An Examination of the Role of Traditional Medicine in Primary Health Care in Bushbuckridge Region, Mpumalanga Province, South Africa.

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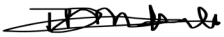
Declaration

I, **Mdhluli Tsetselelane Decide**, declare that this research thesis is my original work and has not been submitted at any other university or institution. The thesis does not contain other persons' writing unless specifically acknowledged and referenced accordingly.

Signed (Student):  Date: 15/08/2022

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Dedication

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Abstract

The historical stigmatization and demonization of African traditional practices, including traditional medicine, is well explored in scholarly discourse. However, the renaissance of scholarly de-colonial and Afro-centric research frameworks re-awakens the need to generate knowledge systems and analytical lenses that pragmatically and sustainably address global challenges using contextually relevant resources that have been maligned for centuries due to colonialism. The 21st Century presents opportunities and challenges that call for a re-think on the role of indigenous knowledge systems in holistically contributing towards primary health care.

In the South African context, quality primary health care is inaccessible to the larger populace that is mainly domiciled in rural contexts, due to challenges such as long distances to primary health care centres, shortages of medicines, inadequate health equipment, insufficient drugs and poor health infrastructure caused by the legacy of apartheid, and ineffective policy systems in post-apartheid political administrations. Traditional medicine, which is reportedly used by more than 70% of the population, can provide pertinent solutions to the current rural primary health care system dilemmas in rural settings. However, there are scant scholarly and contextually relevant frameworks which are points of reference in terms of being orientated towards harnessing and optimizing the role of traditional medicine in primary health care in rural settings. The aim of the study was to examine the role of traditional medicine in primary health care in Allandale, Bushbuckridge, and develop a framework for systematically optimizing the role and usage of traditional medicine in primary health care.

To achieve the aim, the study's specific objectives entailed examining perceptions on the inclusion of traditional medicine in primary health care, exploring the types and characteristics of traditional medicine, determining the primary health care imperatives of traditional medicine, exploring factors influencing the uptake of traditional medicine in primary health care, and establishing the challenges associated with the adoption of primary health care in traditional medicine. The study adopted Afro-centric and ethno-medical approaches as theoretical frameworks. Framed within the qualitative research

method, the study adopted an explorative qualitative design using semi-structured interviews to generate data. The study's participants consisted of traditional health practitioners, traditional leaders, selected community members and medical doctors who operate in hospitals using allopathic modern medicine.

The study findings reveal that traditional medicine deserves a more prominent role in primary health care as it carries advantages such as affordability, ease of access, socio-cultural relevance, spiritual significance, and a holistic approach and potency which could address some of the key challenges facing the primary health care system in South Africa. Responses from the participants unearthed expectations, concerns, commendations, possibilities and impediments which should all be factored in to place traditional medicine on a sustainable trajectory and distinguished status in primary health care and not as an appendage of Western traditional medicine. The study's main contribution is in developing a systems-oriented framework consisting of contextual factors and inputs required for traditional medicine in primary health care. The proposed framework also consists of key activities that determine the optimum usage of traditional medicine in primary health care, strategic primary health care outcomes that result from using traditional medicine, and the potential impact that traditional medicine has in broader society. The envisaged application of the framework involves the development of traditional medicine health centers or ecosystems in villages, with each consisting of a variety of traditional medicine practitioners with various skill sets operating within a self-contained referral unit.

Key words:

Primary Health Care, Traditional Medicine, Western Medicine, Traditional Heath Practitioners, Indigenous Knowledge Systems.

Abbreviations

AEPS	=	Arctic Environmental Protection Strategy
AIDS	=	Acquired Immune Deficiency Syndrome
ARIPO	=	African Regional Intellectual Property
ATM	=	African Traditional Medicine
ATR	=	African Traditional Religion
CBD	=	Convention on Biological Diversity
CESCR	=	Committee on Economic, Social and Cultural Rights
COVID	=	Coronavirus Disease
GDP	=	Gross Domestic Products
HIV	=	Human Immunodeficiency Virus
IK	=	Indigenous Knowledge
IKS	=	Indigenous Knowledge System
KH	=	Knowledge Holders
MRC	=	Medical Research Council
NGO	=	Non-Governmental Organization
OAPI	=	Organization Africaine de la Propriete Intellectuelle
OAUML	=	Organization of African Union Model Law
PHC	=	Primary Health Care
PPTCT	=	Prevention of Parent to Child Transmission
STI	=	Sexually Transmitted Infections

TAM	=	Traditional African Medicine
TCM	=	Traditional Chinese Medicine
THP	=	Traditional Health Practitioner
TM	=	Traditional Medicine
TRAMED	=	African Traditional Medicine
UN	=	United Nations
WHO	=	World Health Organisation
WIPO	=	World Intellectual Property Organization
WSM	=	Western Medicine

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity."

(World Health Organisation, 2012:4)

1.1 Orientation and Background of the Study

The proliferation of present-day health challenges amid the constant threat of deadly pandemics, falling life expectancies and the drug resistance posed by diseases to conventional medicines animates the discourse as scholar's attempt to re-think the role of indigenous knowledge systems in contributing towards primary health care (Payyappallimana, 2010). This study is grounded as a multidisciplinary one; it covers African studies, incorporating historical, anthropological and linguistic disciplines. The current study contributes to the discourse by recasting the role of traditional medicine towards improved primary health care in rural communities. As Odora-Hoppers (2002), seminally observed decades ago, the globe has entered a defining moment in search of nuanced and decolonised frameworks to optimise the adoption and usage of indigenous knowledge for sustainable development. In the context of primary health care, indigenous knowledge frameworks may generate accessible and affordable treatments that dovetail with indigenous people's contexts, technologies, epistemologies, histories and aspirations while complementing governmental efforts to maximise health opportunities (Nxumalo & Mncube, 2019). The current study contributes to the discourse by recasting the role of traditional medicine in primary health care in the South African context, with a particular focus on Allandale, within the Bushbuckridge area of the Mpumalanga Province.

According to the World Health Organisation (1978:22), primary health care is:

> "...essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and contributes the first element of a continuing health care process."

The notion to use indigenous knowledge to meet primary health care needs dates back to the 1978 Alma Ata Conference, when the World Health Assembly (WHO) urged countries to adopt traditional medical practices in primary health care systems (Rankoana, Nel, Mothibi, Mothiba Mamogobo & Setwaba, 2015). However, the actualization of such a pursuit currently in the South African context is uncertain. The use of traditional medicine has the potential to bridge the geographic difficulties, language barriers and information barriers associated with delivering biomedical primary health care in rural areas. Traditional medicine usage weaves into pre-existing socio-cultural and environmental dynamics of indigenous people (Sandes, Freitas, de Souza & Leite, 2018). The use of traditional medicine casts into the spotlight the role and agency of the traditional healer in primary health care. Through the use of traditional medicine, traditional healers as part of primary health care teams can potentially treat illnesses, educate people on disease preventative mechanisms and bridge the cultural gap on the concept of health and disease, thus making health service delivery more culturally appropriate and client-tailored (Meissner, 2004). The World Health Organisation (2000:14), defines traditional medicine as:

> ‘‘The sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses.’’

Based on the above definition, traditional medicine is viewed as offering holistic and whole-person approaches to treatment by focusing on both the physical and spiritual aspects of a human being while attempting to induce psycho-social equilibrium in society as opposed to conventional treatment systems (also known as biomedical or allopathic approaches), which are mainly disease/pathology-centered (Oliver, 2013). Thus, traditional medicine usage is entrenched in the cultural, environmental and philosophical context of a people in which values, customs, rituals, religious convictions and belief systems play a key role in the administration of treatment (De la Porte, 2016). Within the respective cultures in which they are used and administered, traditional medicines are locally available, readily accessible and generally affordable because they are directly derived from flora, fauna or other substances naturally found within a community (Graz, Kitua & Malebo, 2011). Contrary to the stigma and mysticism that traditional medicines are usually associated with, most traditional medicines are proven to contain active curative compounds with anti-microbial, anti-viral, anti-inflammatory and immune-stimulatory effects such as echinacea, quinine and curcumin which are common in most pharmacological medicines (Nugraha, Ridwansyah, Ghozali, Khairani, & Nur Atik, 2020).

The COVID 19 years of the 21st century will, in all likelihood, go down in history as the years that have presented African scholars with a wake-up call to look inward for local and organic solutions for the holistic health of their citizens (Bhuda & Marumo, 2020). The hospital-centric health care system has baulked under the pressure of emerging and sustained assault of the pandemic and prevented quality, comprehensive and integrated primary care to millions of South Africans. In the context of primary health care and traditional medicine, African scholarship should re-imagine context-specific solutions for

the holistic health of their citizens instead of waiting to import medical frameworks and even medicines that are developed elsewhere sometimes at exorbitant prices (Bhuda & Marumo, 2020). The use of local knowledge for the treatment and possible prevention of diseases is not new in African cosmology (Maunganidze, 2016). Traditional medicines have always been used for the prevention and curing of diseases in South Africa and continue to be used despite the advent of orthodox medicine (Shonhai, 2016). Gavriilidis and O'Stergren (2012), observe that eighty percent of South Africa's population uses African traditional medicine for preventive, curative and palliative purposes which helps to compensate for the health delivery shortfalls in mainstream primary health care provision.

Despite the high uptake of traditional medicine as highlighted above, traditional medicines are usually undermined in conventional health care systems due to entrenched perceptions that Western medicine is superior and scientific (Abdullahi, 2011). The foregoing perception is a persistently nagging and colonially tinted intellectual overhang arising from a historically sustained dosage of Eurocentric scholarship in Africa that traditionally portrayed indigenous knowledge as having no scholastic validity or relevance on sophisticated aspects of life such as health (Mawere, 2012). It is what Ndlovu-Gatsheni (2020), refers to as 'epistemicide' - the systematic and institutional phenomenon of killing African epistemologies (knowledges) through the colonial project. However, the emerging trend towards the Afrocentric scientific validation of traditional medicine in South Africa calls for institutional frameworks, models and systems that are structured to reposition, reinforce, normalise and legitimise the adoption and usage of African traditional medicine in primary health care at a status and level comparable to Western medicine (Nare, Pienaar & Mphuthi, 2018; Sobiecki, 2014). Reframing traditional medicine usage within a structured primary care system is consistent with the call by Kautzky and Tollman (2008), for renewed efforts to develop innovative models and creative approaches to primary health care delivery in South Africa, otherwise public sector primary health care runs the risk of being a costly investment with limited returns.

In September 1978, the World Health Organisation convened the International Conference on Primary Health Care in the then Kazakh Soviet Socialist Republic, in what is known as the Alma Ata Declaration (McGuire, Alistair, Costa-Font & Joan, 2012). The key principles of primary health care adopted at the conference include:

- Being realistically related to the economic conditions of the country,
- Addressing the main health problems in the country by providing promotive, preventive, curative and rehabilitative services accordingly,
- Education, food supply, nutrition, water and sanitation, maternal and child health care, family planning, immunisation, prevention and treatment, and provision of essential drugs,
- Co-ordination and co-operation with other sectors: agriculture, food, industry, education, housing, public works, communications,
- Self-reliance and participation at all levels,
- Effective referral systems, and
- Teamwork at every level between physicians, nurses, midwives, auxiliaries, community workers, traditional practitioners.

Based on the above conceptualisations, primary health care is a whole-of-society approach to health that aims to ensure the highest possible level of people's health and wellbeing and as close as feasible to people's everyday environment (WHO, 2018). The basis for primary health care is inculcating an understanding that people and communities are key actors in the production of their own health and well-being in response to the complexities of a changing health context (WHO, 2018). Some of the aspects and services that are within the scope of primary health care include areas such as chronic diseases and geriatrics, home based care, health information systems, HIV/AIDS, sexually transmitted infections (STI), immunization, management of childhood illnesses, family planning, antenatal care, mental health, and prevention of parent to child transmission (PPTCT). Primary health care practitioners ensure proper assessment, diagnosis, treatment (implementation) evaluation (meeting of targets, monitoring of achievements and non-achievements and remedial action) (Michel, Evans,

Tediosi, de Savigny, Egger, Bärnighausen, McIntyre & Rispel, 2018). In South Africa, primary outreach teams were established in 2011 as a mechanism to achieve universal coverage. The outreach teams are made up of a professional nurse who is the team leader, an environmental health officer, health promotion practitioner and four to five community health workers. The model of primary health care service delivery by outreach teams allows community members to enjoy the benefits of individually tailored care which offers an opportunity for community members and outreach teams to discuss and negotiate possible solutions to treatment adherence and disease management challenges faced by households (Khuzwayo & Moshabela, 2018).

Primary health care is premised on the basis that health services occur within environmental, historical, socio-political, economic, and cultural contexts that shape the determinants of people's health (Thomas-MacLean, Tarlier, Ackroyd-Stolarz, Fortin & Stewart, 2008). The South African National Department of Health has committed to re-engineering and improving primary healthcare PHC. In South Africa, the philosophy of primary health care is set down as the foundation principle on which the public health system is built, in line with the ideals of the Alma Ata Conference (Le Roux & Couper, 2015). The traditional healer sector is also consulted in primary health care but exists separately and its activities are not synchronized with the public health system (Primary Health Care Systems, 2017). Nare, et al. (2018), opine that given the greater number of indigenous health practitioners than western-trained practitioners, the burden on the primary health care system could be alleviated if traditional medical methods were optimally included within a comprehensive primary health care framework.

The use of traditional medicine is embedded in South African legislation. However historically during apartheid in South Africa, the then Medical Association of South Africa declared traditional medicine as illegal and unscientific. Provisions in the medical code prohibited co-operation between allopathic and traditional practitioners. In particular, the Witchcraft Suppression Act of 1957 and the Witchcraft Suppression Amendment Act of 1970 prohibited traditional healers from practicing (Section 27, 2007). The legislative repression and stigmatization of traditional medical practices came under scrutiny in the

post-apartheid years (Nemutandani, Hendricks & Mulaudzi, 2018). Oseni and Shannon (2020), argue that through legislative processes, there is a need to move away from paradigms which attempt to co-opt indigenous practitioners and medicine as subordinates of allopathic practitioners and medical practices. There should be equal involvement of both indigenous and allopathic practitioners in setting global, national and local health agenda. Hence traditional health practitioners in South Africa are increasingly acknowledged as essential health care providers by the National Department of Health, and their operations are recognized through the Traditional Health Practitioners Act 22 of 2007 (Moshabela, Zuma & Gaede, 2016). This is in tandem with the World Health Organisation (2002) principles concerning traditional medicine:

- That they should be included in the country's national drug policy,
- Providers and products of traditional healing should be registered and regulated,
- Traditional healing should be provided at both public and private hospitals and clinics,
- The funding of treatment with traditional medicine should be included under health insurance, and
- Relevant research in traditional medicines should be undertaken, and training in traditional healing should be made available.

