capital, financial capital, human capital and social capital (Moser, 1998; Scoones, 2000). Understanding the importance of these elements will contribute immensely to the construction of both urban and rural livelihoods (specifically of medicinal plant vendors) in Thohoyandou market center.

The uniformity in which SLA/F characterizes assets is unmistakable and extremely suggestive. The way in which SLA/F conceptualizes assets is through the procurement of not only economic benefits of a livelihood activity but also the social benefits. Assets refer to the resources which people use to carry out livelihood strategies. But assets "are not simply resources that people use to build livelihoods: they give them the capability to be and act" (Bebbington, 1999: 2029). Assets are therefore important for building and securing livelihoods (Ellis, 1999).

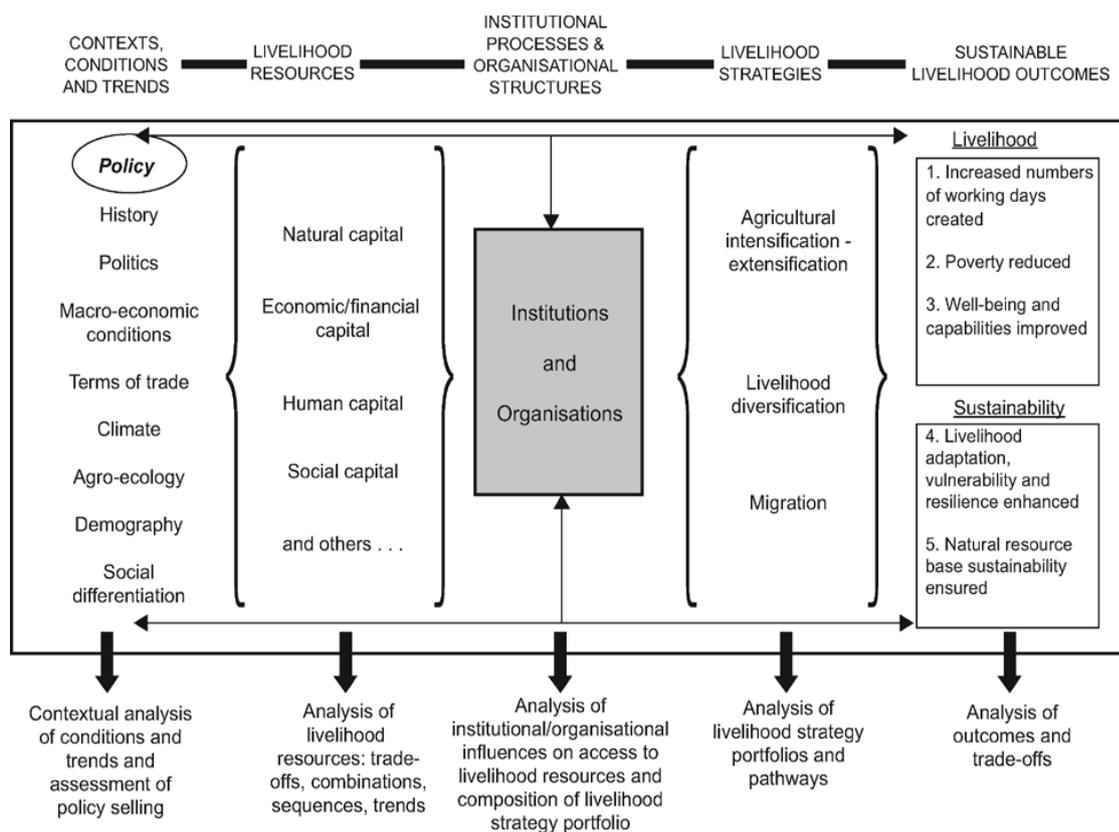


Figure 2.1 The sustainable livelihoods framework (Scoones, 1998)

2.4.3 Natural capital

According to Scoones (1998), natural capital refers to the natural resource stocks (soil, water, air, genetic resources etc.) and environmental services (hydrological cycle, pollution sinks etc.) from which resource flows and services useful for livelihoods are derived. This capital is divided into; (i) renewable resources which can replenish themselves over time for example fishery stocks, trees used for firewood, and water levels in underground aquifers and (ii) nonrenewable resources which exist in limited supply and cannot be replaced once they have been extracted and used, including oils and metals (Ellis 2000:32). In this context, medicinal plants are increasingly becoming a common venture to ensure health security and an income among households. Of importance is the interconnectedness between natural capital and

vulnerability. In summation, the proper use of any available natural resources (renewable and nonrenewable) contributes to sustainable livelihoods.

2.4.4 Financial capital

The capital base (cash, credit/debt, savings, and other economic assets, including basic infrastructure and production equipment and technologies) which are essential for the pursuit of any livelihood strategy are referred to as financial or economic capital (Scoones, 1998). Financial capital is chiefly derived by income from the sale of labor and this is often one of the most important assets for the poor and one which they tend to prioritize (Twiggy and Bhatt, 1998). Unlike, urbanites who have a range of employment opportunities to choose from, rural people have limited or few ones. Hence, livelihoods, in the case of Thohoyandou in Vhembe District, are mainly based on informal sector activities because the formal employment sector can only but accommodate a specific number of people. The sale of medicinal plant by vendors in Thohoyandou is a livelihood strategy which sees them selling their labor to themselves and deriving a source of income from it.

2.4.5 Human capital

Scoones (1998) defines human capital as the skills, knowledge, ability to labor and good health and physical capability important for the successful pursuit of different livelihood strategies. Any assessment on human capital is highly dependent on adequate nutrition, safe environmental conditions, education and healthcare. People residing in urban areas have access to quality health care as compared to rural areas (Chirau, 2012). However, the study location Thohoyandou has many neighboring rural villages, which in turn has led to many depending

on medicinal plants to cure their illness, thereby creating room for livelihood strategies such as informal vending or selling of medicinal plants. Though the sale of medicinal plants may be a gain to some, working conditions of most of these vendors are unhygienic, hence workers and consumers are exposed to greater risks. To that end, Rakodi (2000) argues that the lack of human capital in the form of skills and education affects the ability to secure a livelihood that is well remunerated.

2.4.6 Physical capital

Physical assets are effectively created by economic production processes and are designed for the common good (Ellis, 2000:33). These comprise of the basic infrastructure and services needed to support livelihoods, such as affordable transport, secure shelter and buildings, adequate water supply and sanitation and clean affordable energy (Ellis, 2000). The income-generating purposes include renting out rooms or using the space as a workshop area (Moser 1998:13). In the urban areas, the availability of affordable transport is very essential to allow people's mobility from one place to another in order to pursue different livelihood strategies. Livelihood strategies, in the case of medicinal plant vendors in Thohoyandou, are mainly concentrated in the Shopping Centre and movement between the place of residence and the market becomes critical. Also, lack of market infrastructural upgrade for informal traders is problematic for the provision of a sustainable livelihood. However, Chambers (1997) argues that different household goods may be classified as moveable physical assets as they store value and may be sold in times of crisis to gain income.

2.4.7 Social capital

Social capital are social resources (networks, social claims, social relations, affiliations, associations) upon which people draw when pursuing different livelihood strategies requiring coordinated actions (Scoones,1998). This capital maintains that “the vast ethnic trading networks and dynamic informal sectors of the African economies ... provide livelihoods, housing and services in the face of crumbling official economies” (Meagher, 2006:554). In this light, earlier, Bayart asserted that “the social capital of Africa appears to show an increased affinity with the spirit of criminality” (Bayart, 1999:34). Furthermore, social capital is loosened by increased violence and competition for scarce resources, hence potentially widening the gap between the rich and the poor (Pantoja,1999). In other words, enhancing inequality in the society. Lyon and Snoxell (2005:1094) likewise argue that social capital in the market place is increasingly important to informal traders' economic capital, at least as shown by their study of the role of urban social capital amongst informal traders in Kenya.

The study revealed that social networks have failed particularly because of the pressures of liberalization, differentiation, survival strategies and political opportunism. The social capital weaknesses “are due to state neglect and the instability of the wider institutional context in which these networks are embedded” (Meagher, 2006: 579). In this regard, Bourdieu described social capital as a means of acquiring wealth, power and privilege at the expense of others (Braun, 2006). Differences in access to financial, human and physical capital tend to feed into inequalities deriving from social capital; in other words, “tangible assets affect intangible assets” (Oblak 2008:45).

In light of the above discussion, the livelihoods framework recognizes that households and livelihoods are constantly changing in response to shocks, stresses and seasonality. It assists in

identifying what people are already doing to cope with the risk and uncertainty, defines and categorizes the different types of assets and entitlement which households have access to; make the connections between the local or micro situation and actors, institutions and processes active in the wider world and identifies measures that can strengthen assets, enhance capabilities and reduce vulnerability. In other words, the ‘livelihoods framework’ is a tool for understanding how households draw on capabilities and assets to develop livelihood strategies made up of a range of activities (Development Action Group, Sustainable Medium Density Housing Paper: 94, 2008).

Despite the failure of organizational and institutional structures, the more assets or capital marginalized groups in society own or possess, the wider the opportunities and choices in engaging in a variety of livelihood strategies and escaping poverty (Di Gregorio, Dick, Hagedorn, Kirk, Korf, McCarthy and Swallow, 2004:14). In fact, these livelihood assets “are not simply resources that people use to build livelihoods: they give them the capability to be and act” (Bebbington,1999:2029). Moreover, Ellis (2000) believed that these assets can be depicted as stocks of capital which can be used either directly or indirectly to survive and these are owned, controlled and can be accessed by a household or individual. In other words, they are important elements in the livelihood framework as they enable one to earn a livelihood. Hence the SLA/F is aimed at promoting and strengthening people’s own inventive solutions rather than substituting for, blocking or undermining them (Moser, 1998:1). The interaction between poverty and livelihood resources to both urban and rural poor communities indicates the necessity or the need for access to forms of capital or assets to pursue sustainable livelihoods.