Specifically, the Traditional Health Practitioners Act 22 of 2007 aims to:

- Create an Interim Traditional Health Practitioners Council,
- Provide a regulatory framework to ensure the efficacy, safety and quality of traditional healthcare services, and
- Provide for the management and control over the registration, training and conduct of practitioners, students and specified categories in the THP profession which are diviners *(sangoma)*, herbalists *(inyanga),* traditional birth attendants or midwives *(ababelethisi)* and traditional surgeons *(ingcibi),* (Street, 2016).

The current study is based in a rural setting. Approximately 40% of the South African population resides in the rural areas of the country (Morris-Paxton, Reid & Ewing, 2020).

The developmental and environmental profile of rural areas has an impact on the health outcomes of most rural people in South Africa (Daviaud & Subedar, 2012). Health is not just a function of bacteria and viruses, it is predominantly affected by access to basic requirements for life such as clean water, sufficient nutrition, efficient sanitation, reasonable housing conditions, access to vaccinations, good schooling, and the childhood and adolescent nurturing that set the scene for improved health and longevity (Mayosi & Benatar, 2014). Other factors include the geographical location of homesteads in relation to available facilities, physical and topographical barriers and the modes of transport that are available to reach health sites (Tanser , Hosegood, Benzler & Solarsh, 2001). In summary, Paxton (2015), describes South African rural areas as having the following attributes:

- Deep disadvantage – this involves an undeveloped physical and economic environment. It also includes social issues such as HIV, teenage pregnancy and child-headed households,
- Constraints of space, place and time – these include lack of amenities such as shelter and transport systems, and
- Unique rural resources – While deep disadvantage is related to a lack of material resources, there are also unique resources such as a strong social fabric and a rich cultural heritage.

Poverty-related illnesses, such as infectious diseases, maternal death, and malnutrition remain widespread, while health services are constrained by inadequate human resource capacity and the increased stress on the public health system caused by the AIDS epidemic and limited spending in the public health sector (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009). The racial and geographical inequities of the apartheid past have not been adequately addressed in current healthcare spending processes because better-resourced health infrastructure in urban areas requires higher levels of funding to maintain levels of care (Gaede & Versteeg, 2011). Although South Africa spends a relatively high percentage (8.6%) of its gross domestic product (GDP) on health, only 44% of total health expenditure (4.1% of GDP) takes place in the public sector, where most of

the country's rural population seeks care (Besada, Eagar, Rensburg, Shabangu, Hlahane & Daviaud, 2020).

Rural health care practice has been deeply shaped and impacted on by the political situation in South Africa. The government elected in the first democratic elections in 1994 inherited a highly fragmented health system with a multiplicity of health departments in the public sector, including one for each of the 4 former provinces and 10 former homelands (McIntyre & Ataguba, 2014). Thus, the public health care system in rural areas has been delivered through a system of rural hospitals and clinics, many of which were built and operated as mission hospitals until the 1970s, when most of them were taken over by the apartheid government to centralise planning. These same hospitals now form the infrastructure for the new National Health System, the aim of which is to de-centralise to a district-based health system. La Porte (2016:38), makes the following comment about the hospital centred South African health system:

> "The public health sector is institutionally fragmented and characterised by a poor standard of infrastructure, skills shortages, poor staff attitudes, low levels of patient satisfaction, incompetent management, continuing human resources and financial crises, and with starkly different health outcomes for different socio-economic groups."

The situation is ever direr in rural areas. Hence, a narrow biomedical, hospital-centred approach to rural health care in South Africa where indigenous, cultural or local systems can play a vital and more comprehensive role in the etiology and understanding of health and disease illness does not suffice (Vergunst, 2018). Hence most rural people adopt traditional forms of health care to compensate for the lack of access to comprehensive health care (Gumede, Taylor & Kvalsvig, 2021). While rural places frequently face substantial economic and social challenges, they also possess traditional assets that are often ignored or overlooked (Hlalele, 2012). Hence this study attempts to frame a model that optimizes the use of traditional medicine for improved primary health care.

1.1.1 Self-Positioning Within the Research Study and Context

Foote and Bartell (2011), declare that the position which researchers occupy and bring to their craft influences the lenses that they adopt to view phenomena. Personal experiences shape what researchers may bring to their choice of processes and their interpretation of outcomes. The researcher's position therefore affects the totality of the research process. It acknowledges and recognizes that researchers are part of the social world they are researching, and that the same milieu is interpreted by pre-existing social actors (Holmes, 2020). In typical African indigenous parlance, I am a daughter of the soil, and my umbilical cord lies buried on a South African spot called Allandale, a village which forms the context of the current study. My connectedness to the area within which the study is set, therefore transcends physical or spatial considerations, and plumbs the depths of spiritual links and associations.

Growing up in Allandale, the concept of traditional medicine, its discourse, and accoutrements has always fascinated me, not least because I have always been a curious being from childhood. I grew up surrounded by as assortment of belief systems which is one of the main characteristics of Allandale. However, there has always been a certain mystique, deportment and aura that has always struck me when it comes to African traditional belief systems. It is in the same spirit of open-mindedness and inquisitiveness that I embarked on exploring the role of traditional medicine in primary health care, perhaps against the better judgment of some of my friends I grew up with debating with on traditional medicine and traditional practitioners, in particular. In hindsight, therefore, I reckon perhaps this is the same curiosity that has arched towards the research problem that undergirds the current study.

My curiosity about the enchanting allure of African traditional medicine has always intersected with my deep questions on man's grapple with mortality. It is a curiosity sometimes that has been challenged by the polemic criticism of traditional medicine by opposing belief systems from pulpits and rationalizations from westernized people. I have experienced loss of those dear and near, sometimes through circumstances that can easily be ascribed to fate or acts of God. However, in most instances, it has been due to

illnesses and conditions that I feel could have easily been addressed by timely interventions; which interventions seem to me are only accessible to the privileged high and mighty, the moneyed and the connected, and not for us coming from the backwoods of Allandale, who still have to scrape whatever left-over crumb remains of health care that has been consumed by others at the high table of privilege.

The dusty and rusty environs of Allandale exposed me to the harsh realities encountered by rural populations. Although I cannot say I grew up in abject poverty, I was not disconnected to the un-vocalized sighs and hollow eyes of despair in the eyes of most people who could hardly afford health care in the face of illness. Add to this, the reality of high mortality rates hung like a haunting specter, an observation which infused into me the burden to do something for the community I love and am part of. I discovered early that the medical field as a disciplinary study was not my forte. The gravity of the situation turned out to be too heavy for my fertile but perhaps naïve ambitions and immature shoulders as I saw among community members the peril of ill health that always lurked to pounce at every turn due to poor access to primary health care. The promise of independence, as I had read it in the history books, had all become an illusion, and a tortuous mirage that was ever beyond the reach of many, however tantalizing when articulated from the lecterns of fist-clenching and *toyi-toying* politicians in their periodic visits to impoverished villagers doling out paraphernalia such as T-shirts, but once the election euphoria declined, the snaking queues in the only clinic in Allandale would persist.

When it comes to primary health care services, I have been a direct beneficiary, from the single and overstretched clinic government clinic located in Ludlow, and serving the four villages which constitute Allandale. I have for some reason always pictured this situation to be like that of a small oasis in a desert of the thirsty, serving an ever-increasing number of people. Smallness translates to shortage of waiting areas and consulting rooms, a situation which does not guarantee secrecy, confidentiality or even common decency. Staff members share consulting rooms, to the point that patients' medical histories and information are not concealed, not to mention the inconvenience of conducting physical

assessments on patients in such a non-private make-shift arrangement. Recently I checked in, to find the telephone line was not working and only a single computer was functional in keeping patients' records, which do not augur well for primary health care there.

Not only have I always lamented the clinic's smallness and lack of equipment, but also the limited staff members who are outnumbered by the multitude of community members who daily seek health services. With operating hours between 0700hrs and 1600hrs, the operating period is hardly enough to cater for all, not to mention the emergency cases after hours. This is further hampered by the extended lunch breaks sometimes taken by nurses; I have on occasion experienced what it is like to wait for 2 or 4 hours for a nurse to come back from a lunch break. The despondent and unmotivated health care workers evidently balking under the never-ending queues from dawn to dusk does not portend well for primary health care. It is common practice for a health worker to shout something like, "Hello, you who came for tablets, join this queue". Depending on where and how one looks at it, 'tablets' in this instance is a euphemistic or derogatory code word for anti-retro viral treatments. I realized the privacy or confidentiality in that instance would be gone for the patient, but the patient must sheepishly toe the line or else endure the wrath of a fatigued and irritable nurse at the slightest protestation. Even basic medication, such as paracetamol, is frequently in short supply due to glitches in the supply chain. Upon enquiry one day, I was informed that it was bureaucratic rigidity which caused these glitches in the supply chain. I constantly use the road network that connects the clinic between Thulamahashe and Acornhoek. It is poor network and most cars avoid it, to the extent that some mothers I know have missed immunization appointments for their children. Some have had to walk long distances to the clinic; a situation which can be dire especially for children, pregnant women and the critically ill.

My other observations growing up in Allandale relate to waste management. My experience of the service delivery concerning waste management is its state of neglect. The community resorts to using bushes and any other open spaces to dispose of waste, which sometimes washes into rivers; a situation which has detrimental health

consequences. As a result, some of the main diseases that burden the community, include diarrhea and tuberculosis. This is not to mention the real physical risks like injuries to children who might pick up waste products that are toxic or sharp objects. My older sister always reminds of an episode wherein in my childhood innocence, adventure and unbridled curiosity, I once almost picked up a used and unhygienic product. Suffice to say as it almost found itself on a one way to my open mouth, just in the nick of time, my sister came to the rescue, snatched it from me and threw it away. I am told I whimpered to the point that only a piece of candy could buy my silence. In hindsight, and as I continue to see refuse that remains dangerously exposed even decades after I was rescued, I wonder how many other children find themselves in the same situation I was years ago at an exposed dumping site, where they might mistake a piece of waste for a toy or a piece of food.

The notable development that I have been grateful for in Allandale is the presence of tap water which really goes a long way in ensuring that chores are done without the inconvenience of having to travel long distance or re-use dirty water. However, the challenge has been water cuts which are not always accompanied by contingency measures such as the provision of tanks by municipalities. The dominant toilet system is the pit latrine. Fig. 1.1 shows an example of a toilet system used in Allandale.

Figure 1.1: Typical Toilet System in Allandale

Source: Picture taken by researcher

The picture I have painted of Allandale in terms of health care might seem gloomy and hopeless. However, it is a place of rich cultural diversity that has even broadened my own outlook on life. For example, I grew up exposed not only to my own Tsonga culture, but also to other groups such as the Tsonga of Mozambique, the Pedi, the Swatis and more recently some other nationalities mainly from countries such as Mozambique. This has contributed to weaving a rich tapestry of multicultural practices, some of which have health implications especially as they relate to diet and traditional medicine techniques. For me, the most fascinating of them all are the Apostles (they call themselves *mapostori*), of Zimbabwe who seem to ubiquitously occupy any open space, and are easily noticeable by their white sparkling garments, long beards and shining bald heads, while the women wear head scarves. I have never attended any of their sessions, but I have noticed that our own local people patronize their shrines for spiritual intervention. I once asked one of the faithful who attends there, and I was made to believe that the shrines are powerful in

addressing various challenges. Of course, I could not bring myself to reconcile the absence of sanitary facilities such as toilets in such open spaces of worship and the seeking of spiritual help for good health by the sick.

One of the main elements that I appreciate in growing up in Allandale is the traditional cuisine that my mother still prepares for us. I must confess that some of the traditional foods, especially the vegetables, were not always my favourites, considering my avid appetite for meat. Looking back, I am confident that it is these foods which helped us to be healthy. With with most families I grew up around, that local vegetables almost always form part of the meals. Fig 1.2 shows an example of the traditional cuisine that is popular in Allandale.

Figure 1.2 Typical Allandale Cuisine of Nutritious Cooked Pumpkin Leaves with Ground Peanuts and a Protein-Rich Dish

Source: Picture taken by researcher

African traditional religion is common in Allandale, and it informs the practices of my everyday life including traditional medicine. When I grew up, there were some activities that took place, including the concept of initiation schools which aids the transition of boys to manhood. I have learned that traditional healers are an ever present factor in these initiation schools. I have noted that another common ritual is the *muchongolo* dance, which is a cultural dance repertoire and ensemble that encourages the uptake of traditional medicine. Rituals are believed to be a source of health and wellbeing. Although my family in Allandale does not delve into the deep ritualistic elements of traditional healing practices, there are traditional herbs that I grew up using for minor ailments such as stomach discomforts and fever. Given the inconveniences of the primary health care system that I have painted above, I have always wondered why traditional healers are not roped in to curtail challenges such as distance, shortage of medicines and language barriers, so that primary health care is available to as many people as possible. It is this personal anguish arising from the suffering of people in Allandale in terms of access to health care, while there could be huge untapped potential in traditional medicine, an area that has fascinated since childhood, but had no skills set to systematically explore, that informs the underpinning of the current study.

1.2 Problem Statement

The call to use indigenous knowledge to meet primary health care needs goes back to 1978 when the World Health Assembly announced the potential use of traditional medicine and urged member states to use traditional medical practices in primary health care (Rankoana, Nel, Mothibi, Mothiba Mamogobo & Setwaba, 2015). However, the historical deficiency in the institutional recognition, research and development of medical indigenous knowledge in South Africa has created gaps and missed opportunities in conceptualizing culturally responsive frameworks for traditional medicine for primary health care. Nemutandani, Hendricks and Mulaudzi (2018), argue that the indigenous health care system in the postcolonial era in some sections continues to be perceived as a danger to people's well-being. Hence, while African indigenous knowledge systems remain one of the most valuable resources owned by rural people, they have also been

the least mobilised for sustainable development in primary health care (Maunganidze, 2016). Currently, allopathic medicine is officially considered the principal healthcare system and is afforded higher status and support than Indigenous medicine (Oseni & Shannon, 2020). Yet in the allopathic health system, declining numbers of health professionals (relative to population) undermine the ability of health systems to provide and expand the scope and reach of primary health care especially in rural areas (McGuire, Alistair and Costa-Font & Joan, 2012).