2.5 Conclusion

This chapter has discussed the theoretical construct of this study, the contribution of medicinal plants to livelihoods of vendors or traders in South Africa and elsewhere. In order for medicinal plant vendors to construct a profitable livelihood strategy for themselves, the municipality and government approach needs to be developed and aligned to support and invest into the current industry and its role players. However, this view maintains that investing in market upgrades creates conducive environment for medicinal plant vendors, while improving product packaging of the plants which is in line with the consumption, growing demand and health care benefits of the consumers who will ensure they pay best price for these services and products.

In the post-apartheid South Africa, a major challenge on medicinal plant trade of traders and vendors lies within the quality of health care systems at all levels. Therefore, to improve the government's ability to implement the policies and by-laws that would lead to a lucrative business for medicinal plant vendors, street market infrastructural investment and promotion of commercial medicinal plant areas is the point of departure.

As mentioned earlier in the chapter, that the supply of medicinal plants by vendors relies more on the demand of the consumers. Moreover, this means that municipality and government's commitment should be based on market upgrade, investment on commercial plant farms to be able to reduce informal and unhygienic working environment of medicinal plant traders, thus promoting a sustainable supply of plants. The next chapter will focus on the research methodology utilized when the researcher was collecting data.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter aims to present the methodology¹ that was used in collecting and analyzing data for this study. By research methodology it entails the precise techniques and instruments used to conduct the study. It should be noted however that any research depends mainly on the methodology adopted by the researcher for the strength and weaknesses of the outcome of the study. In general, the responsibility is on the researcher to use the correct method which will answer to the research objectives thereby providing the needed information. It is in this context that the chapter outlines the rationale for selecting qualitative research methods and its techniques. Moreover, issues pertaining to the relationship between the researcher and the respondents, access issues, data analysis methods and the limitations of the research will be further discussed below.

3.2 Research approach

The study adopted the qualitative research method. A qualitative research methodology allowed the study participants to interpret and make sense of their lived experience and the world in which they live in (Holloway and Wheeler, 2002:30). Specifically, the purpose of this study was to discover the meaning that medicinal plant vendors give to their selling or trade in traditional plants to improve their livelihoods and households. Thus, qualitative techniques

¹ The methodology is the general research strategy that outlines the way in which research is to be undertaken and, among other things, identifies the methods to be used in it. These methods, described in the methodology, define the means or modes of data collection or, sometimes, how a specific result is to be calculated (Howell, 2013).

were used to gather in-depth information using both primary and secondary approaches through key informant interviews. Hence, the preliminary aim of this study was to investigate the utilization of indigenous knowledge by medicinal plant vendors in Thohoyandou, in the context of the medicinal plants being used as a livelihood strategy.

Themes were used to describe the qualitative form of collecting data and these helped in revealing personal valuable attitudes and perspectives which the participants experienced in their actual or natural setting. The reason for implementing the qualitative method is the fact that the exploratory character of qualitative market research permits the gathering of new information on specific areas of research, very often through an intensive dialogue between the interviewer and the respondent (Naderer and Balzer, 2007; Broda, 2006). Increasingly based on its nature, it provides in-depth and detailed data. According to Greenstein (2003), the main weakness in using a qualitative research method is that the size of the sample may not be generalizable. However, Burns and Grove (2003) argue that the advantage of using qualitative research method in social sciences is that it enables researchers to study social and cultural phenomena. This is in line with the study which is aimed at probing into indigenous medicinal knowledge owned by vendors.

The aim of qualitative studies is to provide answers to complex research questions which often begin with how or what, so that the researcher can gain an in-depth understanding of what is going on relative to the topic (Patton, 2002; Seidman, 1998). Research questions of this study could not be answered using quantitative method as the purpose of this research is to gain general insight into the topic for which the literature exists (Patton, 2002). It should be noted that qualitative research seeks to preserve the integrity of narrative data and attempts to use the data to exemplify unusual core themes embedded in contexts (Mertens, 2006). In fact, the

character of the study required access to profound and detailed information on the topic of medicinal plants and quantitative questionnaire with predetermined answer categories would not acquire enough information for this study (Patton, 2002). On the other hand, quantitative research evaluates a great number of people and form hypotheses that can be applied in multiple situations (Sayre, 2001) and this means the results can be generalised.

The distinction between quantitative and qualitative research is seen in the methods which are used to collect, analyse and present data. Sayre (2001) describes qualitative research as a form of social inquiry that involves the researcher becoming the instrument in collecting the information, and that allows him or her to get an insiders perspective. It presents information in a more contextualised approach and it moves from particular to more general statements. This method is helpful as it presents information with words, in a descriptive narrative manner. One shortcoming of the qualitative method is that in contrast to quantitative methods which can statistically measure and evaluate the reactions of a great number of people, a qualitative study can never reach the same breadth due to reduced number of cases (Patton, 2002). This is extensively relevant for this study as the aim was not focused on quantifying or measuring anything but rather geared towards improving the understanding of the phenomenon by obtaining information from medicinal plant vendors who have been experts in using plants as a source of income on personal experiences, which is a sensitive issue.

3.3 Research design

The study design is exploratory. Precisely, a qualitative approach is warranted when the nature of research questions requires *exploration* (Stake, 1995). For the current study, the researcher explored participants' experiences in using indigenous knowledge in medicinal plants as a

livelihood strategy by asking the following *what* questions: (a) What is the extent to which medicinal plant vendors use indigenous knowledge as a livelihood strategy in Thohoyandou?, (b) What are the challenges encountered by medicinal plant vendors in using indigenous knowledge as a livelihood strategy in Thohoyandou?, (c) What is the role played by the Thulamela Municipality in assisting medicinal plant vendors and other street vendors in Thohoyandou?, What is the role and challenges encountered by the committee in assisting street vendors in Thohoyandou?, and (d) What are the possible strategies that can help medicinal plant vendors' to best use their indigenous knowledge in improving their livelihoods?.

Following from the above argument, Strauss and Corbin (1998) believe that qualitative method allows the researcher to explore phenomena such as feelings or thought processes, which are difficult to extract or learn about through conventional research methods. Therefore, for this research, the researcher explored the way in which the medicinal plant vendors perceived or thought of their livelihood strategy, and ways in which they feel the municipality of Thulamela can assist. Hence, exploring participants' perceptions and lived experiences (Jones, Torres and Arminio, 2006).

A sampling design encompasses a description of a population, sample and the sampling technique used in conducting the study. This part of the study mainly explored the population used in conducting this study and the methods used in attaining the sample for this study. The purpose of exploratory study is to gain better understanding of a particular phenomenon.

It is in this context that a research design is defined as the overall strategy that a researcher chooses to integrate the different components of a study in a coherent and logical way, thereby, ensuring the researcher to effectively address the study problem. It also constitutes the blueprint

for the collection, measurement, and analysis of data (De Vaus, 2001). Moreover, it describes a detailed layout and framework of the research, how it is going to be done and who will participate. In other words, the research design answered the research questions accurately, objectively, validly and economically (Creswell, 2009; Babbie and Mouton, 2001; Asika, 2004).

Implicit to this study is the use of a case study approach to explain medicinal plant vendors' perceptions and experiences with understanding and using traditional plants as a livelihood strategy in Thohoyandou urban setting. It was therefore best to look at the most prominent case study researchers through the work of Yin, Stake, and Merriam, all of whom have written extensively about case study research, and have suggested techniques for organizing and conducting such research successfully (Yin, 2009; Merriam, 1988; Stake, 1995).

In his work, Stake (1995) defined a case study as a strategy of inquiry in which the researcher explores in-depth a program, event, activity, process or one or more individuals. Cases are bounded by time and activity, and researchers collect detailed information using a variety of data collection procedures over a sustained period of time. For the contemporary study, the *case* was medicinal plant vendors from Thohoyandou in Vhembe. As mentioned in the above definition, case study researchers collect detailed information using a variety of data collection procedures over a sustained period of time. Used for this study, data is collected through in-depth interviews, and additionally answered written documents provided to the researcher by the medicinal plant vendors where the study was conducted. Precisely, interviews were conducted and audio-recorded, recordings were transliterated into word documents, written documents were reviewed, and data was coded for up-and-coming themes. In addition, the unit of analysis which is defined as the area of focus of the study is another component of case

studies (Yin, 2009; Merriam, 1988). Hence, in this study, the unit of analysis was the individual medicinal plant vendors, Committee (THIBA) as well as the municipality official participating in the study.

However, Yin (2009) has a slightly different way of defining a case study research design. He emphasized five components which basically make up an effective case study approach, (1) research questions; (2) propositions or purpose of study; (3) unit analysis; (4) logic that links data to propositions; and (5) criteria for interpreting findings. Specifically, research questions which were formulated asked about the ways in which medicinal plant vendors sold their medicinal plants to improve their livelihoods as well as their households and society. Moreover, the researcher inquired as to how both the committee and the municipality assisted the medicinal plant vendors and street vendors in general to improve their livelihood strategy in Thohoyandou.

Secondly, Yin (2009) argues that a study purpose should be clearly defined. Thus, the purpose of this case study was to investigate the medicinal plant market in Thohoyandou, to understand the experiences of the medicinal plant vendors, the committee and the municipality role in assisting them acquire a source of living. Furthermore, the third component of Yin (2009) case study research design is the unit of analysis described as the area of focus that a case study analyses. He further emphasized that the unit of analysis is directly tied to the research questions developed by the researcher. For this study as mentioned earlier by Merriam (1988), are the medicinal plant vendors in the urban area of Thohoyandou in Vhembe district, the committee and municipal official of Thulamela municipality.

In addition, the fourth component of Yin (2009) case study research design is to connect data to propositions and this involves data collection phase which is then analyzed and developed into themes. For this present study, themes were formulated to answer the research questions which were presented in chapter 1. Lastly, Yin further describes the fifth component of case study research design which is how to interpret findings and this is done through coding data by the researcher prior to developing themes (Yin, 2009). Hence, meaning from the findings of the research were articulated and extracted for possible recommendations which can be used for future research.

However, Flyvbjerg (2006) argued that the disadvantage of using case studies is that one cannot generalize from a single case study, therefore it cannot contribute to scientific development. Though he believed that greater numbers of case studies would strengthen social science. Moreover, Green, Camilli and Elmore (2006), echoing Yin (2009), stated that a carefully conducted case study benefits from having multiple sources of evidence, which ensure that the study is as robust as possible. Thus, according to Baxter and Jack, (2008), case studies provide a systematic way to collect data, analyze information and report the results, thereby understand a problem or situation in great depth.

The design of the entire study first outlined the study area, followed by entry into the study area, then the population the study abided on, the sampling techniques the study implemented, the data collection and the instruments which were used in collecting the data, the data analysis and the ethical considerations. However, all the designed steps were followed thereby ensuring the study a systematic and logical flow.

3.4 Description of the study area

According to Thohoyandou Census (2011), Thohoyandou is a township in the Limpopo Province of South Africa. It is the administrative Centre of Thulamela Local Municipality. It is also known for being the former capital of the bantustan of Venda. It was built at Tshiluvhi which was under Khosi vho Netshiluvhi. Moreover, the construction started in 1977 with P East and P West residential area/location as R293 town, a shopping Centre and Venda Government buildings. In addition, Thohoyandou's CBD was originally designed as a supermall with large walkways and water fountains, flowers and green areas, unfortunately, shortage of vacant land within the CBD as well as lack of maintenance has slowed down its growth and kept it from expanding further over the past fifteen years.

However, the town is the main development node in Thulamela Local Municipality with a total of approximately 70 000 residents within the boundaries of the town. It is further surrounded by numerous rural settlements situated on the outskirts of the built-up area. Other towns which are next to Thohoyandou are Sibasa, 8 km; Dzanani, 45 km; Malamulele, 45 km; Makhado, 85; Musina, 139 km; and Polokwane, 188 km Thohoyandou Census, (2011). Most of the Thohoyandou area is urban settlements with only about 4,3% of the land belonging to tribal or traditional authority. The overall population consist of 52,3% females and 47,7% males and 98% of all these inhabitants are found in urban dwellings. Thohoyandou also has a university and 24% of those aged 20+ are in higher education.

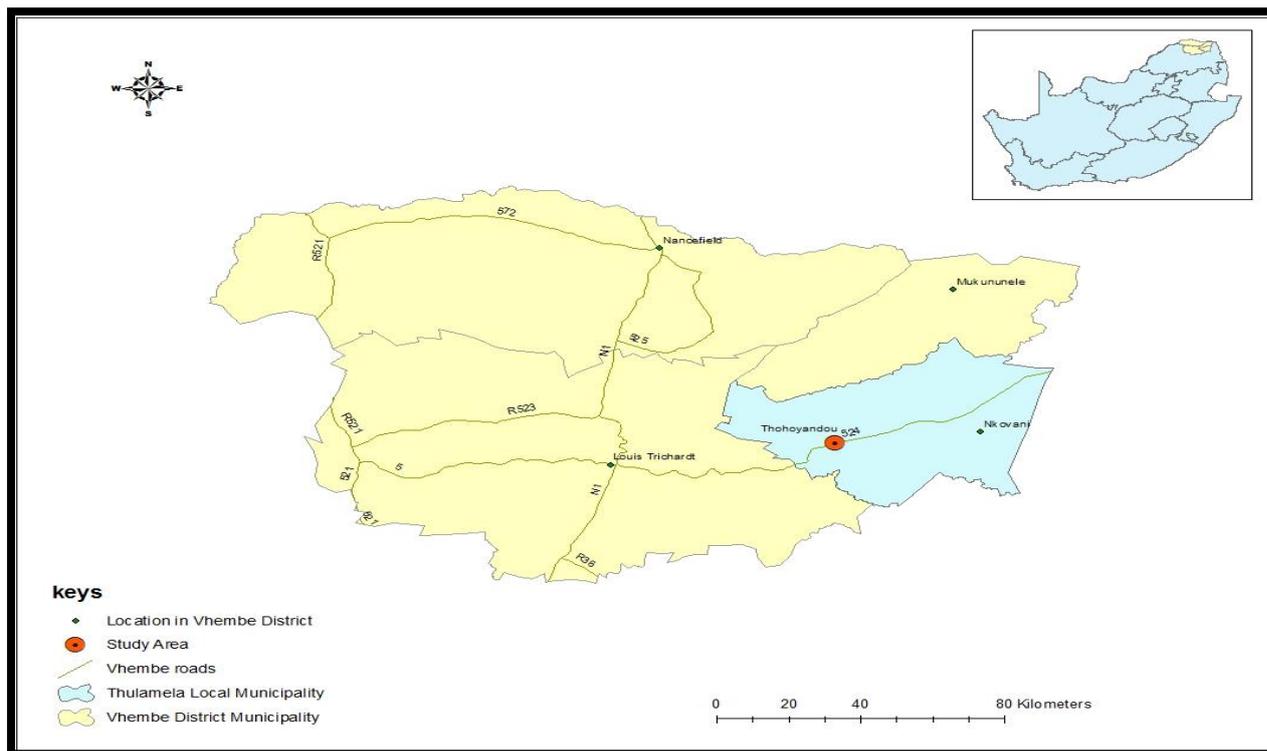


Figure 3.1 Map of Thohoyandou

3.5 Entry into the study area

Since this study required the participation of the Thulamela municipality officials in Thohoyandou, the researcher appealed for permission from the municipality. To achieve that, a consent letter to the municipality was written and submitted. However, the researcher encountered problems which ended in one of the officials from the street vendor section answering a few questions instead of the supervisors. The researcher was then referred to the committee of vendors (THIBA) which was of great help to the study.

3.6 Delimitation of the study

The area of study was delimited to only Thohoyandou shopping mall and no other areas surrounding it, hence the vendors selling medicinal plants are regulated by the Thulamela

municipality. This contrasts a study that was conducted by Magwaza, (2010), which showed that medicinal plant vendors in Warwick Junction, Durban are the worst treated by the police since they are not regulated by the municipality.

3.7 The population

In research, a study population refers to the total number of units from which data can be collected, such as individuals, artefacts, events or organisations (Parahoo, 1997:218). Neuman (2011) states that the study population is where a researcher draws a sample to which results from a sample are then generalised. Thus, in order to define a research target population, a researcher specifies the unit being sampled, the geographical location and the temporal boundaries of the population which according to Burns and Grove (2003:213), is when all elements meet the criteria for inclusion in a study.

Churchill et al. (2010:327) define the target population as that part of the total population (universe) to which the study is directed. Each individual member is referred to as a population element (Zikmund and Babin, 2010b:412). Grinnel and Williams (1990: 124) further defined a population as the totality of persons or objects that a study is concerned with. It mainly refers to the entire group of people, events or things of interest the researcher wishes to investigate. The idea behind a study population is that the targeted group must be one with the knowledge of what the researcher is investigating to meet the research objectives. Hence, Kumar (2000:219) argues that the targeted population possess common set of characteristics with respect to some marketing research problem. This is the group from which the sample will be drawn (Tustin et al., 2005:337).

It is, furthermore, imperative that the target population is properly and accurately defined in order to answer the correct research question and also to obtain adequate results (Aaker, Kumar and George, 2000). Coope and Schindler (2003:179), argue that the knowledge behind sampling is that by selecting only certain elements of that population, a researcher may draw conclusions about the entire population. Hair et al. (2010:38) concur that it is important that researchers should use a representative sample of the population if they wish to generalize the findings. The total population can be defined as all medicinal plants vendors and the municipal officials in Thohoyandou, Thulamela municipality; for this study, however, the target population comprised of medicinal plant vendors located in the CBD of Thohoyandou, the committee and the municipal officials for Thohoyandou.

3.8 Sampling techniques

The process of selecting a portion of the population to represent the entire population is known as sampling (Polit and Hungler, 1999:95). Thohoyandou was selected using purposive sampling because of its suitability for the study. The participants were drawn from two categories. For this study, medicinal plant vendors were selected using both purposive and snowballing sampling techniques for the semi structured interview. Thus, the committee was selected based on snowballing. Snowballing sampling is also called “network” sampling (Frey *et al.*, 2000: 133) as it is based on an analogy to a snowball, which begins small, but becomes larger as it revolves on and pick up additional snow (Neuman, 2011). Snowballing method according to MacNealy (1999:157) identifies those rare cases when the population of interest cannot be identified other than by someone who knows that a certain person has necessary experience or characteristics to be included. For this study, the researcher wanted to find other sites in which medicinal plant vendors can be found due to their different vending sites. Hence,

there were some participants who gave information of where other medicinal plant vendors could be found. MacNealy (1999:157) describes this as “one participant leads to another”.

However, it should be noted that snowballing was not the key sampling method. Purposive sampling was used throughout the study because it umbrella both the medicinal plant vendors and the municipal officials. Thus, purposive sampling which is also known as judgment or judgmental, refers to selecting a sample based on the researcher’s own knowledge of the population, its elements and the nature of the research aims (Babbie, 1990:97). According to Frey *et al.* (2000:132), the population chosen in purposive sampling is “non-randomly selected based on a particular characteristic”. Selecting medicinal plant vendors and municipal manager to be interviewed for this study was purposeful because vendors needed the municipal manager to regulate their business. Thus, the medicinal plant vendors understood the process employed when selling and prescribing correct plants to be used and how, regarding creating a livelihood strategy. Hence, Singh and Masuku (2013) hold that individuals or the participants are selected according to the purpose.

A non-probability sampling technique was used in both sampling methods and according to (Babbie, 1990:97), the advantage is that it is a convenient way for researchers to assemble a sample with little or no cost and /or for those research studies that do not require representativeness of the population. Nonetheless, Henry (1990:16) argued that subjective judgements play a specific role in non-probability sampling, thus researchers must be careful not to generalize results based on non-probability sampling to the general population.

The participants were medicinal plant vendors, the committee (treasurer) and the Thulamela municipality street vendors section. In order to provide rich descriptive for the case (Esterberg, 2002: Merriam, 2002), Marshal commends purposive sampling in qualitative research, asserting that people are not equally good at observing, understanding and interpreting their

own and other people's behaviour. "Qualitative researchers recognise that some informants are 'richer' than others and that these people are more likely to provide insight and understanding for the researcher" (Marshall, 1996).