African scholarship is challenged to frame theories and praxes that involve the deconstruction and unlearning of hegemonic colonial systems which de-legitimated indigenous knowledge systems even in health (Odora-Hoppers, 2017). To that end, Chilisa (2012), proposes that this process should involve rediscovering culture and identity, mourning the continued assault of indigenous knowledges, dreaming and envisioning alternative indigenous epistemologies, committing to a course of action that expresses the aspirations of indigenous knowledge systems and finally translating the dreams and commitments into action. In the South African context, it is doubtful that the infusing of traditional medicine in primary health care is at an optimum level comparable to leading countries such as China, Vietnam and the Korean Republic (Wanakwakwa, Gateese, Munabi, Muhumuza & Lwanga, 2013).

Despite efforts by the South African National Department of Health to formally regulate traditional health practitioners who dispense traditional medicine, debates persist on traditional medicine in the areas of scientific evidence, mistrust on the part of biomedical practitioners and toxicity of the medicines (Moshabela, Zuma & Gaede, 2016). However, when co-opted as part of the primary health care team, traditional healers have an enormous potential in treating many prevailing illnesses, educating people in various aspects of preventable conditions and bridging the cultural gap in the concept of health and disease by making healing more culturally appropriate (Meissner, 2004). The resilience of African medicinal systems, despite centuries of assault and stigma, shows that indigenous knowledge was merely subdued, and not eradicated from the lived experiences of African people (Ndlovu-Gatsheni, 2020). It is therefore pertinent, in the

conceptualization of Chilsa (2012), to institutionally recapture the wonder of traditional medicine, weave it into primary health care systems that pragmatically and sustainably benefit African people. This study therefore identifies the primary health care challenges confronting post-colonial South Africa in the context of globalisation processes, locates the role of Afro-centric thought in institutionally re-centring traditional medicine in the primary health care discourse and conceptualises an alternative indigenous primary health care framework involving the use of traditional medicine.

1.3 Aims of the Study

The aim of this study was to examine the role of traditional medicine in primary health care in the Bushbuckridge region of the Mpumalanga province of South Africa.

1.3.1 Research Objectives

To achieve the above aim, the following objectives were explored:

1. To examine perceptions on the inclusion of traditional medicine in primary health care in Allandale,
2. To explore the types and characteristics of traditional medicine and procedures in Allandale,
3. To determine the primary health framework (promotive, preventive, curative, rehabilitative) characteristics of traditional medicine in Allandale,
4. To explore the factors which influence the uptake of traditional medicine for primary health care in Allandale,
5. To establish the perceived challenges associated with the adoption of traditional medicine as a part of primary health care system in Allandale, and
6. To frame a model that optimally adopts and amplifies the role of traditional medicine in primary health care.

1.3.2 Research Questions

To achieve the above objectives, the following questions were asked:

1. What are the prevailing perceptions on the structured inclusion of traditional medicine in primary health care?
2. Which are the types and characteristics of traditional medicine that are used in Allandale?
3. To what extent do the types of traditional medicine used in Allandale have promotive, preventive, curative and rehabilitative characteristics within a primary health care framework?
4. What factors influence the uptake of traditional medicine in Allandale?
5. What are the perceived challenges associated with the adoption of traditional medicine as a part of primary health care system in Allandale?
6. Is there an optimal way to adopt and amplify the role of traditional medicine in primary health care?

1.4 Significance of the Study

The challenges associated with primary health care in South Africa are well documented. These include shortage of medicines, equipment, human resources which lead to prolonged waiting times and poor service delivery (Maphumulo & Bhengu, 2019). Traditional medicine provides opportunities to support the overall primary health care system considering that in sub-Saharan Africa, one traditional healer interacts with every five hundred persons, compared to one Western doctor per four thousand people, which shows that traditional medicine is easily accessible and highly utilized (Maunganidze, 2016). The scholarly gap in the literature is that there is hardly a sustainable model or framework that involves the use of traditional medicine in primary health care based on an Afro-centric philosophy. The study informs key stakeholders such as researchers, health practitioners and policy makers by exploring new possibilities and alternatives in optimally using locally available traditional medicine for usage in the usually overstretched and overburdened South Africa primary health care system. This study aimed to fill that

gap by developing a framework that adopts the use of traditional medicine in primary health care using the concept of indigenous traditional medicine health centres.

1.5 Definitions of Terms

1.5.1 Traditional Medicine

WHO (2015:12), defines traditional medicine as, “the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical”. In the study of the role of traditional medicine in primary health care, traditional medicine is deemed to mean ‘practices for curing and preventing diseases using traditional herbs, animal products, minerals and other spiritual practices.

1.5.2 Western Medicine

Western medicine or biomedicine is often contrasted with the approach taken by traditional medicine practitioners as described above. The former is usually associated with diseases of the physical body only, and are based on the principles of science, technology, knowledge and clinical analysis developed in Northern America and Western Europe. In this study, Western medicine refers to any medicine or practices of curing and preventing diseases that is foreign to the African continent.

1.5.3 Primary Health Care (PHC)

According to Solomon (2014:32), primary health care is defined as “essential health care that is based on scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community”. In this study, primary health care is used to mean an initial approach to a traditional practitioner for health advice or treatment.

1.5.4 Traditional Health Practitioners (THPs)

A traditional health practitioner is a person recognised by the community to, “provide competent health care using vegetables, animal substances and certain other methods based on the social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability” (WHO, 2015:7). Thus, in this study, THPs include herbalists, faith healers, diviners, traditional birth attendants, and bone setters.

1.5.5 Indigenous Knowledge Systems (IKSs)

The term, indigenous knowledge systems is used by Ajibade and Shokemi (2003) to explain the knowledge systems that are developed by a community as opposed to the scientific knowledge that is generally referred to as ‘modern’ knowledge. The researcher in this study, depicts IKSs to mean information or knowledge of medicine, practices, skills and performances of healing which African and are passed orally and through other means from one generation to another.

1.5.6 Holistic Health

Holistic health is a complete or total state of wellness that considers the physical, emotional, social, economic, and spiritual domains and needs of the person. The wholeness of a human being is the sum of his or her their bodily, mental, emotional, interrelationships and spiritual wellness (Ventegodt, Kandel, Ervin & Merrick, 2016). In the context of African medicine, health is a state of harmony with the universe, characterized by a holistic status of complete physical, mental, spiritual, emotional, social and ecological harmony and not merely a measure of functional or metabolic efficiency of a person (Tosam, 2019).

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

"My love affair with nature is so deep that I am not satisfied with being a mere onlooker, or nature tourist. I crave a more real and meaningful relationship. The spicy teas and tasty delicacies I prepare from wild ingredients are the bread and wine in which I have communion and fellowship with nature, and with the Author of that nature."

(**Gibbons, 1971**)

2.1 Introduction

This chapter presents the theoretical framework and literature review. From pre-historic times, humans have used natural substances such as plants, animals, micro-organisms and marine organisms as forms of medicine to assuage pain, alleviate suffering and treat diseases (Yuan, et al., 2016). From the quote cited above, it is deducible that there is an interwoven and symbiotic relationship between nature and the domain of African indigenous knowledge systems concerning health and wellness. The quote also captures a meta-physical or cosmic dimension to health and wellness by invoking the 'Author' of nature as the ultimate point of reference to complete an intimate fellowship between divinity, nature and humanity within a harmonious physical, spiritual, social and emotional consummation that aptly captures the holistic nature and concept of health from an African worldview. Tosam (2019), encapsulates this notion by highlighting that from an Afro-centric standpoint, human health is determined by harmony in and with the universe. Hence health is a holistic status of complete physical, mental, spiritual, emotional, social and ecological harmony and not merely a level of functional or metabolic efficiency of a person. Whereas in Western medicine disease is perceived as a mechanical dysfunction, with the role of the physician being to merely repair or replace impaired parts of the body, in traditional medicine such mending might require the expiation of negative spiritual

forces, spiritual cleansing and sacrifices in conjunction with other medical procedures (Tosam, 2019).

The study of African traditional medicine thus inevitably weaves into the fabric of natural phenomena which include flora, fauna and mineral systems such as soils and water which form the natural environment from which most African traditional medicines are derived. African traditional medicine as a craft also transcends the material realm and engages the mysterious arena of the gods and deities while also plumbing into the esoteric depths of the deceased ancestors' abode who are believed to play a key role in the health ecology of humans in influencing relations with self, with each other and with the environment. As Mulemi (2016), poignantly declares, any conceptual, attitudinal or epistemic downgrading of African indigenous medicine in terms of its role in society constitutes an onslaught on a strand of knowledge that is indispensable for survival in unique African human-nature-divinity-health ecologies and matrices. Based on the foregoing, exploring traditional medicine inevitably spans across a multiplicity of disciplines such as cultural studies, agriculture, medical anthropology, theology and law to provide multi-dimensional, holistic, balanced and well-rounded understandings into what constitutes the place of traditional medicine in the African context and its role in primary health care as per the imperatives of this study.

2.2 Theoretical Framework

2.2.1 Afrocentricity

Afrocentricity is a paradigm based on the idea that African people should re-assert a sense of agency in order to achieve sanity (Asante, 2013). In other words, it contends that the main problem of African people is their usual unconscious adoption of the Western worldview and perspective in their day to day living at the expense of their indigenous worldview. Therefore, their failure to recognise the genesis of African traditional medicine and preferring western or other foreign medicine depicts African indigenous peoples as copycats of foreign and foreign cultural values and norms (Tasha, 2012). This paradigm is adopted to ground this study in the African worldview and

envisage to articulate indigenous norms and values so that they also not be side-lined in areas of health. Finally, this will help in decolonising the mind of many so that African traditional medicine be openly and lawfully recognised as primary health care to some indigenous communities.

To further support the adoption of this paradigm, Afrocentricity is chosen for its relevance and suitability in understanding the role of African traditional medicine in primary health care. A purely African mind is the best in explaining African traditional medicine and its related primary health care. An African mind is essential in understanding key African issues as (Kugara, 2016). Kugara (2016), notes that African theoretical perspectives define the underlying rationale and practice of the phenomenon rather than external perspectives. Consequently, Afro-centricity aids the current researcher to ground the study appropriately and apply an African subjective approach during data collection, interpretation and presentation of the study. This, therefore, will arm the researcher with superior arsenal in understanding a holistic view of this poorly and misrepresented researched area.

Firstly, in compelling the views of Africans to achieve their sanity with regards to African traditional medicine, the researcher gives a narration of the African traditional health practitioners. Unlike, using the old derogatory names like ‘witch-doctors’ which meant that African traditional health practitioners are both witches and doctors, the researcher shapes the view of Africans to religiously respect their practitioners. Throughout history, African traditional practitioners were esteemed as pillars of society health (Chavhunduka, 1981). Unlike foreign practitioners, these traditional practitioners have a common ground when it comes to cultural beliefs, values and norms of diseases and healing practices. This puts them as same level with their patients and eliminate any traits of looking down upon patients.

Secondly, the use of traditional medicine has suffered under western insults. Christian groupings have demonised the use of traditional medicine. Its use is associated with evil spirits that are only aiming to harm, kill and destroy (Mokgobi, 2014). This narrative should

be pointed out to be wrong and misleading; even scientific medicine is made from the plants, animals and minerals which are used as raw under African traditional medicine. This gap of knowledge need awareness to bring to light the truth that many Africans have been brain-washed from. In grounding this study, the researcher explored the knowledge levels, beliefs and management practices of African traditional medicine in Bushbuckridge. In this regard, as shown in the findings, the use of African traditional medicine includes a more holistic treatment or healing of diseases. The holistic approach of healing as advanced under African indigenous knowledge perspective means that treatment or healing includes the 'spirit, soul and body'. Unlike Western scientific medicine, which mainly treats the physical body thus, their practitioners are called 'physicians'.

In addition, the scientific trialing and testing of the 'herbs, animal products and minerals' (African traditional medicine) ought to be seen as a positive development that should be embraced but not be used to dismiss African traditional medicine that has proved the test of time. More so, it should be highlighted that the scientific trailing and testing fall short in proving the spirituality of African science. As such, Africans should not then dismiss their ways of knowing and healing because a foreign method has failed to assess its ways. This then brings to the fore issues of decolonising the mind: How can a foreign instrument be used to measure standards and validity of something that does not match or operate as it does? This introduces a deplorable approach of measurement and undermines African traditional medicine. African ways and norms ought to be respected and emulated as unique. It is because of such information that Africans ought to move back to their roots and emulate and adopt their own ways of doing things than embracing foreign scientific medicines at the expense of their own. It should be made clear from the beginning that there is nothing wrong in embracing foreign knowledge. However, such should not be done at the expense of the local knowledge that has worked for generations.

The core of Afrocentricity is to emphasize going back to the genesis of African ways of doing things. This paradigm comes into the picture because of the foreseen dangers and complexities that the future holds. It is vital that the future of life with no African traditional medicine be unveiled for determination thus, advocate for Afrocentricity. It can be argued that if African traditional medicine is left out in preference for scientific medicine, the majority of African indigenous communities, especially those living in rural areas, will be deprived of their access to health as they rely on it for primary health care. Later, the challenges of doing away with African traditional medicine shall be examined in the findings and how that has an implication on primary health care. Also, there is a generational gap that needs to be closed between those that uses African traditional medicine and not, mostly the youth. There is a danger of knowledge loss if ever Africa traditional medicine is neglected and undermined within the African continent. As such, restoring it through Afrocentricity gives birth to intergenerational learning hence, preserving the African tangible and intangible heritage.