3.9 Data collection procedure

Data is defined by Polit and Hungler (1999:267) as information obtained in a course of a study. Neuman (2011), adds to describe the process of data collection as the empirical evidence or information that the researcher gathers carefully according to rules or established procedures. In this study, the main data collection techniques used were tools like semi-structured interviews and interview-guide with open-ended questions. The primary data sources or what Patton (2002) calls key informants included the medicinal plant vendors, the committee and the municipal officials. He added to say these key informants are particularly people who are knowledgeable about the inquiry setting and articulate about their knowledge, and whose insights can be helpful in assisting an observer in understanding events that have happened and reasons why those events happened (Patton, 2002). The 10 participants were interviewed from 26 July to 10 September 2017. For convenience, 8 of the interviews were held at the participants' selling sites. Then 1 of the interviews took place in the Thulamela municipality offices and 1 took place at the selling site of the treasurer of the committee (THIBA) in Thohoyandou town. All these three encounters were done face to face enabling the flow of questions and allowing the researcher to probe for more information, thus creating an approachable environment.

3.9.1 Semi-structured interview approach

Qualitative research interviewing has been argued to be very important particularly when looking at the meaning in which people give their surrounding and society. Kvale (1996:105) describes interviewing in qualitative research as “studying people’s understanding of the meaning in their lived world. On the other hand, Patton (1987:196) indicated that the reason why people are interviewed in qualitative studies is “to find out from them those things we cannot observe”. It is in this context that Patton (2002), distinguishes between three open-ended approaches which are unstructured informational conversational interview, the standardized open- ended interviews and lastly the interview guide semi-structured approach.

For this research, interview guide approach using semi-structured interviews were helpful because the answer categories of the respondents were not predetermined, and increasingly interview approach makes data collection more systematic and ensures that certain topics and more issues of interest are covered (Patton, 2002). The interview guide developed for this study consisted mainly of questions based on the participants’ opinions and experience in selling medicinal plants and the process of obtaining permits from the municipality which allow them to sell. Sideman (1998:1) states that one interviews because one is interested in other people’s stories. Every word that people use in telling their stories is a microcosm of their consciousness. Semi-structured interviews were used in this study with uniform open- ended questions in order to achieve the research objectives set in chapter one (see appendix A and B on the interview guide). Moreover, by using open-ended questions throughout the interviews, it motivated the participants to freely respond to the questions and openly to queries (Bogdan and Biklen, 2003; Esterberg, 2002; Kvale, 1996), thus the interviewer was free to probe, explore and ask questions flexibly (Patton, 2002). Probing and/or follow-up questions were therefore used, when necessary, to encourage participants to elaborate on or clarify a response (Denzin and

Lincoln, 2000). Interviewing the participant involves description of the experiences, but also involves reflection on the description and it is a technique based on the assumption that individuals can impart a great deal of information about themselves, and that the information given represents the ways in which the respondents experience and make sense of the social world (Mosoetsa, 2005: 41).

To ensure accurate transcription (Merrim, 1998), some of the participants agreed to be audio recorded and photographed. There was one who was keen to provide handwritten notes during the interviews, thus this enabled for points to be further highlighted to other participants. In qualitative research, questions need to be open-ended, neutral, singular and clear (Patton, 2002). Finally, the use of semi-structured interviews in qualitative studies result in what (Merriam, 2002) narrated as thick descriptions of the subject being studied that enable readers to make decisions about transferability of the study results and thus, increase the credibility of the study findings.

3.9.2. Data analysis

Qualitative data analysis is defined as working with the data, organizing them, breaking them into manageable units, coding them, synthesizing them, and searching for patterns (Bogdan and Biklen, 2003). On the other hand, Stake (1995:71) views “analysis” as essentially taking something apart. For this study, it did not only mean understanding the ways medicinal plant vendors use and make sense of selling medicinal plants, but also identifying and defining the patterns that emerged from that meaning making process. In case study research, Yin (2003) discusses the need for searching the data for “patterns” which may explain or identify causal links in the data base. In the process, the researcher concentrates on the whole data first, then

attempts to take it apart and re-constructs it again more meaningfully. Thus, Denzin and Lincoln (2000) argue that there is no single way to accomplish qualitative research, since data analysis is a process of making meaning. It is a creative process, not a mechanical one.

Qualitative analysis is a form of intellectual craftsmanship (Dodge, 2011). According to Strauss and Corbin (1990), a process referred to as “open coding” is commonly employed whereby the researcher identifies and tentatively names the conceptual categories into which the phenomena observed would be grouped. Qualitative method of analysis revolves around describing the characteristics. Thus, data editing was done before the actual analysis. Hence, data analysis is a process of bringing order, structure, and meaning to the mass of collected data (De Vos *et al.*, 2011). For the qualitative data collected through key informants, semi-structured interviews and literature search, matrices were created using content thematic analysis. A manual thematic analysis was used which entails the use of different themes in engaging and evaluating the data. It is useful because it minimally organises data set in detail. However, frequently it goes further than this, and interprets various aspects of the research topic (Braun and Clarke, 2006:79). The interviewed data was transcribed by the researcher and his assistants. All transcripts were read and then reread to identify common words, phrases and perceptions that were coded. These common codes produced patterns, which were categorized accordingly under themes.

3.10. Reliability and Validity of the Study

Reliability and validity in this study were undertaken to safeguard quality and trustworthiness of the research. Although the terms reliability and validity are notions used for testing or evaluating quantitative research, the idea is most regularly used in all categories of research (Golafshani, 2003: 601). Healy and Perry, (2000) proclaim that the quality of a study in each paradigm should be judged by its own standard’s terms. Trustworthiness of the study is by and

largely used in qualitative research method. Lincoln and Guba (1985); Krefting (1991:214), state that trustworthiness involves the following elements, credibility, dependability, conformability and transferability. Trustworthiness is the truth value of a piece of research Holloway, (1997: 161). This implies the extent to which it can be depended upon. In support, Krefting, (1991: 214-219) holds that a research project is trustworthy when it reflects the reality and ideas of the participants. Thus, it depends on the extent to which it delves into the participants' experience apart from their theoretical knowledge (Streubert and Carpenter, 1995:61). Basically, this study is dependent on the participants' experience more than theoretical knowledge. It aims to excavate deeper into how medicinal plants are used as a livelihood strategy by medicinal plant vendors.

3.11. Ethical Considerations

Polit and Hungler, (1999:132-134) put forward that, when humans are used as study participants in a research investigation, care must be exercised that the rights of those individuals are protected. By ethical considerations, Strydom, (1998) defines ethics as a set of moral principles, rules and behavioral expectations accepted about the most correct conduct towards experiments and respondents. Therefore, ethical considerations were observed during the research study. Throughout this research the researcher followed the ethics that govern all research involving human beings. Moreover, this study ensured that respondents are not exposed to any harm. The researcher intends to preserve basic safety concerns by ensuring that the information given by respondents will not compromise any friendship and working relations that exists before the research is conducted.

There are internal (institutional) and external ethical considerations to be followed in order for this study to be a success. At institutional level, the researcher presented the research proposal

at departmental level, which after correction proceeded to present and defend the proposal at school higher degrees' committee. When all correction was done, the researcher submitted the proposal at University higher degrees' committee for approval. Thereafter, the researcher submitted the proposal at the University of Venda Research Ethics Committee which gives permission to conduct the research. This is the standard requirement from the University. The documents and papers that needed to be set were prepared and sent to the Committee's offices after that a certificate of conduct giving the researcher legality to be in the field was issued.

On the other hand, externally the researcher asked permission from the participants to interview them within the given study areas. This also involved going to the potential participants who provide the needed information pertaining to the study. Thus, anonymity was observed during the research process. Confidentiality according to Gregory (2003) is defined as keeping the information of respondents' private and not publishing it without their permission and consent. This was safeguarded by the researcher.

Plagiarism was taken into consideration as this might jeopardize the researcher's work. Plagiarism which is taking other people's work as one's own is an academic misdemeanor and the researcher made sure that any quotations and references that needed to be acknowledged were noted. Moreover, the researcher submitted the study on **Turnitin** to check plagiarism. **Turnitin** is the leading originality checking and plagiarism prevention service used by students, faculty and institutions worldwide.

Above all, the researcher took note of all the above mentioned ethical considerations. Moreover, no amount of force, deceit or lobbying was used to lure participants to participate; rather their consent was sought first.

3.12. Expected Outcomes

It is expected that the findings of the research will be co-authored with the supervisor and published in an accredited SAPSE journal and a conference paper be presented at the next South African Sociological Conference in 2017.

CHAPTER FOUR: FINDINGS AND ANALYSIS OF DATA

4.1 Introduction

This chapter demonstrates the critical role which medicinal plants play in the lives of the vendors selling it in society. In so doing, it analyses the views of the medicinal plant vendors themselves, the municipality officials as well as the Thohoyandou Informal Business Association (THIBA) on the administration of street vendors permit and regulations. All of the interviews were conducted in the Venda language and later translated into English. The researcher chose to look at the medicinal plant vendors present and past experiences in selling traditional medicine to establish the relevance of the informal business in contributing to creation of livelihood strategies in South Africa. The factual realities of living on street trade income, challenges and benefits presented by this trade were discussed by the vendors. Traditional medicine as one of the indigenous knowledge system has much to teach about health care issues and as such the vendors had immense wisdom about them. Most of the respondents perceived unemployment as an almost homogenously negative experience, hence they acknowledged the work they did as street vendors as it established a concrete path in improving their households and indigenous medicine for years to come.

4.2 Data Findings

Eight (8) medicinal plant vendors, 1 key informant from the Thulamela municipality offices responsible for issuing the street vendors permit and 1 key informant from the THIBA Thohoyandou Informal Business Association responsible for all vendors, which made it a total sample size of 10 people were interviewed in the Thohoyandou CBD. The researcher experienced problems in communicating with the interviewees because the interviews were mainly in TshiVenda, as a result, a research assistant fluent in both TshiVenda and English was

called for. During the course of the interviews, the researcher observed that 6 of the respondents were men aged between 40 and older with the exception of only one about 17 years old, while 2 were women also aged 40 and older located in different parts of the town.