There is need to recognize traditional health practitioners as the custodians for traditional medicine. For a very long-time traditional health practitioners have faced exclusions, during level 5 of Covid-19 in South Africa traditional health practitioners were not allowed to practice as primary health care givers. This points out that traditional medicine and different health practitioners were left out during this trying time The Afrocentricity paradigm acknowledges traditional health practitioners since they have been operating for many years. This paradigm advocated that traditional health practitioners should be recognised and continue to play role on delivering primary health care

2.2.2 Ethnomedical Approach

The researcher used the ethnomedical approach which is a sociological approach to the study of health and health care (Marsha, 2011). This approach embraces essential aspects of a health care system, health care delivery (protection, prevention and healing). Furthermore, the approach centers on the understanding of disease in relation to the

cultural definition. Also, this approach enlightens how diseases are treated or cured grounded on cultural practices.

The adoption of the ethnomedical approach in a study was to find out how indigenous communities in Bushbuckridge deal with diseases and health issues. Furthermore, this ethnomedical approach embraces the study of healing techniques, health beliefs and medical practitioners as a phenomenon associated to a society and culture which they belong. As such, the socio-cultural beliefs of the indigenous communities in Bushbuckridge are assessed to meet the objectives. In that regard, the ethnomedical approach provides a framework in which to explore the role of traditional medicine and its use for primary health care.

The ethnomedical approach as stated above, emphasises the understanding of diseases from a cultural perspective and how such diseases are attended to within African cultural practices. To achieve that, the following themes are discussed to ground the ethnomedical approach: socio-cultural life, belief systems, and masculinity and femininity.

2.2.2.1 Socio-cultural Life

Culture is defined as, “the values, beliefs, and behaviours that are shared by members of a society and which provide direction for people as to what is acceptable or unacceptable in given situations” (Mokgobi, 2014:32). Having understood this, one needs to understand how this culture influences every minute thing or decision of one’s day to day living – which includes health decisions:

- Ways that African indigenous peoples think about health and illness,
- African indigenous individual behavioural traits and habits that impact health issues,
- How an individual’s actions and inactions are perceived by community members, and
- How one’s culture interrelates with the environment, economy and politics to affect one’s health.

The social idea of a connected network (family, relatives, neighbours and community members) is pivotal in African indigenous communities, Allandale village is not an exception. The attendance of initiation schools is part of the embedded cultural beliefs of most residents. Attendance of cultural events is still rife in the area – *mchongolo* dances, traditional games and so on. These were taken into consideration in approaching and grounding the study of the role of African traditional medicine in primary health care. the interlink of these are addressed in the findings.

2.2.2.2 Belief Systems

Diverse community members of the Allandale begin a day by consulting their God or ancestors for guidance into the day, and end the day in a similar way. Thus, religion and/or spirituality dominate the lives of the people in Allandale. In that way, spirituality is defined as, "characterised by experiences involving meaning, connectedness and transcendence" (Trinter, 2017:43). On the other hand, religion means "communal terms, characterised by institutionalised practices and beliefs, membership and modes of organization" (Mokgobi, 2014:26). Within the study area, the role of the deity plays a significant influence on how community members view health care beliefs and how they respond to their health issues. Besides being followers of African Traditional Religion (ATR), some members are of the Christian faith. Very few members are followers of Islam. In that way, the religious beliefs of the community members were studied to see that connection that influence members to use African traditional medicine. The purpose of assessing this relationship was to unravel the role that traditional medicine plays in primary health care through deducing the influences that individuals have to a particular belief system.

2.2.2.3 Masculinity and Femininity

Numerous harmful or toxic gender stereotypes and popular ideas about masculinity and femininity in Allandale village are caused by many factors (including culture) to influence both women and men's health-seeking behaviour. For example, men or boys will unlikely

seek primary health care at hospitals or health practitioners for diseases if their communities socialise them into believing that being sick, responding to pain or administering African traditional medicine shows weakness or means they are not man enough. Such “engendered ideas about masculinity give fundamental value on men’s sexual prowess, virility and sexual abandon” (Mokgobi, 2014:27). On the other hand, women are seen as weaker vessels and restricted to the bedroom and kitchen. In that way, they are socialised to believe that they should spend time raising children and on domestic responsibilities. This robs them of the time and chance to seek health assistance. Thus, the ethnomedical approach shall guide assessing the narratives in a bid to unveil the stereotypes associated with femininity and masculinity in exploring the role of African traditional medicine in primary health care.

2.2.3 The Systems Theory

The systems theory is a perspective and framework that analyzes a phenomenon by viewing it as a whole through focusing on the interactions and relationships between parts in order to understand the phenomenon’s organization, function and outcomes (Mele, Pels & Polese, 2010). The systems theory is adopted in this study to frame and depict an interrelationship that exists among the various stages and components of traditional medicine to form a system. The fact that knowledge on traditional medicine has survived for generations against the onslaught of epistemic hegemony and attempted domination from the colonist enterprise (Nhemachena, 2015), means that such knowledge is not only valuable, but also systemic in its composition, design, application and effect. It is certainly not some random and accidental product of chance, voodoo, demonology and mysticism as some have attempted to portray it. It is on this basis that Odede (2020), argues that in most African countries, traditional medicine is still the main source of health care delivery, in spite of the growth of Western civilisation in the areas of modern technology and orthodox medicine. Given the dynamic and sometimes adversarial environment within which traditional medicine is practiced in Africa, it is key to frame it within a systematic scholarly framework to foreground its application and role in primary health care.

According to Tien and Berg (2003), a system can be framed in terms of:

- its components, composed of people, processes and products,
- its attributes, composed of the input, process and output characteristics of each component, and
- its relationships, composed of interactions between components and characteristics.

The development of the Systems Theory is largely credited to Austrian biologist Karl Ludwig von Bertalanffy in the 1920s (Anderson, 2016). According to the WHO (2009), the systems thinking provides a comprehensive approach to map. Frame and understand the dynamics that underpin a health system, and in this study, traditional medicine. Enhancing primary health care (PHC) is considered a policy priority for most health systems strengthening due to the thrust of primary health care towards providing accessible, affordable and continuous care (Espinosa-González, Delaney, Marti & Darzi, 2019). Within the context of health, the systems theory provides well-rounded identifies the influences of the environment on various actors within a health care system to gain a deeper understanding on recurrent health problems or to improve public health. Knowing factors such as the social, demographic, legal, ecological and economic variables assist in the delivery of public health programs to serve as preventive, promotive, curative and rehabilitative health care interventions in line with the tenets of holistic health (Lai & Lin, 2017).

Some of the derogatory labels that have been used to criticize indigenous knowledge are labels such as irrational, void of logical thought, unscientific and even anti-development (Mawere (2015). This is despite the fact that trails of evidence that show that African societies across cultures and generations have creatively invented various methods for diagnosing and treating diseases to allay human suffering (Tosam, 2019). Healthcare systems have been described as complex, and therefore adaptation to localised circumstances is essential to achieve success (McNab, McKay, Shorrock, Luty & Bowie, 2020). One key argument that underpins indigenous knowledge systems is that health and illness emerge out of both the nature of the environment within which the individual

lives and the individual's connection with the environment. Framing a study within Systems Theory components allows for people without a deep cultural knowledge to appreciate the value of medicinal approaches that are grounded in the cultural knowledge indigenous systems (Heke, et al., 2019).

The international endorsement of the1978 Ama Alta primary health care declaration anticipated a turning point in the organisation of health systems towards health promotion and disease prevention, and a multi-sectoral action to tackle socio-economic determinants of health. However, succeeding years have hindered effective implementation. The current study adopts the systems theory as its framework because it is adaptive to various phenomena and structures for sustainable and long-lasting performance (Mele, et al., 2010), and in this study it conceptualizes the use of traditional medicine as being a systematic framework consisting of interrelated components that produce strategic health outcomes. As a paradigm it is attractive because of its universalism, and adaptability for the analysis of social systems relevant even for indigenous knowledge systems (Stichweh, 2010). A systems thinking approach allows for a nuanced approach towards developing context-specific interventions for maximum health outcomes (Espinosa-González, et al., 2019). In application to the current study, the main key components of the Systems theory include inputs (resources necessary for an indigenous primary system to work), activities (traditional medicine actions and interventions that are key to producing desired health outcomes) and outcomes (the desired health results produced from the use of a traditional medicine-centered primary health care system) (Patience & Nel, 2021).

2.3 Synopsis on the Link Between Traditional Medicine and Selected Disciplines

This section explores the concept of traditional medicine through the lenses of selected disciplines. Traditional medicine is multifaceted; hence it straddles across various disciplines. The key disciplines that are juxtaposed with traditional medicine are history, anthropology, epistemology, linguistics and ecology.

2.3.1 The historicity of Traditional Medicine

History is the study of the past in order to understand the meaning and dynamics of the relationship between cause and effect in the overall development of human societies. Its key attribute is its extensive range of inquiry in its concern with wide perspectives, general explanations and fundamental questions, as with specific detail or events, and the interpretation of sources and evidence (Nasson, 2017). In the context of traditional medicine, all known human societies throughout time and civilizations have instinctively and creatively developed their own types of medical systems to ward off diseases and extend their life spans (Martin & Horowitz, 2003).

Tosam (2019) observes that in their vulnerability, humans have always been vulnerable to epidemics of all kinds. In endeavors to find solutions to these challenges, human beings have been concerned with finding ways to prevent, diagnose and treat the different illnesses that afflict them. Throughout history different societies have invented various methods for diagnosing and treating diseases as well as for allaying human suffering. These approaches to health are influenced by each society's cultural conception of the human body, the nature of disease and their perception of the universe (Tosam, 2019). Hence indigenous medicinal knowledge in Africa is as old as the very first dwellers of the continent (Ezeanya-Esiobu, 2019).

As a common thread running throughout the current the current study, African traditional medicine has always holistically blended with the everyday lived experiences of people, as opposed to Western medicine which is over-compartmentalized. Health, wellness and disease in the African medicinal framework as categories that are intermingled with the everyday activities of society, as opposed to distinct a specialized sphere (Ezeanya-Esiobu, 2019). The survival of these medicines for millennia to produce biologic and archaeological records of their existence is a testament to the success of African traditional medicine. Of African medical systems for which there is contemporary or archaeological evidence, all of them support the theory that health and disease are both integrated into cultural systems, reflect a holistic orientation towards the person, and are responsive to environmental changes and constraints (Martin & Horowitz, 2003). When

colonialism happened, one of its attempted assaults was the erasure and distortion of African people's history, including their key aspects of medical knowledge that are interwoven into their culture and identity (Roux, 2009).

It is through knowledge of history, however, that we are made aware of the creative and resilient aspect of the African spirit because the development of traditional medicine in Africa dates to about 3200 BC, when King Menes became the first Pharaoh of ancient Egypt. During his period, medical knowledge was recorded in the form of wall paintings in tombs and on papyrus in the hieroglyphic system of writing. The Ebers Papyrus, which dates to around 1500 BC, was the most notable of these documents, and is reputed to be the oldest surviving medical document. It contained information on diagnosis, treatment methods and medicinal plants which included aloe, cannabis, cassia, castor oil, frankincense, fennel, henna, juniper, linseed, myrrh, opium, senna, and thyme. Thus, contrary to the widespread belief that African traditional medicine is mystic, superstitious, and demonic rather than scientific, historic evidence suggests that the practitioners were aware not only of the supernatural cause of illness, but also the natural causes of diseases (Busia, 2018). Even in countries found in Sub-Saharan Africa where the main transmission of historical evidence and knowledge was oral tradition, the historicity of traditional medicine use and its efficacy is in no doubt. It has been handed down from generation to generation and has resiliently endured epochs of sustained assault from the colonial enterprise (Mulemi, 2016).

2.3.2 The Anthropology of Traditional Medicine

The medicinal use of plants, animals, fungi and minerals within an indigenous knowledge framework is well understood if it is studied through the lenses of the domain of knowledge embedded in the large body of cultural knowledge, practices, and beliefs of a group (Garcia, 2010). That domain or discipline is called anthropology. Concerns regarding illness and health are universal in human life and ubiquitous in all societies. Each societal group organizes itself communally through material means, thought processes and cultural strands to understand and develop techniques in response to experiences or

episodes of illness and misfortune, whatever the perceived or real cause of those sicknesses might be (Langton & Wiik, 2009). It is known through anthropological literature that African societies are distinguished by a category of medicine that is called ethno-medicine or traditional African medicine (Tchouaffi & Kitchener, 2020). Hence a more specific sub-discipline of anthropology that focuses on medicines was created called medical anthropology.

Medical anthropology focuses on cultural conceptions of the body, health and illness Bhasin (2017:17), defines medical anthropology as:

> "the study of ethno-medicine; explanation of illness and disease; what causes illness; the evaluation of health, illness and cure from both an *emic* and *etic* point of view; *naturalistic* and *personalistic* explanation , evil eye, magic and sorcery; biocultural and political study of health ecology; types of medical systems; development of systems of medical knowledge and health care and patient-practitioner relationships; political economic studies of health ideologies and integrating alternative medical systems in culturally diverse environments."

Anthropology and its sub-disciplines such as medical anthropology have strong aspects of culture. Culture refers to a set of elements that mediate and qualify activities and interactions that which are shared by different members of a social group. They are elements with which social actors construct meanings for sustaining existing social forms, institutions and their operating models. It includes values, symbols, norms and practices (Langdon & Wiik, 2009). In the African context, medical anthropologists offer rich and conceptually nuanced accounts of how and why people in Africa engage with diverse forces influencing their ways of experiencing illness and practicing medicine in an unequal world (Obrist & Eeuwijk, 2020). Hence in the context of medical anthropology, the underlying premise is that issues relating to health and sickness cannot be analyzed outside the dimensions of social life permeated by cultural meaning different cultures have different moral codes and, as such, different health behaviors and different health

systems. These codes determine which health intervention is right and appropriate within a given society (Tchouaffi & Kitchener, 2020).

Tchouaffi and Kitchener (2020:63) further state that:

> "…successful health systems around the world are health systems where medical anthropologists have a say in health issues. These health systems have realized the role medical anthropologists play in mediating and maintaining a good relationship between the people and the health of institutions. Medical anthropologists make use of different theoretical approaches, with a shared emphasis on increasing the health system's understanding of the diverse ways in which cultural, social, and biological factors influence human experiences of pain, illness, disease, suffering and healing in different settings. In addition, medical anthropologists also investigate the social, political, and economic contexts in which health behaviors and health systems are shaped to help better health decision-making and interventions. By so doing, medical anthropologists find themselves at an intersecting position within the health system as they inform the health system of cultural understandings of bodies and bodily processes, risk and protective dimensions of cultural norms and behaviors, illness experience and social meanings of disease, health effects of human ecology and adaptive processes and bio-social factors related to disease distribution and health disparities."

In collaboration with historians, anthropologists have helped and continue to document and interpreted the shared histories of African forms of healing with colonial, postcolonial and current health policies and legislations (Obrist & Eeuwijk, 2020). Colonially inspired medical systems have sought to totally 'bio-medicalise' traditional medicine, yet bio-medical systems have been known to extract key medicinal elements from the sometimes-maligned indigenous medicines. Concerning such extraction, Garcia (2010) notes that the focus on testing active compounds of indigenous pharmacopoeias conveys

the idea that local medicines become meaningful only when pharmacologically validated through Western systems, and this diminishes traditional knowledge systems and indigenous explanations of the world. There should be rise of Afrocentric scholarly anthropology whose concept of ethno-pharmacology involves contextualizing uses and cultural perceptions of traditional medicines as a way to acknowledge both the intangible and tangible attributes of healing systems in indigenous pharmacopeias (Garcia, 2010).

It is through disciplines such as anthropology that it is promulgated that African people's health, should not only made up of scientists and medical personnel ensconced within modern places such as offices, hospitals, clinics and laboratories, but spotlights the relevance of traditional healers and traditional medicine (Obrist and Eeuwijk, 2020). This has helped to shape the discourse on health and provided counter-narratives to the Eurocentric- anthropological perspective that has traditionally regarded African existence as being to eat, have sex, breed and die, nothing more, nothing less. While the role of anthropology to the study of traditional medicine is noteworthy, the incorporation of other disciplines, especially those which adopt an Afro-centric stance in exploring traditional medicine, can contribute immensely to the re-valorization of traditional medicine considering the vital importance of traditional medicine to human health throughout history in Africa (Bhasin, 2017).

2.3.3 The Epistemology of Traditional Medicine

Epistemology is the branch of philosophy that deals with the varieties, grounds, and validity of knowledge. It is the study of what can be counted as knowledge, where knowledge is located, and how knowledge increases (Cunningham & Fitzgerald, 1996). In indigenous knowledge systems, there has been a known struggle to regard African knowledge systems as 'true knowledge'. However, in the context of traditional medicine, African epistemology includes the African conception of the nature of knowledge, the ways in which knowledge could be gained, the ways in which one can justify an epistemic claim or validate a knowledge claim, and the role that knowledge plays in human existence. Africans' concept of knowledge is built on African ontology that treats the divide

between the object and subject as two aspects of the same reality. This means that Africans do not detach themselves from the object to be known, but rather fuse themselves with the object in a cooperative relationship (Nwosimiri, 2019). This explains the running thread in the current study-the holistic nature of African traditional medicine.

Health care in African contexts calls for the need to go beyond the reductionist approach of biomedicine as encapsulated in the mind-body dichotomy and seek to provide integrative healthcare services that meet the social and cultural needs of clients (Pemunta & Chama-James, 2020). Epistemology is also concerned with justification, evidence, reliability, truth, limits, doubt, and skepticism (Nwosimiri, 2019). Hence in African traditional medicine, it is false to conclude that traditional medical practitioners possess infantile minds and are fraudsters who deceive their patients by claiming expertise in all aspects of medicine by invariably invoking the supernatural. Authentic healers demonstrate high degrees of knowledge regarding the complex interaction of germs, the human condition, and the visible and invisible worlds of the patient. They also acknowledge their limitations, and this humility is affirmed by their appeal, through rituals and other performances to the ancestors to help them with their fallibility. Even at the level of appealing to the ancestors and other higher powers, they are sometimes limited in the interpretation of the symbols they are privileged to access (Asakitikpi, 2018).

2.3.4 The Linguistics of Traditional Medicine

Linguistics is the scientific study of language (Syarif, 2016). Language is a key feature of models of health put forth by indigenous people themselves (Abbott, 2014). As South Africa seeks a place for indigenous knowledge in health, languages of the participating populations should be the drivers of such health frameworks. Language promotes relational accountability, respectful representation and reciprocal appropriation. In traditional rural settings, language in and of itself constitutes a key part of cultural protocols because communication in participants' language signifies respect and valuing of the language (Khupe, 2017). Indigenous languages contain the knowledge that

communities have about their surrounding plants and the services they provide (Camara-Leret & Bascompte, 2021). Camara-Leret and Bascompte (2021:47), further claim that:

> "Each indigenous language is therefore a unique reservoir of medicinal knowledge—a Rosetta stone for unraveling and conserving nature's contributions to people. So far, however, our understanding of the degree to which the loss of indigenous languages may result in the loss of linguistically unique knowledge and how this risk compares to that posed by ecological extinction. Most indigenous cultures transmit knowledge orally. Therefore, if knowledge about medicines is shared widely among indigenous groups that speak different languages, knowledge resilience would be high. That is, even if some indigenous languages go extinct, their medicinal plant knowledge would still be safeguarded in other surviving languages with whom such knowledge is shared."

Literature on indigenous medicine emphasizes the ties to language, hence traditional healers may need to be involved in documenting oral traditions or persons with language skills may be necessary to translate written texts without losing the essence of indigeneity being conveyed (Abbott, 2014). The knowledge base of most indigenous science is rooted in place-based natural-history observations gathered over centuries or millennia, distilled in the lexicon, calendars, place names, maps, and other practices of indigenous resource managers. Attempts at standardisation and classification of African medical knowledge in languages of science contribute to de-contextualised descriptions, mistranslation, misinterpretation and even misrepresentation of local perspectives in the use of traditional medicinal substances (Mulemi, 2016). Unique cultural expressions and taxonomic structures must be maintained in understanding the essence of indigenous knowledge (Wilder, O'meara, Monti & Nabhan, 2016).

2.3.5 The Ecology of Traditional Medicine

Ecology is concerned with the study of interrelationships between organisms and their environments. Two distinct components of environment can be identified: Abiotic (nonliving or nonorganic, sometime called the physical environment) and biotic (living or organic) (Odum, & Barrett, 2005). The use of traditional medicine involves the use of substances and materials which worm part of the ecological system such as plants, animal extracts and minerals (Wright, 2012). People have an intimate knowledge of many aspects of their surroundings and their daily lives. It highlights indigenous knowledge as the basis for community level decision making in areas pertaining to food security, human and animal health, educational resource management and other vital economic and social activities (Atoma, 2011).

One of the topics on ecology is that of conservation and sustainable usage of finite resources. African traditional practitioners are known to have operated from a traditional framework that had rules for conservation. Magoro, Masoga and Mearns (2010), indicate this point by highlighting that for many years Traditional Health Practitioners (THPs) have used their Indigenous Knowledge (IK) in protecting medicinal plants and habitats to maintain sustainability.

Medicinal plants have played an important role in African health systems. With a rapid environmental, social, economic and political change occurring in many rural areas, biodiversity loss through habitat destruction and unsustainable harvesting practices has led to the extinction of some species and There is a risk of threatening the availability of medicinal plants at the local level. level. Traditional practices and beliefs associated with the use and taboos of plants and animals temporarily or permanently limited their use. In communities, an informal system of religious and spiritual taboos, local practices, and fear of community sanctions prevailed, sufficient to uphold conservation ethics and regulate people's use of resources.

Rankoana (2015), validates that point above by indicating that rural communities have developed management methods to sustain resources. Certain harvesting practices ensure that there is regeneration of vegetation and promotes direct conservation. Hence the interdependence between the sustainability of the environment and the sustainability of the human species is evident in traditional medicinal health practices. However, as the environment faces degradation due to pollution, climate change and other challenges brought about by modernity, this imposes difficulties on the practice of indigenous traditional medicine and Alves and Rosa (2007:44), comment as thus:

> “The interconnections between TM and the biotic environments may be seen in the health benefits derived from the existence of a full complement of species, intact watersheds, climate regulation and genetic diversity, as well as through our fundamental needs for food, water, clean air, shelter and relative climatic constancy. By disrupting ecosystem function, biodiversity loss leads to ecosystems that are less resilient, more vulnerable to shocks and disturbances, and less able to supply humans with needed services. It is quite clear that the practice of TM is not immune to the current environmental crisis facing our planet. Significant changes in forests, savannas and other vegetational types have impacted on the procurement and preparation, as well as the cost of plant medicine. Desecration of spiritual spots, sacred spaces, and grooves has tended to reduce the dignity of such 'landscapes' and to encourage their abuse. The procurement of plant and animal species needed by indigenous medical practitioners currently requires long distance travel. This affects not only operational costs of providing traditional medical services particularly in urban areas, but also the forms of herbal medicine prepared. For example, freshly prepared herbal medicines are increasingly being replaced by different concoctions, tinctures and powdered forms even in rural areas in order that they can be stored for longer periods without losing their potency or getting spoiled.”

2.4 Synopsis on Indigenous Knowledge Systems and Traditional Medicine

Indigenous knowledge systems are regarded as cornerstones for ensuring that Africa countries attain self-determination and sustainability in defining their own developmental trajectories (Eshun, 2011). African indigenous traditional medicine is medicine produced out of the rich and diverse indigenous knowledge system of Africans using natural substances such as parts of plants, animals, spices and spiritual entities such as spirits of dead ancestors, deities, beliefs in totems and social codes, mixed with accepted practices of African societies. African traditional medicine is thus a product of experiences in local physical environments and socio-cultural systems. It is based on indigenous medical systems that have evolved in local ecologies rather than knowledge systems external to the African experiences, such as modern biomedicine (Mulemi, 2016). Thus, indigenous traditional medicinal knowledge systems, like all other indigenous systems in Africa, play a major role in the protection and advancement of societies. Indigenous traditional medicinal knowledge systems do not only prevent or cure illnesses, but holistically preserve societal systems and norms through configuring social interactions, observing religious sacredness and having a thrust towards the conservation of the environment. Their disruption or eradication from the African medicinal framework results in an imbalance of a well-configured healing system among the people (Adu-Gyamfi & Anderson, 2019). This is captured by Wendland and Jiao (2018:33), who state that:

> “In some cases, the very survival and integrity of traditional medical knowledge is under threat, as external social and environmental pressures, migration, the encroachment of modern lifestyles and the disruption of traditional ways of life weaken the traditional means of maintaining or passing traditional medical knowledge on to the future generations. There might even be a risk of losing the very language that sustains and transmits the knowledge. Either through acculturation or diffusion, some traditional medical knowledge has been irretrievably lost.”

The advent of Europeans in Africa generally and in South Africa specifically, resulted in the prevalence of an attitudinal supremacy by Western ideologues over African ways of living, including African health systems (Mayekiso & Mawere, 2015). Imprudent immersion in Western systems of knowing through the colonial enterprise spawned airs, attitudes and impressions of arrogance and pride among people who made up conventional institutions in systems of health care. In particular, the advent of European colonial rule on the African continent in the nineteenth century heralded a significant epoch in the history and perceived significance of African traditional medicine. The Witchcraft Suppression Ordinance of 1896 was enacted in Britain. Thereafter, it was promulgated using various names in British colonies, and its key essence was that it criminalized the 'witch doctor', a derogatory term used to describe African traditional medicine-men and healers. In some countries, African traditional medicine practices were erroneously thought to be associated with witchcraft, backwardness and superstition, and were therefore outlawed and subsequently banned. As a result, African traditional health practitioners lost much of their authority and legitimacy even if their knowledge endured and was informally cascade down to subsequent generations (Busia, 2018). The burden lies with African communities to revive indigenous forms of knowledge and apply them in their current contexts in order to forge a sustainable future, including in the area of health care (Dei, 2012).

Eminent proponents of decolonial thought and African renaissance such as Odora-Hoppers (2002), Mbembe (2015), Ndlovu-Gatsheni (2020), and Oelofsen (2015), continuously emphasise the importance of foregrounding African thought, philosophy and praxes that resonate with African lived experiences, realities and aspirations. This is because the skewed power dynamics that marked the encounter of Africa with Western colonial regimes shaped the marginality of African ethno-medical systems, while allopathic medicine took centre stage. This shaped the progression of indifference and antipathy towards traditional medical practices by colonial authorities, buoyed by religious and other driving forces of cultural domination such as the Eurocentric educational system (Mulemi, 2016), as supported by Busia (2018:17), who writes:

> "As the colonial authorities sought to expand "modern" health services with the establishment of medical and nursing schools, hospitals, and other health facilities, the populations gradually rejected their indigenous medicine in favor of this "refined" system of health care. In addition, the introduction of Christianity, which sought to purge Africans of what was considered to be demonic belief systems, contributed to the gradual demise of African traditional medicine."