Table: Outline of participants socio-background

Respondents	Gender	Age range	No. of years trading
A	Male	40+	4
B	Male	40+	13
C	Male	40+	5
D	Male	40+	7
E	Male	40+	15
F	Male	17	1
G	Female	50-60	16
H	Female	40-50	4

4.2.1 Why get involved in medicinal plant trade?

4.2.1.1 Family unit as an institution of induction.

A spectacular finding from 6 out of 8 respondents is that family was the reason why they were involved in the medicinal plants. Family has been viewed as an important unit in educating about traditional medicine among African families. The respondents in this study gave accounts of who led them to attain the indigenous knowledge in plants, which is now their livelihood strategy. In an interview, respondent A stated that:

“I grew up living with my grandfather, so from a tender age of 7, he would go with me to collect some plants, roots and tree bulks and in the process, I learnt so much about medicinal plants which later became my source of income till today.”

Another Respondent E, a high school student indicated that:

“My father whom you see here is the one teaching me about these plants and when I am on holiday or weekends he takes me to the places where we get the plants. As you can see I am still in the process of learning as there are so many of them.”

The respondents' viewpoint had one similarity in them and that is the dissemination of the indigenous knowledge was within the lineage circle. This implies that there are some families and communities who still value the importance of sharing and passing knowledge from one generation to the other. However, a different view was raised by respondent B as indicated below:

“I knew about ‘muti’ from my uncle back in 1992 when I lost my job in one the shops in Pretoria. That is when he called me here to be his assistant since he was a traditional healer. It

was during this time with him I learnt about all the plants I sell today and after he died I started street vending in medicinal plants since I did not have the calling, only the knowledge.”

For respondent B, his uncle was his teacher and the reason he ended up having another means of source of income. This served to reinforce a sense of ownership of the job that respondent B had lost. Therefore, the family unit has been a means of transference of indigenous knowledge in medicinal plants and has contributed to the adoption of the livelihood strategy chosen by many of the respondents in the study. This corresponds with Hoppers’ (2005) study which states that indigenous people or knowledge holders in turn pass on the body of knowledge to the next generation, in an effort to provide survival strategies. However, for women, traditional medicine is a common practice in South Africa and is geared by many factors which for respondent F was as indicated below:

“I did not want to be dependent on my husband for money and saw it equally fair to help with household income. My mother who was a traditional healer taught me about indigenous medicine, at first I did not want to join her but since I had only ended at grade 7, I then decided to make use of her skills.”

As mentioned above the respondents acknowledge the symbolic part which the family unit played in educating them about indigenous plants which have somewhat become the creation of new profitable informal business helping them in providing for their families. For respondent F, it brought a sense of independence as a woman and in overall the fact that there was an escape route from being unemployed and having this knowledge instigated hope in most of the medicinal plant vendors.

4.2.1.2 Cultural issues

Four of the respondents also felt that medicinal plants represented a culture or tradition meant to be kept alive within the black African communities. As such, being initiated into traditional healing was one way of preserving the indigenous knowledge passed down from generations to generations and thus regarded as highly respecting culture and the ancestors. In this regard respondent C had this to say:

“I was initiated into traditional healing years ago, but when I realized that a few people were coming to my house for traditional plants, I then decided to start selling them on the streets. To me medicinal plants represent our peoples’ ways of doing things, the African black way of treating illness as our ancestors did long before the white man came. They are the symbol of African culture and I am happy to be a part of that history. Traditional healing and medicinal plants are my calling from the ancestors.”

For respondent D, she detailed that,

“I got sick at one point and my husband took me to a traditional healer after trying church healings to no avail. The traditional healer played drums for me, a process called “malombo” to connect with my ancestors and was healed. It was then that I was given a message that I was born to be a traditional healer and in 1994 my husband paid R30000 to the traditional healer to train me and teach me all the lessons I needed to know about medicinal plants. I later realized that selling plants on the streets had better benefits, hence I am still a traditional healer.”

The respondents highlighted the important need to value culture or tradition as it is essential in the making of a being and to them culture is the realization of what it means to belong to a certain community of people and increasingly the sharing of indigenous practices through initiation processes, oral tradition and training. This implies that indigenous medicinal knowledge is also community based, unwritten but preserved in the oral tradition and the

collective memory, and informed by customs, practices, rituals, proverbs and oral stories (Dondolo, 2005: 115; Nel, 2008). In addition, western medicine has been criticized as not being able to cure some of the sicknesses which medicinal plants can. This finding corresponds Mathibela's (2013:8) studies that "patients believe there is lack of knowledge by western medical practitioners in the treatment of culture-bound syndromes, and that there are some ailments that can only be treated by traditional medicine.", hence the importance and need of indigenous plants.

4.3 Medicinal plants as a livelihood strategy

4.3.1 Duration of selling medicinal plants on the streets

Selling medicinal plants has been a livelihood strategy adopted by the respondents for long. As noted earlier, other respondents started as traditional healers, however four of the respondents started street vending in medicinal plants since 1994 in Thohoyandou CBD. In another interview with respondent D, she claimed that:

"I know that I now have almost 26 years of experience in medicinal plants, since I started as a full time traditional healer. However, I started selling the plants as a vendor in 1994 here in Thohoyandou up to now."

For the other respondents, one started in 1996 and the other three started street vending in medicinal plants around 2000 onwards. All the respondents were of the view that selling medicinal plants has been a source of livelihood for them and their families and as such are able to cope with the challenges the business comes with, hence the reason why they had stayed

in the business. This implies that street vending in general is not some time-based phenomena, but is here to stay (Skinner, 2007).

4.3.2 Income of the vendors per day or week

All of the respondents related their trade in medicinal plants as their main source of income. They viewed street vending as valuable and adequately an integral part of their lives. On further probing the vendors, 6 of them were keen enough to share how much income they got per day and others per week, while 2 explained that the income was fair enough to support their families. As such 3 of the respondents stated that they received approximately R150 per day, 2 received R1000-R1500 per week and 1 received R200 per week. Respondent A indicated that:

“Days are not the same, but I can say I usually get R1000-R1500 a week, on a bad week I get R500. On such days, I take my business to Vuwani where I stay with my family and sell there as I am known for this business. The business is highly dependent on you, it is not like the formal sector where you get your pay every month even when you are on a break. Thohoyandou is the center of business, it attracts a lot of people that is why I prefer selling my plants there.”

Respondent B stated that:

“With this business, one can never really know how much you get per week as other days are good and others bad. But I can say I am benefiting since I am able to send my son whom you see here to school and provide the basic needs like food for my family. I can say per day I am able to get around R150 and on the worst, I get R50. You know what, seasons are not the same, but I take care of my family.”

From the responses given above, respondent A and B gave a detailed viewpoint that shows that street vending is a full-time job which plays an important role in their household income. The income is also used to cater for other things such as payment of school fees. Respondent A brought into light a central point that the CBD attracts more people, thus it brings more profit. However, an interesting finding which emerged from the two female participants interviewed was that they had other supplements which helped with household income as indicated by respondent D below:

“I do not only depend on the money I get from selling my plants, my late husband pension also helps around though it is not much compared to what I get from here. What makes me to gain more money is that some of my customers who are white people and Indians tend to buy in bulks most times, so a day I can get R150 onwards and it is enough for my family. Also, there are people from as far as Durban who come to take orders of prepared indigenous medicine in 25litres which are not found in other provinces, so yes I am surviving.”

Whereas respondent F reluctantly replied,

“My daughter in this business you need to be able to work with people, and it also depends on the season for profit. I get close to R200 upwards per week but my family is surviving as you can see I also sell cigarettes, airtime and sweets. The other thing is my son whom I trained as a traditional healer, choose to only write about indigenous plants, their function, instructs patients on treatment and where to find the plants also helps around with household income. Sometimes I go to Pretoria to sell some of the indigenous plants, as I have customers there too.”

The findings of this study indicate that for women, their involvement in the trade constitutes an important livelihood option, as medicinal plants are one of the few low-volume high-value natural resources that can be harvested and generated to harvest rural income (Mander et al, 2000). Moreover, it is common for women to have a helping hand with household income. Also, the trade that is happening between provinces and the sale of traditional medicine in bulk is further indication that street vendors make a living out of it, hence it corresponds Mander (1998: 88) studies that, Bulk purchases (plants in sacks) were either bought from the street traders or directly from gatherers. All the differing views of the respondents show that the performance in sales is largely dependent on the vendors' 'human capital' discussed in the theoretical framework of this study by Scoones (1998). In addition, the medicinal plant vendors resemble indigenous people who possess, practice and protect a total sum of knowledge and skills constitutive of their meaning, belief systems and livelihood constructions (Hoppers, 2005). Hence, the difference between the one working in the formal and informal sector is shown. The informal sector is highly dependent on the individuals' effort, labor and time, one cannot afford to go on a break and still get income at the end of the month like the formal sector. Hence, this implies that street vending is a hand to mouth form of business.

4.3.3. Sustainability of the medicinal plant business

An important finding related to how the medicinal plant business is either beneficiary or not, was the issue of the sustainability of it as a trade and plant issue. The participants in this study believed there is need for different stakeholders to invest in medicinal plant business to decrease the chances of the scarcity of other plants and extinction of indigenous knowledge in traditional medicine, thereby ensuring the sustainability of both the plants and the business. Some statements to that effect were follows:

Respondent B,

“To me the issue of how the business can more beneficial comes down to the point of sustainability of the medicinal plant. For the plant to be manageable and profitable all the time, business stakeholders should invest in us as indigenous medicinal plant holders of this knowledge and believe me this street vending business in medicinal plants is giving some of us a source of income.”

Respondent E indicated that:

“It is not enough for one to just do business without gauging the sustainability of it. In my case, I feel like medicinal plants need to be handled with care, even the places where we harvest these plants from must be managed in such a way that only people from here us, the medicinal plant vendors can harvest not any other people. Truly these plants have managed to sustain me and my family for long, that should be reason enough to see that they are creating employment for African indigenous knowledge holders, I and my family value our ancestors’ way of doing things and intend to pass on the knowledge in the modern world even if it means using it in street vending as a livelihood strategy.”

The respondents associated the sustainability of the medicinal plant trade with a high turnover of lack of investment from different stakeholders, as well as mismanagement of the harvesting places. Notably, the need for indigenous knowledge to be recognized as important and protected was particularly the underlying issue to have a more profitable medicinal plant trade.

4.3.3.1 Harvesting sites of medicinal plants

All the respondents were reluctant to disclose their harvesting sites as they felt that it should be kept sacred and confidential. Most of them explained that they collected their medicinal plants in the bushes and mountains that are close to Makhado area.

4.3.4. A summary of medicinal plants sold by vendors

Table 4.2 below shows the different types of medicinal plants being sold by the vendors in Thohoyandou CBD. The respondents were able to give the names of plants in their indigenous language 'TshiVenda'.

Table 4.2 Different types of medicinal plants being sold by the vendors in Thohoyandou CBD.

Types of plants sold (Venda names)	What some of the plants are used for (both for treatment and spiritual purposes)
Gumululo	To protect a male penis generally from any sickness.
Mukuvhazwivhi	It is for cleansing the male penis from all bad lucks of any male who has had sexual intercourse with a female who recently aborted a child.
Phila, muringa	Helps to prevent flu
Matshimba pfure	Used to help or treat a baby who cries a lot.
Muobadali	To protect a household when lightning strikes, it will not hit that house.

Mupesu (Murumbulashedo, muthatha-vhana, mukongombidi, musunzi, mukundondou	All these medicinal plants are used for male's, they mix these with "mabunda=magea" to increase male sexual performance when having intercourse.
Munungu, Mulanga	It helps to treat mouth sores.
	Other spiritual purpose of medicinal plants
Buseve	Used in court or to have dignity at work.
Mabophe	This one is used to tie up someone
Malambakupitwa	Used to change a persons' mind who vows to fight you to suddenly like you.
Malelu	This plant helps one to run faster, used mostly by soccer players.
Mubatapani	It is a tree for luck, you wash yourself with it, and the seeds you chew to be respected.
Mupeta	Helps in preparing nice traditional beer good for the body to function well.
Murumelela	Used to send back a person from faraway who has forgotten about home to come back.
Mutapatila	This type helps to protect your house.

Mutivhatsindi	Helps to protect your family.
Tshipfure	Used in cows so that they will not get lost when they go out.
Vhulivhadza	This type of tree medicine helps to make someone forget for example if you owe someone money, that person forgets.
Makuya, Mulima, Muumoni, Nthabalala, Thothololo	Other given medicinal plants found

4.3.5 Types of illness treated

All the respondents had immense knowledge of which plants to give to patients when they come with certain illness. The female participants were keen to share which kind of illness they treated more, whilst the men seemed to have basic responses. Respondent D elaborated that: “I usually concentrate on barren women, stomach pains, sexual boosters for both male and female. Most people come with problems and as such I always prepare the ‘muti’ ahead.”

Respondent F elaborated that:

“I normally deal with women who want to do abortion, I clean their womb, treat period pains, bone joints, clean after funerals and sexual boosters. That’s the reason I even go to Pretoria.”

For respondent A:

“The one medicinal plant which I sell and always make profit from is ‘mupesu’ which helps in boosting sexual performance. As a medicinal plant vendor, one must always know what gives more profit and stock more of it like I do with this one.”

The different types of medicinal plants sold and illnesses treated by the respondents is an indication that the trade is by far and large a survival strategy for some unemployed and most importantly indigenous knowledge holders in society. Thus, traditional medicines are demanded depending on the ailment (Mander et. al., 2006: 191). In addition, the respondents showed how significant their jobs are in the health sector, thus the need for investors.

4.3.6 Different types of medicinal plants sold by street vendors

Most of the medicinal plant vendors sell the same traditional medicine for example mupesu, muringa, makuya, etc. Of the 8 interviews conducted, traditional medicine was sold either in bottles or plastic bags and some different kinds of medicinal plants. The pictures below illustrate the results. Different kinds of medicinal plants sold by different vendors.



Figure 4.1 Medicinal plant vendor A

Source: Fieldwork. July-August 2017



Figure 4.2 Medicinal plant vendor B

Source: Fieldwork. July-August 2017



Figure 4.3 Medicinal plant vendor C

Source: Fieldwork. July-August 2017

4.3.7 Quality of the medicinal plants

Around half the respondents asserted that quality of plants influences customers' satisfaction. To them providing fresh and well prepared medicinal plants enhances quality and to some degree result in satisfaction and productivity of the trade. Respondent F elaborated that:

“Every Saturday I make sure I change my medicinal plants, that way I know how much to get from the forest. I usually like to sell good ‘muti’ to my clients. I regularly sell medicinal plants that are packaged in bottles for patients to drink.”

Respondent B,

“It depends with the sale of the plants that week, sometimes I change my medicinal plants 2 to 3 weeks. As you can see some of the plants are packaged in plastic bags, some need to be sold dry so put them in the open and others in bottles to drink. One thing you must always do is to make sure they do not overstay, otherwise they will lose that strong healing value.”

The respondents appeared to show that while they are embracing quality as their driving force to enhancing business, at the same time, they want to guard their labor and time they spend harvesting plants. All the respondents agreed that quality came with product packaging since the medicinal plant business focused on a very important issue, the health of a person. However, studies by Mander et. al (2006), show that traditional health shops have emerged in downtown locations, and they are patronized predominantly by low income group Black African consumers. Fig 1 below shows how most of the vendors packaged their medicinal plants.



Figure 4.4 Displayed medicinal plants

Source: Fieldwork. July-August 2017

4.3.8 Other findings

Six of the respondents pointed out that they stayed far from their vending sites, therefore they had to use public transport like buses or taxis to and from home every day. Some of the places of residence mentioned were Vuwani and Tshimbupfe Davhana, which amounted to R12-R17 one trip. Only 2 of the respondents had private cars which helped with transport costs. In addition, the respondents who used public transport narrated that they leave their goods in a storeroom which they pay R50 for. These findings imply that there is a lot to be considered in street vending and the income which they derive from the sale of medicinal plants.

4.4 Challenges encountered by medicinal plant vendors

The medicinal plant vendors raised several challenges and were very happy to discuss them. The challenges mentioned by the respondents were summarized as follows:

- The street vendors' permit fee is too much for them.
- The vendors and their medicinal plants are exposed to the weather for example during rainy and windy days it is difficult to work.
- There is no market upgrade in terms of enough public toilets, proper tables and shelter to render their services from.
- There is need for their own market place to be able to examine their patients especially those with STI's.
- There is high competition due to limited space within the CBD.
- No financial help from the municipality and government to help boost their business.
- There is no provision of training for indigenous medicinal plant vendors business skills.
- There is a lack of enough storerooms to store their medicinal plants after work.
- There is a lack of safety and security.
- Stigmatization from other people in society who do not understand the potency of medicinal plants.

4.4.1 Coping strategies

The medicinal plant vendors mentioned a few coping strategies which they have adopted along the course of their street vending in medicinal plants;

- For shelter they use pavements, plastic shades, plastic tents (see Fig. 4).
- Put their medicinal plants inside plastic bags and bottles they pick and thoroughly wash.
- As for the toilets, they just use the available dysfunctional ones.

4.5 Role of the Thulamela Municipality in assisting medicinal plant vendors and other street vendors

4.5.1 Provision of permits

All respondents only mentioned that the Thulamela municipality assist with the provision of legal permits which allow them to sell without fear of their goods being taken away by the police or anyone. In addition, all the respondents explained that they have the legal street vendors' permit, which they acquire from the Thulamela municipality.

4.6 Recommendations from medicinal plant vendors to the municipality

All respondents made the following recommendations to the municipality:

- Provision of better shelter;
- Financial assistance to boost their business;
- creation of programmes to teach communities about medicinal plant use; and
- Construction of medicinal plant selling market and preferably built within the CBD.

4.7 Thulamela municipality street vendors department

4.7.1 Assistance by the street vendor permit section

The researcher was assisted by one of the officials working in the street vendor permit section. It was difficult getting an interview with the supervisors and only one person was interviewed. From the interview, the respondent indicated that her job was capturing and passing of street vendors permit. The researcher was also made aware of a committee existing in Thohoyandou

for all the vendors known as (THIBA) Thohoyandou Hawkers and Informal Business Association. Moreover, the key informant cited the following additional details on acquiring a street vendor permit;

- The applicant must bring a letter of confirmation from the committee (THIBA).
- The applicant must then fill up an application letter from the committee showing his or her personal details.
- Pay a fee of R278 per year (applicable to all vendors).
- The renewal fee is R120 and failure to pay results in a penalty fee of R500.
- The office then captures and passes the street vendor permit within 4 working days.

4.7.2 Officials about street vendors

The interviewed respondent viewed street vendors as people who come from different disadvantaged backgrounds. In her view, they either had low levels of qualifications, are old, unemployed and others just prefer to be self-employed. She further highlighted that most vendors do not occupy the space given to them, hence one of the challenge they have as the Thulamela municipality officials.

4.8 Thohoyandou Hawkers and Informal Business Association

4.8.1 The committee of street vendors

The treasurer of the Thohoyandou Hawkers and Informal Business Association was interviewed. He is an elderly person aged over 45 years who has been a street vendor in Thohoyandou since 1998 and he sells tomatoes. He was of much help as he shared most of the

information pertaining to street vendors, including where the researcher could find other medicinal plant vendors. When asked about the process involved to acquire a street vendor permit, the respondent detailed the following steps to follow;

- Applicant must be a Thulamela resident
- Get an application letter showing why the applicant is interested in vending, this letter is to be confirmed by the Chief or Headsman
- The ward counsellor will then recommend the letter
- The letter must contain personal details, types of things the applicant wants to sell
- Bring the letter recommended by the ward counsellor to the committee
- The treasurer will then confirm if there is space or if applicant had found space if it was available or not
- A fee of R100 is then paid to the Treasurer for acceptance of Application if space is allocated
- A R20 renewal fee is paid to secure space
- The applicant then takes the confirmation letter from the committee to Thulamela municipality street vendor permit section and pays R278 and waits for 4 days to be given the permit, only then he or she can start to sell.

4.8.2 Responsibilities of the committee

The treasurer indicated that the committee was basically responsible for looking after all the street vendors in Thohoyandou town. Some of the duties included allocation of space and monitoring it, making sure that no vendors are allocated in front of supermarkets, parking lots and private buildings, being the peacemakers between vendors, taking complaints of the

vendors to the municipality and making sure vendors understand that there can trade from 6am to 6pm only.