Laenui (in Chilisa, 2012), delineates the progressive phases which characterise the process of decolonisation that revives indigenous knowledge. They are stated as rediscovery and recovery, mourning, dreaming, commitment and action.

i) Rediscovery and recovery

This is when colonised people rediscover and recover their own history, culture and identity. Various causes or reasons may bring people to a place of discovery and recovery. These could include curiosity, desperation, escape or fate (Laenui, in Chilisa, 2012). Compared to African traditional medicine, allopathic expensive medicines that are largely controlled by an oligarchic and monopolistic pharmaceutical industry can be regarded as a key factor in triggering the reversion to traditional medicines. Additionally, disease resistance to synthetic drugs and their toxicity has significantly contributed to the global buzz for people to go organic in terms of what they ingest into their bodies. Traditional medicines are not only organic, but also a hallmark of a culturally responsive health care system (Kutesa, 2018).

ii) Mourning

Mourning involves lamenting the continued assault on the world's colonised and oppressed peoples' identities and social realities. The process of mourning is considered crucial to the process of healing and denotes reminiscing on the on-going attack on

indigenous people. This stage can take an indeterminate amount of time if there appears to be no alternative course of action (Laenui, in Chilisa, 2012). This stage is reflected in the rise of Afro-centric scholars lamenting the marginalisation of indigenous systems in medicine not only in medicinal scholarship, but also in health-care institutions. This melancholic phase gives way to the next which is dreaming.

iii) Dreaming

This stage is when indigenous histories, worldviews and knowledge systems are invoked to theorise and imagine alternative knowledge systems. Dreaming calls forth histories of the colonised to envision alternate possibilities. Among other interventions, this involves a commitment to recognise the voices of the colonised in bringing curriculum change through research driven interventions. It is considered the most crucial phase for decolonisation as it involves the full exploration of a range of possibilities through debates and consultation. It allows indigenous people to express their hopes and full aspirations (Laenui, in Chilisa, 2012). In the context of traditional medicine, this is reflected when novel thoughts animate the mind and conversations on discourse emerge on how the use of traditional medicine can centred to sustainably benefit communities. Scholastic meditations on possibilities of models, frameworks and systems on how to implement traditional medicine-centric health care systems occur in this stage.

iv) Commitment

This is when people find their voice and demonstrate the commitment to include the voices of the colonised. In this process, people combine their voices to forge a combined course of action which expresses the will of the indigenous people (Laenui, in Chilisa, 2012). In traditional medicine, this is reflected when traditional medicine practitioners, scholars and advocacy groups vociferously express the significance of traditional medicine, and harness resources and support to ensure that key stakeholders play a role in implementing sustainable traditional medicine frameworks.

v) Action

This is when dreams and commitments translate into strategies for social transformation. This action should arise from a logical outworking of the commitment of the people. It is a pro-active step taken upon the consensus of the people (Laenui, in Chilisa, 2012). This manifests when policy is taking a conciliatory approach towards traditional medicine. The use of traditional medicine is mainstreamed into society, and traditional medicine is no longer on the fringes or called an 'alternative.' Objective, empirical and contextually relevant studies on the efficacy of traditional medicines occur to produce balanced critiques on the role of indigenous knowledge in society.

Globally, however, there is an evolvement and a shift of perception towards traditional medicine in general. Table 2.2 shows the current status of traditional medicine in various geographic locations to enunciate the point that traditional medicine is increasingly gaining recognition. Traditional medicine which has pejoratively been regarded as primitive could be mankind's saving grace as it continues to shape the trajectory of modern health care (Busia, 2018). It is on that score that Tosam (2019), posits the view that all healing and medicinal cultural frameworks should be given identical prominence because every medical tradition has something to offer to the broader health landscape.

Table 2.2 Synoptic global characteristics of traditional medical systems

Name	Origin	Characteristics of theory or application	Current Role or Status
Traditional Chinese medicine		TCM is based on Yinyang and Wuxing concepts. A TCM formula includes a group of various drugs that function together congenially to achieve a synergistic effect.	Both TCM and conventional medicine exist at every gradation of the health-care system, and both are covered under public and private insurance
Ayurveda	**India**	Ayurveda uses natural elements to eradicate the main cause of the disease by reinstating balance. The Ayurvedic philosophy is to live a healthy life to avoid the appearance of imbalance and unnecessary pain	The Indian government has an official body to ensure Ayurveda's educational efforts, quality, and practice.
Russian herbal medicine	**Russia**	Due to the special geographical environment of Russia, Russian herbal therapy has collected and adopted traditional medicine methods that were introduced from Europe and Asia.	Herbal therapy is a formal and independent department of medicine in Russia; thus, herbal medicinal products are regarded as official remedies.
Traditional Aboriginal medicine	**Australia**	Indigenous peoples of Australia believe that health problems have three types of causes: natural bodily causes, harmful spirits, or witchcraft.	Because of colonization, traditional Aboriginal medicine is in danger of becoming extinct.
Traditional medicine in Africa	**Africa**	Traditional medicine doctors treat patients holistically. They generally seek to recombine the mental and social equipoise of sufferers according to social relationships and rules. The accessibility of traditional medicine is one of the most	Eighty percent of African people use traditional medicine either by itself or with conventional medicine

		important reasons for its popularity across Africa. Traditional medicine exemplifies respect for the cultural heritage.	

Adapted from Yuan, et al. (2016)

Hence epistemological openness and a cessation of prejudices towards non-Western traditions are the key aspects that can diffuse and mediate the power contestation among various medicinal frameworks, particularly the hypocritical assault by Western systems on African indigenous systems as stated by Nhemachena (2015:54):

> "One way in which to subject Africans and make them fit the Western matrix was to demonise African ancestors upon whom Africans relied in the struggles against colonialism. Indigenous people who were able to identify plants, soil, insects and other elements in their environments have had their knowledge effaced in the same way, yet the indigenous knowledge is relied on by Euro-pharmaceutical organisations to extract medicinal plants and knowledge from Africa."

The critical issue for postcolonial Africa, according to Nhemachena (2015), is not merely to secure the recognition of indigenous knowledge but to mainly ensure that such knowledge is equitably mobilized and harnessed to benefit post-colonies (Nhemachena, 2015). The struggle to promote indigenous knowledge systems is captured by Mawere (2015:33), who argues that:

> "Traditionally, the people of Africa used a plethora of traditional 'scientific' knowledges and 'technologies' to sustain their respective societies and promote political, socio-economic development. With the advent of colonialism and its enlightenment science (heretofore referred to as modern science), African traditional scientific knowledges and

> technologies (heretofore referred to as indigenous knowledge) bequeathed from their forefathers were despised, labelled as irrational, void of logical thought, unscientific and antidevelopment such that their users were either discouraged or forbidden from using them. Instead, modern science and technologies were either encouraged or imposed on the indigenous peoples of Africa."

Considering the foregoing, Mulemi (2016), underscores the need for Africanist researchers to frame counter-narratives and epistemologies that advocate for the recognition and support of African medicine as an independent knowledge system. This notion is premised on the reality enunciated by Tosam (2019), that no medical framework, no matter how scientifically sophisticated it may be, has absolute mastery of disease and treatment or can provide solutions to all dimensions of health. Even Western medicine is only as effective as its idea of the sick body, and each medical system sharpens and focuses its diagnostic and healing gaze based on its perception of the body or the patient (Tosam, 2019). In most African countries, traditional medicine is still the main source of health care delivery despite the growth of Western civilisation in the areas of modern technology and orthodox medicine (Odede, 2020). This is because African traditional medicine is the oldest, and perhaps the most diverse of all the world's indigenous medical systems, inspired by the premise that Africa is the cradle of human civilization with a rich biological and cultural diversity marked by regional differences in healing practices (Busia, 2018). Hence, the African indigenous system of healthcare cannot be seen as an alternative in medical system classification nomenclature because traditional medicine is organically and innately African (Odede, 2020).

The uniqueness of indigenous African medicinal systems lies in its conception of what constitutes health. In Africa, good health is achieved through a balance of all social forces that consist of kinship ties, relations with the ancestral spirits, deities and the environment. African healing ideologies stems from the perspective that man's nature is not only physical but also mental and spiritual which accounts for man having a body, soul and spirit. Natural cause of disease, include moral or ritual infringement be it sexual abuse,

stealing, killing, witchcraft or sorcery and ancestral spirits. Whilst the spiritual and social causation of disease is of great importance in indigenous traditional medicine, it is for the same reason that Western anthropologists, concluded that Africans had no proper medical system (Adu-Gyamfi & Anderson, 2019). According to Ofili, et al. (2019:32), in the African framework:

> "…illness is (mostly) thought to be related to supernatural causes such as angered spirits, witchcraft, or alien/evil spirits, even for conditions now known to be well understood in modern medicine such as hypertension, sickle-cell anemia, cardio-myopathies and diabetes. African traditional beliefs consider the human being as being made up of physical, spiritual, moral, and social aspects. The functioning of these three aspects in harmony signified good health, while if any aspect should be out of balance, it signified sickness. Thus, the treatment of an ill person involves not only aiding his/her physical being but may also involve the spiritual, moral, and social components of being as well. Many traditional medical practitioners are good psychotherapists, proficient in faith healing (spiritual healing), treatment of snake bites, treatment of whitlow, removal of tuberculosis lymphadenitis in the neck, cutting the umbilical cord, piercing ear lobes, removal of the uvula, extracting a carious tooth, abdominal surgery, infections and midwifery."

Tosam (2019), seems to agree with the above notion by pointing out that, many African metaphysical outlooks, every disease is connected to a natural or supernatural cause. It is widely believed that illness is caused by attacks of evil spirits, witchcraft, and violation of taboos. If spirits are mistreated or neglected by the living, they can bring sickness or misfortune to the living as punishment or warning. Diseases can therefore arise from people's violations of taboos and ritual rules of ontological harmony, either directly or indirectly through close or distant relatives.

Atonement and cleansing may be required. In addition, people can become ill through spells, witchcraft, and malevolent forces. Witchcraft itself does not cause disease, but witches and wizards can use their supernatural powers to induce disease in their enemies as a form of punishment or simply out of jealousy. is difficult to treat. Certain types of witchcraft are believed to interfere with biomedical diagnostic techniques or interfere with the effectiveness of medicines. By removing blockages, healer treatments allow hospital technology and medicine to function.

The ability by traditional medicinal practitioners interpret visible and invisible signs of spiritual and supernatural phenomena renders them indispensable in societies with strong cultural beliefs about the supernatural causation of most human afflictions, suffering and distress (Rankoana, et al., 2015). Yet still, taken at face value, this may be misconstrued to mean that Africans' notions of illness and the activities of traditional medical practitioners have always been one-dimensional and associated with the mystical and mysterious, even for obvious causes of illness. However, Chavunduka (1986:56), interjects by clarifying that bacterial and social awareness has always existed within the African framework of conceptualizing illness:

> "Although traditional healers believe that many illnesses are caused by witchcraft, they also recognise many other causes of illness as well, such as spirits, germs and bacteria. On the whole, traditional healers enjoyed tremendous prestige in the past. Not only were they regarded as medical specialists; they were also expected to deal with a wide range of social problems as well. In fact, much of the traditional healer's time was spent trying to help people to come to terms with their social problems. In the social field, the traditional healer was a religious consultant, a legal and political adviser, a marriage counsellor and a social worker."

Busia (2018), affirms the above notion by enunciating that, the history of traditional medicine in Africa dates back to about 3200 BC, when King Menes became the first

Pharaoh of ancient Egypt. During this time, medical knowledge was recorded in the form of tomb wall paintings and papyri. Papyrus of Ebers, circa 1500 BC.

The BC is the most notable of these documents and is believed to be the oldest surviving medical document. It included information on medicinal plants such as aloe, cannabis, cassia, castor oil, frankincense, fennel, henna, juniper, flaxseed, myrrh, opium, senna and thyme, as well as methods of diagnosis and treatment. Contrary to the widely held belief that traditional African medicine is more mystical, superstitious and satanic than scientific, some evidence suggests that practitioners may find natural causes of disease. This suggests that it is highly possible that they were aware of it.

Cursory dismissals of indigenous medicine cause deliberate and unwitting binary opposition of non-western against western medical knowledge systems, which binary oppositions persist in textual and discourse inventories of scientists, health professionals and other documentation stakeholders who attempt to conceptualise traditional medicine from a Euro-centric lens (Mulemi, 2016). These are vestiges of what Gatsheni-Nldovu (2020), regards as ‘epistemicide’, in describing the phenomenon and practice of killing African epistemologies (knowledges).

Table 2.3 Juxtaposition of Indigenous Knowledge and Western Knowledge Systems

Indigenous Knowledge	Conventional Knowledge
Generated by societal members through trial and error as members seek solutions to their daily problems	Generated by planned procedures and rules
Drawn from existing societal wisdom and other local resources and a sense of creativity	Drawn from set-out principles, theories, and laws
Passed on orally (though this is changing) from one generation to the next	Passed on through documents and other stores of knowledge
Normally not found in school curricula (though this is changing)	Found in school curricula
Generated in specific local contexts, though influenced by knowledge generated in other contexts (which means IKs are dynamic and not static)	Generated in academy
Normally not found in packages	Found in package such as disciplines
Constantly changing, produced as well as reproduced, though perceived by outsiders/external observers as static	Normally found in permanent form such as theories and in print
Emphasises cooperative communalism as it strives to include all children in the community	Emphasises competitive individualism as it eliminates learners through failure of tests

Adapted from Mawere (2015:60)

2.5 Chapter Conclusion

The afore-going chapter analysis reviewed literature on African traditional medicine, African cosmology, THP and the right to health, protection of intellectual property, African culture and the fundamentals realities of traditional medicine in South Africa. Literature unveiled that is key to legitimise a formulation of a policy because accumulating such deeper insight of African traditional medicine allows objective, impartial and ethical policies that embrace the needs of the indigenous peoples. At the same time, the chapter

learnt that the influence of ‘religious practices and beliefs’ amongst African communities is argued to play a pivotal role in African people seeking treatment. Besides the African beliefs, there has been damaging publicity that has been spread about African traditional medicine. This was argued that there is no understanding of TM without understanding the legal scope within which it would need to be operated. The Traditional Health Practitioners’ Act 22 of 2007 was then established to develop a Traditional Health Practitioners Council of South Africa, and to provide a regulatory framework to ensure safety and quality of traditional health care services. Besides this, the intellectual property of African remain vulnerable as it is not protected or to ensure their benefits. As such, the researcher noted that a lot of work requires to be done to salvage and give respectability to a health resource used by most of the African peoples. The next chapter presents a synopsis of categories of traditional medicines.

CHAPTER THREE

SYNOPSIS OF CATEGORIES OF TRADITIONAL MEDICINES

"You can't fight an evil disease with sweet medicine."

(Chigumadzi, 2018)

3. Introduction

This chapter explores the common categories of traditional medicines in African traditional medicinal systems. The main ones discussed in this section include herbal medicines, animal extracts and spiritual procedures.