4.8.3 Challenges encountered by the committee in assisting vendors

Most of the challenges mentioned by the organisation was a direct result of the failure of the municipality to manage the town. The committee complained that the town is not manageable like before as there are more illegal vendors occupying spaces not demarcated to them making the town dirty. He further highlighted that most of these illegal vendors are foreigners from neighbouring countries and most especially Indians who are not residents of Thulamela and as such are selling without permits. Moreover, the municipality was blamed for not being able to monitor the issue of permits which is causing space problems for the legal vendors. In addition, the issue of public toilets was a problem as they were only a few of them in town and it was for both workers and pedestrians. Furthermore, some vendors were causing problems for others as one selling food can find a hairdresser next to her space the next day, which is very unhygienic. Also with some vendors they did not remove their shuttles or plastic shades after work which is causing inconveniences for the cleaners of the town. Additionally, the committee criticised the municipality for not providing services like shelters or tents for street vendors, hence denying help from private companies who wanted to help the vendors for example Coca-Cola company wanted to give all the vendors selling food coolers to store their drinks, but the municipality refused.

4.8.4 Recommendations from the committee

A few recommendations were given as to how the municipality can help the street vendors.

The following suggestions were cited;

- The municipality must build more public toilets for the town
- The municipality should provide better shelter or tents for the street vendors
- The municipality must monitor the issue of permits, and have serious fines for those who are vending illegal
- There should be some criteria which allows vendors to be given space according to what they are selling for example food section alone, hairdressers alone and medicinal plant vendors alone.
- The municipality must have strong management which monitors the vendors frequently
- The municipality should consider building one big market for vendors specifically to avoid contaminating the town
- The municipality should consider bringing investors as well as allow private companies to render their services to the vendors.

4.9 Conclusion

In this chapter, data analysis was presented and findings discussed of the various medicinal plants being sold by the street vendors at Thohoyandou CBD. The street vendors prefer to sell their plants in the CBD, as it is seen as a hub of many people coming to town each day from different neighboring rural areas, thus an advantage for the trade. Findings show that the majority of the indigenous medicinal knowledge holders have adopted street vending as their livelihood strategy for more than 23 years (since 1994), thus a source of employment. In order to add to their income levels, some medicinal plant vendors diversify their trading to other

places such as Pretoria, Durban and Vuwani when their location is not selling or performing well. The medicinal plant vendors consider their trade as significant and the core of their livelihood activity, though the women interviewed showed that they have other sources of household income like pension and other members of the family adding to the income. Different types of medicinal plants are traded at Thohoyandou CBD for example mupesu, muringa, mulelu etc. The study also found out that more men than women are involved in selling medicinal plants. Moreover, the study shows that the livelihood activity of the medicinal plant vendors is dominant to their daily lives and caters for their basic needs which also include services such as school fees for children. In addition, the role of the municipality and committee (THIBA) was identified as significant in the management and controlling of vendors. However, a number of challenges were presented by vendors and the committee which needed much of the municipality involvement.

CHAPTER FIVE: RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

This research aimed at investigating the utilisation of indigenous knowledge by medicinal plant vendors and how this knowledge influences their livelihood strategy. This is being carried out at a time when the issue of indigenous knowledge systems is being gradually integrated into the education sector of South Africa through different measures and is becoming one of the major funded knowledge systems in research. A good example is NRF (National Research Fund), which has included indigenous knowledge systems as part of their main program to fund. The research tries to come up with the findings and highlight areas of concern where there is a need for different stakeholders like the private sector, government and the indigenous knowledge holders to work together to improve the livelihood strategies of the medicinal plant vendors and more importantly the sustainability of the plants that create a source of income for the sellers and their families.

Chapter one introduced the background of the study, problem statement, aims and objectives as well as a general overview of the research study. Thus, chapter two followed by discussing the literature review guiding this study and different themes emerged from various authors in relation to street vending. The chapter also focused on the terms surrounding indigenous knowledge systems and regulations of street vendors by other municipalities. The sustainable livelihoods framework guiding this study was overviewed too. Furthermore, chapter three paid attention to the research methodology adopted by this study as well as the study area. In chapter four, the data collected was presented using thematic analysis and some pictures taken illustrated the vendors trade. Chapter five therefore aims to highlight the summary of the

findings and conclusion looking at the given objectives in chapter one and come up with recommendations on the matter.

5.2. Research Findings

5.2.1 Use of indigenous knowledge by medicinal plant vendors

The study therefore found that the trade in medicinal plants is rather an important livelihood strategy for both urban men and women in Thohoyandou, and increasingly is the major contributor to household incomes as it allows them to provide the basics for their families as well as facilitate access to basic services such as education for their children. The literature of this study indicates that, “traditional medicinal plants and products in South Africa are generating at least 133 000 income earning opportunities and for those involved it is a major contributor to rural and urban household incomes (Mander et al., 2007:194-195). This shows that medicinal plants can create livelihood strategies for indigenous medicinal plant vendors and holders.

Several focal points emerged. These are the accessibility of the medicinal plants and dependability of the trade in traditional medicine by the street vendors in Thohoyandou. Customer satisfaction, seasons of the month, packaging of the plants and human capital forms the drive of the findings of this study. The traditional medicine trade was seen to be driven by a well-organized and passionate indigenous knowledge holders and vendors being able to sell greater part of medicinal plants currently required for the trade on a day to day basis. This is supported by the literature in the theoretical framework of this study by Twigg and Bhatt (1998) who state that financial capital is chiefly derived by income from the sale of labor and this is often one of the most important assets for the poor and one which they tend to prioritize. In

fact, the trade is done in the different streets and pavements within the CBD of Thohoyandou and yet the consumption of indigenous plants is more dependent on the consumers. Medicinal plant vending in Thohoyandou is therefore built on strong values that are driven by building a culture of consistence, continuity of tradition and an important livelihood activity.

The study further unearthed that better working conditions, such as market upgrade, promoting medicinal plants visibility among surrounding communities, motive to educate and continue the use of medicinal plants in the black African society were some of the beliefs fostering continuous improvement in the traditional medicine trade that appeared missing in Thohoyandou area in order to improve the status of the medicinal plant vendors. However, improved product packaging using plastic bags, bottles and provision of fresh quality plants is currently being met on a notable scale by the medicinal plant vendors in Thohoyandou.

5.2.2 Challenges encountered by medicinal plant vendors

The second objective looked at the challenges being faced by the medicinal plant vendors in relation to using indigenous knowledge as a livelihood strategy. The study found that the medicinal plant business was to some extent profitable, created employment for most IK holders and was a major contributor to most household incomes for the vendors. However, challenges were unearthed and this included stigmatization which is because of the misperceptions about the use and sale of those involved in medicinal plant business. Permit fee was also said to be high and causing a friction between the legal and illegal vendors. Very high competition, no training in terms of market skills, inaccessibility of enough public toilets in the town, a market of their own as well as better shelters for the vendors were said to be some of the concerns of most the medicinal plant vendors using IK as a livelihood strategy in Thohoyandou. Thus, the municipality was seen as failing to integrate and support the traditional

medicine enterprise, failing to upgrade and advance the medicinal plant vendors through market upgrade, heightening interactivity with some local business, private sector, government and promoting collaborative working relationships with all these key stakeholders. Although there seems to be stakeholders undertaking research and development in some universities like University of Venda, very little private and public-sector investment seems to be supporting or developing the medicinal plant trade and its role players, the medicinal plant vendors.

Increasingly, if the medicinal plant holders are rebuffed from using their indigenous knowledge to create a livelihood strategy for themselves, it does not only mean the loss of means to earn a living but also the failure of key stakeholders to uphold indigenous knowledge system in medicinal plants at high degree. Their continuity of tradition through the sale of their Indigenous Knowledge in medicinal plants is what makes a difference in sustaining their livelihoods and security of their families.

It is much important to understand that a society's foundation is a group of people living in a community and sharing same beliefs, norms and culture together. The research has also revealed that for most of the medicinal plant vendors, family units and cultural issues like initiation into traditional healing played a vital role in educating and enlightening them about medicinal plants. The literature of this study indicates that people trading mainly in indigenous medicinal plants are reported to be local traditional healers (Tshisikhawe, 2002). This is true for some of the respondents interviewed who are traditional healers but have taken to the streets for better income. Moreover, the research also revealed that medicinal plant vending was conducted in an area where six (6) respondents are predominantly black men and only two (2) black women. This justifies the literature of this study that in places such as Limpopo and Mpumalanga, studies recorded men as dominating the informal medicinal plant trade (Botha, 2001). This shows that vending is not only for women but also for men. Black Africans are

rooted in a cultural nation which encourages the men to be the breadwinner providing for his family. This male dominance in medicinal plant vending symbolizes the effectiveness of medicinal plants to create a livelihood strategy which can sustain and provide for medicinal plant vendors and holders' families. On the other hand, medicinal plant vendors in general are an indigenous knowledge holders' faction using this knowledge to pursue survival strategies through street vending.

5.2.3 Role played by the municipality and street vendors committee (THIBA)

The third objective was aimed at looking at the role of the municipality in assisting the medicinal plant holders using IK to survive. The findings revealed that the municipality assisted with the provision of a street vendor permit which is acquired after going through the committee of the vendors which is working hand in hand with the municipality. This paved way for objective four which focused on the role and challenges met by the street vendors committee (THIBA) which seemed to be the go between of the vendors and municipality. The (THIBA) can be viewed as an important branch by every street vendor as it looks at issues that affect and effect street vendors in Thohoyandou. This collaboration has resulted in the municipality depending more on the committee to solve most of the conflicts which may result between vendors. However, the municipality has been seen to neglect some of its duties which include monitoring the vendors, permits and space allocation, thus making the town not to be manageable. The argument is that the existence of various vendors selling different items and the use of indigenous knowledge systems to empower and create a livelihood activity for the medicinal plant vendors is currently one of the issues that need support from different stakeholders than on simply presenting the informalities of the trade and hoping the vendors would abandon their indigenous business.

5.3. Recommendations

From the research conducted and the findings highlighted in this chapter, the researcher summarized the following recommendations:

- A need for the municipality to fully participate and integrate medicinal plant vendors in the development of their business.

Indigenous knowledge holders such as medicinal plant vendors should be assisted and encouraged by local municipalities to fully develop their indigenous businesses through forming vibrant associations that will help pioneer or champion the by-products which they sell for a living. This will help empower the relationship between the vendors and the municipality in creation of jobs for IKS holders, thus advocate for their welfare.

- A need to develop the policy that would directly tackle the problem of the marginalization of medicinal plant vendors from the core of profitable business.

The government and all appropriate sectors should develop policies directed to uplift and recognize the Indigenous knowledge holders in the country. It has been noted in the findings that the dissemination of Indigenous Knowledge by medicinal plant vendors is not open for all members. The need to socially and financially provide support by issuing out allowances and loans to Indigenous knowledge holders of medicinal plants is viewed as a necessity in this study. The study revealed that most medicinal plant vendors would like to expand their business and trade directly with other provinces.

- A full representation of the municipality support to reduce the permit fee to considerable amounts.

This has been regarded as problematic since most of the street vendors have been forcefully expected to pay rather high permit fee from their vending business. It is suggested that street vendors should have a voice in some of the municipal by-laws to ensure a more effective working condition. Thus, it is recommended that the municipality must efficiently enforce its by-laws in order to regulate and ensure that the rules and regulations are conformed to by the street vendors. This has been noted by the findings of the study which clearly surfaced that due to high permit fees, some vendors now illegally occupy some of the spots and this has contributed to the dirt and mismanagement of the town. It is also recommended that the local municipalities as well as the government consider introducing the administration of a license which specifies the conditions under which medicinal plant vendors as well as other vendors can operate.

- A compulsory need for creation of programs that would offer guidance to local or small medicinal plant vending business on competitiveness and governance and what role they can play to contribute to its development.

The findings noted that there is very little or no programs created for medicinal plant vending business in Thohoyandou. Authorities such as the municipality, private and other business sectors should provide education for both non-formal and formal medicinal street vendors on traditional medicine. Training in different areas such as

vocational skills as well as technical skills should be provided for them in order to improve not only their small, local businesses but also their livelihoods.

- A policy that would assist in the monitoring of the situation whereby the municipality operators must be directly involved in the development of indigenous vending or business through investing in services such as market upgrade and other developmental initiatives.

Government and local municipalities should be involved in indigenous businesses such as medicinal plant services rather than leaving the work to Indigenous knowledge holders who may have little access to some practices in areas they operate. Proper and affordable shelters to sell their products from should be provided to medicinal plant vendors and other street vendors. It is suggested that market upgrade would address the dirt, chaos, traffic and human congestion within the Thohoyandou CBD.

- A need for the government to invest into any indigenous knowledge systems so that they create jobs for those who hold the indigenous knowledge.

It is suggested that this will retain and preserve the culture which has been passed down from generations to generations through oral tradition and also reduce the number of unemployed indigenous knowledge holders in medicinal plants. It is with these recommendations that the researcher sees as the probable developmental strategies for indigenous knowledge used by medicinal plant vendors in sustaining their livelihood strategies.

5.4 Conclusion

There can be little argument that the use of medicinal plants continues to create and construct a livelihood strategy for the indigenous knowledge holders like some vendors. However, it is clear from the findings that the livelihoods of the vendors have not improved especially considering the years (23years) most of them have been selling medicinal plants in Thohoyandou CBD and still are only able to provide basic needs like food and not growing as an industry. Moreover, the fact that most of the vendors stay far from their vending sites, thereby using public transport like buses which cost almost R15-17 everyday denotes that street vending in medicinal plants can provide employment for indigenous knowledge holders but there is a need for the key stakeholders to support, provide services and invest in it. The purposively sampled participants in this study generated rich information and some valuable insights despite the limitations of the methodology. Nevertheless, other findings lend credence to the study's position that there is a need to rethink conditions promoting continuous livelihood activities created by medicinal plant holders such as those who have the knowledge of plants, as the conditions in Thohoyandou under study appeared to be. The study thus argues that the use of IK to develop and continuously create employment for the vendors, is seen as perpetually beneficiary and considered as one of the systems with potential regards to contributing to creation of employment as well as economic development. In addition, there is a need for the special knowledge and skill which require people with a certain level of understanding as well as edification of indigenous mechanisms. Fostering continuous sale of medicinal plants by the vendors could lead to sharing and redeeming an almost dissolving indigenous knowledge system and creating an understanding of what medicinal plants are and the use of them in curing some illnesses, hence clearing the misconceptions of it.

This study was primarily concerned to attempt to find the issues surrounding the use of indigenous knowledge by medicinal plant vendors as a livelihood strategy. However, the

research findings revealed that medicinal plant vendors alone are not able to take their business higher, as a result are only able to provide the basic needs to sustain their households, their work is from hand to mouth. This leaves the municipality, the committee as well as policy makers to evaluate the existing framework in relation to the issue of recognizing the informal sector as a representation of not only unconstitutional sellers but of a people trying to construct a livelihood based on what they have, own and are able to do, especially the indigenous knowledge holders. After identifying areas of poor performance from the informal sector, then come up with strategies and new measures with a specific focus of what is happening on the ground and how to invest in a manner that will promote productivity and profit-oriented growth of this trade. By evaluation, new measures will have to deal with the insurmountable challenges and friction between the formal and informal sector, planning and upgrading the market for a conducive environment for the vendor.

To get private sector and local businesses involved in the core of medicinal plants business, there is a need for understanding the requests of the medicinal plant vendors, what the knowledge represents to them and a level of formal representation as street vending in deemed informal, unstructured and not well documented for the global phenomena.

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APPENDICES

Appendix 1: Interview Schedule for medicinal plant vendors

1. How did you become involved in medicinal plants?

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2. How has your knowledge in medicinal plants benefited or improved your way of living?

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3. Which kind of medicinal plants do you concentrate on and why?

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4. What challenges do you encounter in using medicinal indigenous knowledge as a livelihood strategy in Thohoyandou?

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5. What are the coping strategies that you use to overcome these challenges?

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6. What role does the Thulamela Municipality play in assisting you in using medicinal indigenous knowledge as a livelihood strategy?

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7. How best do you think you can be assisted by the Thulamela municipality in using indigenous knowledge in medicinal plants as a livelihood strategy?

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Thank you for your participation.

Appendix 2: Interview schedule for municipal office (street vendor section)

1. What is your opinion on street vendors in general?

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2. What role do you play in assisting medicinal plant vendors and other street vendors in Thohoyandou?

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3. What challenges do you encounter and how do you do deal with them in assisting street vendors in Thohoyandou?

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Thank you for your participation.

Appendix 3: Interview schedule for Thohoyandou Hawkers and Informal Business Association (THIBA committee of vendors)

1. What role do you play in assisting street vendors in Thohoyandou?

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2. What is the process involved for one to be a street vendor and acquire a permit in Thulamela municipality?

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3. What challenges has the committee of THIBA encountered in Thohoyandou?

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4. What possible strategies would you recommend for the Thulamela municipality in order to improve street vending in Thohoyandou?

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Thank you for your participation.



Appendix 4: Informed Consent

School of Human and Social Sciences

Department of African Studies- Indigenous Knowledge System

Date: 22 September 2017

Dear Municipal office

My name is Mhlanga Sibusisiwe, a research student at the University of Venda who is currently registered for a Master's degree in Indigenous Knowledge System in the Department of African Studies, under the School of Human and Social Sciences. I am conducting a research on the utilisation of indigenous knowledge by medicinal plant vendors as a livelihood strategy in Thohoyandou at Thulamela municipality under the District of Vhembe in Limpopo, South Africa. I am requesting for permission to conduct research in the District Municipality. Your approval in this regard will be highly appreciated.

RESEARCH INFORMATION

Principal researcher: Mhlanga Sibusisiwe

Supervisor : Dr. P. E. Matshidze

Co-supervisor : Dr. E. Cebekhulu

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Appendix 5: Letter of Information

School of Human and Social Sciences

Department of African Studies

Date: 22 September 2017

Dear participant

LETTER OF INFORMATION

Title of the Research Study: An Investigation into the utilisation of indigenous knowledge by medicinal vendors as a livelihood strategy in the Thohoyandou at Vhembe District in Limpopo, South Africa.

Principal researcher: Sibusisiwe Mhlanga

Co-Investigator/s/supervisor/s: Dr P. E. Matshidze and Dr E. Cebekhulu

Brief Introduction and Purpose of the Study: The key focus of the enquiry is to investigate how medicinal plant vendors utilise their indigenous medicinal knowledge as a livelihood strategy in Thohoyandou. The study objectives revolve around establishing the extent to which medicinal plant vendors use their indigenous knowledge as a livelihood strategy in Thohoyandou; identifying the challenges encountered by medicinal plant vendors in using indigenous knowledge as a livelihood strategy in Thohoyandou; understanding the role played by the Thulamela Municipality in assisting medicinal plant vendors and other street vendors in

Thohoyandou; understanding the role played by the committee (THIBA) in assisting street vendors in Thohoyandou; and recommending possible strategies that can help medicinal plant vendors to best use their indigenous knowledge in improving their livelihood.

Student: Sibusisiwe Mhlanga

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Appendix 6: Informed Consent

School of Human and Social Sciences

Department of African Studies- Indigenous Knowledge System

Date: 22 September 2017

Dear participant

My name is Mhlanga Sibusisiwe, a research student at the University of Venda who is currently registered for a Master's degree in Indigenous Knowledge System in the Department of African Studies, under the School of Human and Social Sciences. I am conducting a research on the utilisation of indigenous knowledge in medicinal plants by medicinal plant vendors as a livelihood strategy in Thohoyandou at the District Vhembe. I am requesting for your participation in this study. Any information you provide will be very helpful to the study and will be treated as confidential. Please note that your participation in this study is strictly voluntary, which therefore implies that you can choose to pull out for any reason personal to you.

RESEARCH INFORMATION

Principal researcher: Mhlanga Sibusisiwe

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Signature of Researcher _____ Date _____

I..... have read and understood the contents of this invitation to participate in this study. I hereby confirm my voluntary consent to participate in the study.

Respondent signature _____ Date _____