3.1 Herbal medicines

Traditional healing is associated with herbs (Mothibe & Sibanda, n.d.). Herbal medicine is a part and parcel of and sometimes synonymous with African traditional medicine. It is the oldest and still the most widely used system of medicine in the world today. It is used in all societies and is common to all cultures. Herbal medicines, also called botanical medicines, vegetable medicines, or phytomedicines, as defined by World Health Organization (WHO:2014) refers to herbs, herbal materials, herbal preparations, and finished herbal products that contain whole plants, parts of plants, or other plant materials, including leaves, bark, berries, flowers, and roots, and/or their extracts as active ingredients intended for human therapeutic use or for other benefits in humans and sometimes animals. A detail of plant parts used in traditional medicine include roots, bulbs, rhizomes, tubers, bark, tubers, leaves and fruits (Ozioma & Chinwe, 2019). There are various ways in which herbs are administered to clients, including orally by drinking (in the case of concoctions, decoctions and infusions), eating (in the case of powdered plant material mixed with food and chewing parts of the plant – the leaf, bark, root – and spitting out the residue) (Mothibe & Sibanda, n,d.). According to Okaiyeto and Oguntibeju

(2021), there is an increasing number of people gravitating towards herbal medicine due to:

- Strong cultural beliefs, especially among rural people, that herbal practices are far better than modern medicines for treating diseases,
- ingrained perceptions that herbal medicines are natural and safe because they are products of plants naturally found in the environment,
- accessibility and cost-effectiveness, and they have been the only option source of treatment in some African communities because they are inexpensive and the raw materials for preparing the mixtures are readily available,
- perceived superior efficacy in the sense that for some people, herbal medicines can treat some complicated health problems that Western medicines cannot treat,
- confidentiality in treatments regiments compared to Western systems wherein files for patients can be handled by different people,
- Fear of erroneous diagnosis from western medical systems, and
- Long waiting periods and queues involved in consulting conventional medical practitioners.

Figure 3.1: Sample of some of the South African Herbal Medicinal Plants.

Source: https://www.herbology.co.za/2020/11/10/medicinal-plants-of-south-africa-pdf/

3.2 Animal extracts

Faunal or animal resources played extensive roles in human life, ranging from facets such as religion, music and other various cultural expressions. Medicine is one of the key elements that animals continue to contribute towards traditional medicine (Vats & Thomas, 2015). The indigenous knowledge on the use of animal parts is embedded in local people and traditional medical practitioners (Magige, 2015). In African traditional medicine, the use of products of animal species for the treatment of a wide range of human ailments is widespread (Boakye, Pietersen, Kotzé, Dalton & Jansen, 2015). Animal products constitute a vital ingredient in the preparation of curative, protective and preventative medicines for purposes such as immunity from disease, protection against bad luck and witches, aphrodisiacs, potency, and to bring good health to communities (Williams & Whiting, 2016).

Nieman, Leslie and Wilkinson (2019), claim that the use of animal species is predicated on the cultural recognition of certain traits in animal species as expressed in folktales and tables. Their study in South Africa, for example, found that animals such as lions possess elements of strength. Hence it influences the preparation of medical concoctions. Porcupine quills were found to be used in preparing and administering medicine because the porcupine is known to largely feed on bulbs and tubers which are often employed in ethno-botanical medicine, cattle egret (bubulcusibis), were used to guard homesteads because they are seen 'guarding' livestock as they characteristically walk alongside them, and rinkhals (haemachatus), were used to protect crops against hail since it is believed that the characteristic hood of the cobra can cover the crops. Species such as leopard, baboon, porcupine, monitor lizard, genet, puff adder, African rock python, vultures, and black-backed jackals are some of the most common species used for traditional medicinal purposes in Africa (Nieman, et al., 2019).

Figure 3.2 Sample of Animal Extracts Used as Traditional Medicine in South Africa

a) leopard paws; b) a typical stall, selling a variety of animal parts including southern African python and southern ground hornbill; c) mainly cowrie shells, crocodile osteoderms, porcupine quills, assorted bones and teeth; d) marine fauna including star fish, coral and a variety of fish; e) mainly tortoise shells, pieces of elephant skin, giant land snails and assorted bones; f) assorted animals, including pangolin scales and an aardvark foot.

(Source: Whiting, et al., 2011)

3.3 Spiritual procedures

African people in general believe that their traditional healing systems are divinely orchestrated to aid human health. Before the advent of the orthodox medical health care system, the only available and reliable sources of health maintenance were within the traditional system (Essien, 2013). Traditional African religion entails a chain of communication between God and the living with the living communicating with God indirectly through the mediation of the ancestors. They are superior to the living and comprise of departed/deceased parents, grandparents, great-grandparents, aunts and uncles (Mokgobi, 2014). It is on that basis that misfortunes, diseases, mishaps, and sicknesses are often attributed to ancestral spirits, witchcraft, or the acts and spells of sorcerers (seen or believed to affect the victims even without direct contact) instead of to biological or medical causes (Essien, 2013). The principal spiritual activity in African traditional medicine is divination. The diviner uses bones and the spirits of the ancestors to diagnose and prescribe medication for different physiological, psychiatric and spiritual conditions (Mokgobi, 2014).

Divination involves consulting the spirit world concerning an individual or circumstance of illness and it goes beyond the scope of a rational mind. The spirit world is usually consulted to determine if there has been a transgression of an established order that could have caused the sickness. Depending on the geographic context, this is usually established through using cowry shells, seeds, money or bones. Bones however constitute the most common divining objects and are derived from animals such as lions,

hyenas, baboons, wild pigs and other animal species (Ozioma & Chinwe, 2019). In traditional medicine, healing by divination also involves the expiation of negative spiritual forces, spiritual cleansing and sacrifices in conjunction with other medical procedures (Tosam, 2019). Despite Africans' cultural circumstances and changing religious belief patterns, which have tended to undermine the effectiveness of the traditional health care system, traditional religious spiritual leaders have continued to make serious contributions to the health care delivery system of the people in Africa today (Essien, 2013). According to Ozioma and Chinwe (2019), spiritual cases involve the following:

- **Spiritual protection:** If the cause of the ailment is regarded as an attack from evil spirits, the person would be protected using talismans, charms, amulets, specially designed a spiritual bath to drive the evil spirits away. These are rites aimed at driving off evil and dangerous powers, spirits, or elements to eliminate the evils or dangers that may have befallen a family or community.

- **Sacrifices:** These are sometimes offered at the request of the spirits, gods and ancestors.

- **Spiritual cleansing:** Spiritual cleansing may occur in the form of a sick person being made to bathe at specific times for a prescribed number of days either with water or animal blood poured from head to toe.

- **Appeasing the gods:** If a disease is perceived to be caused by an invocation of a curse or violation of taboos, the diviner appeases the ancestors, spirits, or the gods according to the severity of the case.

- **Exorcism:** This is a practice of expelling demons or evil spirits from people or places that are possessed or are in danger of being possessed by them. Many of the traditional communities believe that illness, especially mental illness, is mostly caused by evil spirits.

- **Libation:** Libation involves pouring of some liquid, mostly beer on the ground or sometimes on objects, followed by the chanting or reciting of words. It is usually regarded as a form of prayer. The liquid could also be water or, in modern times, wine, whisky, schnapps, or gin.

Figure 3.3 Spiritual Healer/*Sangoma*

Source: Ozioma & Chinwe, 2019

3.4 Traditional Medicine and the Dimensions of Health

This section explores the main dimensions of health and how traditional medicine addresses each of them in line with holistic health, which is one of the key objectives of primary health care.

3.4.1 Physical Dimension

The physical dimension of health refers to the bodily aspect of health. It refers to the more traditional definitions of health as the absence of disease and injury. Physical health ranges in quality along a continuum where a combination of diseases such as cancer, diabetes, cardiovascular disease or hypertension are at one end and a person who is at optimum physical condition (think health not fitness) is at the other (Bailey, et al., 2012). It conceptualizes health biologically as a state in which every cell and every organ are functioning at optimum capacity and in perfect harmony with the rest of the body. According to Ozioma and Chinwe (2019), physical health incorporates aspects such as muscular strength, bone health, maternal and infant health, sleep patterns and nutrition/diet.

3.4.2 Mental Dimension

Mental health refers to the cognitive aspect of health. Often mental health is linked to, or includes emotional health, however, I want to distinguish between the two. Mental health is more the functioning of the brain, while emotional health refers to a person's mood often connected to their hormones. Mental health then includes many mental health issues such as Alzheimers and dementia. It refers to the person's ability to use their brain and think. Mental health is the ability to respond to many varied experiences of life with flexibility and a sense of purpose (Jaber, 2016). The African traditional medicine therapies for treating mental illness include the use of medication which can be from herbs, such as burning plants like imphepho (Helichrysum petiolare) (Ngobe, Semenya & Sodi, 2021). Spiritual therapy attempts to bring peace and harmony between the living and the spiritual world, especially spirits of the ancestors, which are believed to live on after death and

continue to influence events in the living world (Mbwayo, Ndetei, Mutiso & Khasakhala, 2013). A study by Sorsdahl, et al. (2009), in South Africa, revealed that traditional healers and religious advisors, appear to play an important role in the delivery of mental health care in South Africa. A study by Ngobe, et al. (2021), among traditional healers in Mpuamalanga in South Africa, revealed that some key approaches to treating mental illness involved the throwing of bones and assessing the person's history. Some of the causes of mental illness include those ignoring ancestral callings, substance abuse induced mental illness, psychosis, breaking of cultural taboos and mental illness due to witchcraft (Ngobe, et al., 2021). Ajima & Ubana (2018:67), comment on the existence of African traditional psychiatry and psychiatrists by saying:

> "Traditional psychiatrists are those in African traditional medicine that specializes in the treatment of mental disorder or the treatment of lunatics. They treat mental disorder by restraining violent patients or given herbal hypnotics or highly sedative herbal potions to calm them. The efficiency of the traditional psychiatrist in the African society tells more of its usefulness and as a reasonable alternative even to the orthodox psychiatric hospitals."

Figure 3.4: Burning of *Impepho*

Source: https://anthroonline.wordpress.com/2019/04/10/focus-area-3-week-1ritual-object/

3.4.3 Emotional Dimension

Emotional health is about the person's mood or general emotional state. It is our ability to recognise and express feelings adequately. It relates to a person's self-esteem as well as their ability to control their emotions to maintain a realistic perspective on situations. The relationship between emotional and mental health is clear, and as such some illnesses relate to both, such as depression and anxiety (Jaber, 2016). Emotional wellness leads to improvement in aspects such as satisfaction, enjoyment, self-efficacy and self-esteem. Traditional medicines treat or prevent conditions such as stress, depression and anxiety (Bailey, et al., 2012).

3.4.4 Social Dimension

The social dimension of health refers to our ability to make and maintain meaningful relationships with others. Good social health includes not only having relationships but behaving appropriately within them and maintaining socially acceptable standards. The basic social unit of relationship is the family, and these relationships impact a person's life the most. Other key relationships are close friends, social networks, teachers, and youth leaders (Bailey, et al., 2012). Harmony and integration with the individual, between each individual and other members of society, and between individuals and the world in which they live (Jaber, 2016). The social idea of a connected network (family, relatives, neighbours and community members), is pivotal in African indigenous communities. Indigenous traditional medicinal knowledge systems do not only prevent or cure illnesses, but holistically preserve societal systems and norms through configuring social interactions (Adu-Gyamfi & Anderson, 2019). In relation to social well-being, Mbiti (1990:108-109) states:

> "Only in terms of the other people does individual become conscious of his own being … When he suffers, he does not suffer alone but with the corporate group ... Whatever happens to the individual happens to the whole group, and whatever happens to [the] whole group happens to the individual. The individual can only say: I am because we are, and since we are, therefore I am."

3.4.5 Spiritual Dimension

There are strong spiritual aspects to traditional African medicine (Odey, 2008). In African spirituality, divination and ritual are the tools used to address imbalances and to maintain ideal states of being. Africans believe that all things in creation have the quintessential essence (spirit) of the creator contained within it (Marumo & Chakale, 2018). La Porte (2016:45) writes:

> "In African spirituality God appears to be both distant (remote) and near, transcendent and immanent. Divinity is perceived in terms of vitalism, as a force that moves and rules humanity and determines their fate in the world. In African thought inclusiveness is important and, therefore, African religion is both communal and anthropocentric. The role and veneration of ancestors in African spirituality emphasise the unity and continuity of life."

African traditional religion is the basis upon which African traditional medicine is mostly practiced. Health and wholeness are integral part of African traditional religion. The belief of the existence of a supreme being, supernatural forces, origin, meaning and the ultimate purpose and destination of human life greatly influence their concept of health and wholeness. Sickness in any individual in the African society is viewed as sickness to the entire community because of the communal system that is operated in Africa, thereby necessitating the healing of that community (Jima & Ubana, 2018). Much attention is increasingly being drawn in scholarship towards the role of spirituality and health in the

community. Formidable pressure is being felt to redefine the meaning and interventions in existing health systems in this regard. Health today cannot be conceived as balanced without including the dimension of spirituality in it. The spirituality and spiritual practices have been shown to have a positive impact on many of these lifestyle diseases. Until now, the scientific community of the world has successfully established the positive role of spiritual practices and spirituality concerning the treatment of cancer, hypertension, depression and smoking (Dhar, Chaturvedi & Nandan, 2013). Onongha (2015), highlights three main aspects that have a bearing on the connection between spirituality and health: right relationships, right living and right worship.

Concerning right relationships and health, Onongha (2015:21) comments:

> "There exists in the mind of the African a mystical connection to the universe, objects seen and unseen, to persons, living and dead, and to the deities, supreme and lesser. The individual's well-being is dependent upon the harmony that exists between these various realms with which interaction is shared. The communal bonds that tie humans with the natural and spiritual worlds if broken, or dysfunctional, could result in disease, distress, or death. As a result, a primary preoccupation for many is ensuring that the ancestors, spirits, and divinities are not offended, neglected, or abandoned. Accordingly, sacrifices and libations are regularly needed to appease capricious deities and to turn away their wrath."

Concerning right living and health, Onongha (2015:34) states:

> "Another feature of the religion that has a direct influence on a person's well-being or health is how carefully one lived in order not to break a taboo and thus bring offense. Each tribe and group has its own peculiar set of taboos, which if ignored or contravened, could produce illness. As a result, moral rectitude is an important factor in maintaining optimal health conditions, whether mental, emotional, or physical. This aspect of

> moral rectitude highlights the psychosomatic relationship between the mind and body, between doing and being, and demonstrates the holistic view of health that Africans have."

Regarding right worship and health, Onongha (2015:24) writes:

> "Health and healing in the traditional African society is the function of the deities. Well-being, prosperity, and longevity are the gifts that the ancestors and divinities bestow upon faithful followers, while illness, disease, or death are tokens of their displeasure. One sure indication, therefore, that not all was well regarding an individual's or a community's spiritual state was when health was lost. Evidently, the remedy to such maladies would only be obtained if the individual or community returned to the veneration of the gods of the land and paid proper observance of the rituals, festivals, and worship of the deities."

3.5 Legislative Framework for Traditional Medicine in South Africa

The historic marginalization of African traditional medicine in well explored in the literature. The history of South Africa has had a marked effect on the collective health and well-being of its people (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009). Before 1994, political, economic, and land restriction policies structured society according to race, gender, and age-based hierarchies, which greatly influenced the organisation of social life, access to basic resources for health, and health services. A piece of legislation such as the Witchcraft Suppression Act 3 of 1957 in South Africa had comparable legislation in various parts of Africa and was purposively used to demonise and annihilate the use of African traditional medicine. An empowering overall legislative context is essential for policies to materialize (Gavriilidis & Ostergren, 2012). The right to health is one of the core characteristics of a just legislative framework. However, the right to health care in rural areas is compromised by several health system and socio-economic barriers. To realise the right to health, the specific conditions and realities of rural areas need to be considered. This in turn requires sufficient insight by policy makers into rural health

systems, so that implementable policies are designed that can achieve their intended goals equally among citizens (Gaede & Versteeg, 2011).

Appropriate legal frameworks also checkmate quacks and charlatans in the practice of traditional medicine, which enhances potential cooperation between traditional and modern medicine for the benefit of millions of people who depend on traditional medicine in Africa (Abdullahi, 2011). According to Mashabela, Zuma and Gaede (2016), the current body of evidence demonstrates much progress in the way that traditional healing is perceived in South Africa, having shifted from a derogatory 'witchcraft paradigm' supported by the Witchcraft Suppression Act (3 of 1957), to a more tolerant, and in some instances reconciliatory discourse of a 'healing paradigm' now protected under the Traditional Health Practitioners Act (22 of 2007). Mayosi (2014), however cautions against over-reliance on legislation to narrow disparities in the new South Africa to reverse aspirations for more equitable provision of health care. This places too much emphasis on legislation and biomedicine as the dominant routes to improved health, without consideration of the social determinants of health and the complexity associated with the effective practical application of new laws and health services (Mayosi, 2014).

The South African Department of Health recognised and institutionalised traditional medicine and healing practices by establishing a directorate of Traditional Medicine within the Department of Health (Moshabela, Zuma & Gaede 2016:84). They are recognised and respected members of the health community, officially incorporated in the workings of the government structure and providing a legitimate service to the people of the country. They are even legally obliged to provide sick certificates to patients (Beyers, 2020). This section explores the key legislative Acts within which traditional medicine and its usage find expression.

3.5.1 The Constitution of the Republic of South Africa, Act 108 of 1996

The South African constitution is regarded as the supreme law of the land as enshrined in section two which states that 'this Constitution is the supreme law of the Republic; law or conduct inconsistent with it is invalid, and the obligations imposed by it must be fulfilled'. Thus, any subsidiary legislation, court ruling or behavioural conduct that does not conform to the spirit, letter and tenets of the constitution is invalid to the extent that it offends the constitutional provisions. The widely quoted and recited preamble of the Constitution (1996) reads:

> "We, the people of South Africa, recognise the injustices of our past; honour those who suffered for justice and freedom in our land; respect those who have worked to build and develop our country; and believe that South Africa belongs to all who live in it, united in our diversity."

The preamble further goes on to state that the constitution seeks to:

> "Heal the divisions of the past and establish a society based on democratic values, social justice and fundamental human rights; lay the foundations for a democratic and open society in which government is based on the will of the people and every citizen is equally protected by law; improve the quality of life of all citizens and free the potential of each person; and build a united and democratic South Africa able to take its rightful place as a sovereign state in the family of nations."

A careful analysis of the preamble highlighted above, reveals that from the outset, the constitution is a corrective tool intended to revitalize those basic values, aspirations and practices that were pushed to the periphery through unjust legislative practices and hegemonic constructions of knowledge. Traditional medicine is one of the key areas of knowledge which suffered under the caprices of colonialism. With the loss of land upon which the rich resources of traditional medicine were harvested, Africans found themselves at the mercy of the heavily commercialized western medical industry. The

diversity of knowledge which was supposed to enrich society made way for a hegemonic and bookish knowledge system which lampooned and lambasted all forms of traditional knowledge systems. Inevitably, this trumped on all the values associated with social justice, wherein the image of men in white dust coats with stethoscopes became the archetypical image of a health care worker. On the other hand, the traditional healer was branded the witch doctor or the voodoo practitioner whose methods, medicines and sorceries were unscientific at best and diabolic at worst. The effect of such a skewed medical framework has been the ostracisation of the potential contribution that traditional medicine potentially makes on the pharmaceutical and medical landscapes. The constitution however seems to present a framework within which the practice of traditional medicine is not only an acceptable science, but also something to be worthily pursued in embracing diversity, pursuing social justice and seeking an improved, better life for all. Thus, the belief systems of every citizen should ideally be respected in their pursuit an improved life in a democratic society.

Section two of the South African constitution presents the cornerstone of democracy in South Africa known as the Bill of Rights. Among the pertinent rights outlined in the Bill of Rights, the ones which appear to have an immediate interpretational link to the usage of traditional medicine include the following:

- Section 9 on equality
- Section 10 on human dignity
- Section 15 on the freedom of religion, belief and opinion
- Section 16 freedom of expression
- Section 22 on freedom of trade, occupation and profession
- Section 27 on health care, food, water and social security
- Section 31 on cultural, religious and linguistic communities

In addition, section 185 of the constitution provides for the establishment of the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities whose core functions include:

- promoting respect for the rights of cultural, religious and linguistic communities,
- promoting and developing peace, friendship, humanity, tolerance and national unity among cultural, religious and linguistic communities, on the basis of equality, non-discrimination and free association, and
- recommending the establishment or recognition, in accordance with national legislation, of a cultural or other council or councils for a community or communities in South Africa.

Based on the mentioned constitutional provisions, it is apparent that as a departure from apartheid legislative frameworks which criminalized, maligned and victimized certain aspects of traditional medical practice, the constitution provides extensive latitude for traditional practitioners to culturally express themselves within the ambit of the law in promoting their professions and in pursuit of the advancement of broader societal health and well-being.

3.5.2 The Traditional Health Practitioners Act, 22 of 2007

While the Constitution provides an overarching framework that recognizes the role of traditional medicine and its practitioners, the Traditional Health Practitioners Act delves into the specifics and mechanics that govern those who administer traditional medicine. Section 2 of the Act cites its purpose as being to:

- establish the Interim Traditional Health Practitioners Council of South Africa,
- provide for the registration, training and practices of traditional health practitioners in the Republic, and
- serve and protect the interests of members of the public who use the services of traditional health practitioners.

Based on the foregoing, the Act explicitly recognizes the role of traditional practitioners and how they can be a structured institution with checks, balances, forms of accountability and a medicinal footprint on the broader spectrum of health care. This review will not delve into the depths of the operations of the Council that govern traditional practitioners, suffice to comment that the instituting of operational frameworks and disciplinary procedures which the Act explicitly details augur well for transparency and weeding out fraudulent practitioners who cast the traditional medicinal craft in bad light. The objects of the Traditional Health Practitioners Council dovetail with the principles of primary health care by:

- promoting public health awareness,
- ensuring the quality of health services within the traditional health practice,
- protecting and serving the interests of members of the public who use or are affected by the services of traditional health practitioners,
- promoting and maintain appropriate ethical and professional standards required from traditional health practitioners,
- promoting and develop interest in traditional health practice by encouraging research, education and training,
- promoting contact between the various fields of training within traditional health practice in the Republic and to set standards for such training,
- compiling and maintain a professional code of conduct for traditional health practice, and
- ensuring that traditional health practice complies with universally accepted health care norms and values.

Some of the provisions of the Act may not go unchallenged. One of the key tenets of indigenous knowledge, upon which traditional medicine finds traction, is that it foregrounds local nuanced knowledges. If, for example, one of the tenets of the Act is to promote health practice that complies with universally accepted standards, the question would be who is the standard bearer for such values in a pluralistic medical framework

that is traditional medicine? Hence further conservations and discourses are pertinent in ensuring that local nuances are not swallowed up or drowned in the pursuit of a universalistic traditional medicine system or framework. Diversity is the cornerstone of the constitution, and it provides multiple approaches and multi-pronged perspectives as opposed to the monopolistic character of big pharmaceuticals which have seen the cost of medicine outside the reach of the many underprivileged.

3.5.3 The Protection, Promotion, Development and Management of Indigenous Knowledge Act 6 of 2019

The Protection, Promotion, Development and Management of Indigenous Knowledge Act 6 of 2019 is a landmark act in foregrounding the importance of indigenous knowledge. Its objectives according to section 3 include the following:

- protecting the indigenous knowledge of indigenous communities from unauthorised use, misappropriation and misuse,
- promoting public awareness and understanding of indigenous knowledge for the wider application and development thereof,
- developing and enhancing the potential of indigenous communities to protect their indigenous knowledge,
- regulating the equitable distribution of benefits,
- promoting the commercial use of indigenous knowledge in the development of new products, services and processes,
- providing for registration, cataloguing, documentation and recording of indigenous knowledge held by indigenous communities,
- establishing mechanisms for the accreditation of assessors and the certification of indigenous knowledge practitioners, and
- recognising indigenous knowledge as prior art under intellectual property laws.

Considering that traditional medicine forms part of indigenous knowledge, this Act provides a framework for legitimizing indigenous knowledge and preserving it for future

generations. In the context of this Act, traditional medicine must be protected, promoted, developed, enhanced, regulated, profited from, preserved, accredited and be sheltered under intellectual property laws. In the context of primary health care, the Act provides a comprehensive structure for indigenous knowledge to be an enduring reference point for sustainably solving modern health challenging in a dynamic world.

3.6 Synopsis on Primary Health Care in South Africa

Primary healthcare (PHC) is defined as essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community, through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (World Health Organisation, 2008). According to the World Health Organisation (2018), primary health care has three inter-related and synergistic components which are:

- Meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course, strategically prioritizing key health care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services,
- Systematically addressing the broader determinants of health (including social, economic and environmental factors, as well as individual characteristics and behaviour) through evidence-informed policies and actions across all sectors, and
- Empowering individuals, families, and communities to optimize their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and caregivers.

The end of apartheid in 1994 placed health care reform at the apex of the country's developmental agenda (Coovadia, et al., 2009). In 1994, mainstreaming primary health care in South Africa was an idea 'whose time had come' (Kautzkyi & Tollman, n.d). The

philosophy of primary health care was set down as the foundational principle on which the public health system is to be built, in line with the ideals of the Alma Ata Conference which advocated for primary healthcare as the main strategy for strengthening health systems in developing countries (Khuzwayo & Moshabela, 2018; Le Roux & Couper, 2015).

The government attempted to improve access to primary health care for the poorest and most marginalized by expanding the health care facility network and abolishing user fees for primary health care. The National Health Plan of 1994 emphasised the need to develop a cohesive, unified health system, based on a district- level system (McGuire & Costa-Font, 2012). Thus, the philosophy of primary healthcare forms the basis of South Africa's health policy and provides guidance for healthcare service delivery. The principles undergirding primary health care include:

- Equity,
- community participation,
- social and economic development,
- interventions focused on the determinants of poor health, health promotion, prevention, cure and rehabilitation,
- an integrated referral system to facilitate a continuum of care,
- teams of health professionals with specific and sophisticated biomedical and social skills,
- adequate resources, and
- a client-centred approach.

However, according to Visagie and Schneider (2014), it is uncertain as to whether the objectives of primary health care have reached rural areas and if primary healthcare is implemented successfully in these areas. Many South Africans living in rural areas lack access to affordable, quality, and comprehensive health care, despite significant

government investment to strengthen the health system (Gumede, Taylor & Kvalsvig, 2021). A study by Besada, et al. (2020), showed that peri-urban, rural and deep-rural areas in South Africa have different needs concerning community-based services, and such differences must be considered in resource allocation decisions regarding primary health care. Sandes, et al. (2018), list the main obstacles to effective implementation of primary health care and they are iterated here as:

- insufficient longitudinal access to patients' clinical histories in the health services that are nearest to the villages,
- language and illustrations in the health education booklets that are inappropriate for the indigenous context,
- difficulty communicating with health professionals,
- inadequate transportation to health units,
- insufficient epidemiological data on the indigenous villages,
- lack of information about local indigenous cultures, and
- fear that the patients will be discriminated against or humiliated.

The above-mentioned challenges are typical in the hospital-centric health care delivery system and are reflective of the disconnect that occurs between service delivery and negotiating the concepts and tropes of indigeneity that prevalently subsist within the context of rurality, principally factors such as language and culture. The public health care system in South African rural areas has been delivered through a system of rural hospitals and clinics, many of which were built and operated as mission hospitals until the 1970s, when most of them were taken over by the apartheid government to centralise planning. These hospitals form the infrastructure for the new National Health System, the aim of which is to de-centralise to a district-based health system (Vergunst, 2018). Hence primary health care is mainly facilitated through the allopathic medical system. Hence the character of primary health care is clinic-centered in delivering health assessment, diagnosis, treatment and evaluation to ensure positive patient outcomes (Michel *et al.*, 2018). The expected role of a primary health care practitioner in the South African health

system as enunciated by Vergunst (2018), includes having expert knowledge and skills in the following areas:

- Chronic diseases and geriatrics,
- home based care,
- health information system,
- HIV/AIDS and sexually transmitted infections (STI),
- mother and child's health including immunization, integrated management of childhood illnesses, family planning and antenatal care,
- mental health,
- minor ailment treatments,
- prevention of mother to child transmission (PMTCT),
- school health services, and
- tuberculosis.

(Michel et al., 2018) notes that the key priorities in health care include:

- Addressing the large burden of disease through concerted focus on health promotion and wellness, and the social determinants of health,
- developing the capacity of communities to engage meaningfully with the health sector through formal and informal mechanisms of participation and enhanced community-based services,
- strengthening accountability mechanisms such as facility health committees and hospital boards,
- strengthening a still uneven district health system in South Africa,
- strengthening the human resource base of primary health care through ensuring that the training curricula of primary health care practitioners are re-oriented towards PHC, and
- adherence support, community-based follow-up, monitoring, quality assurance, and resource mobilization.

Vergunst (2018), however, observes that health systems should not depend on the western biomedical model alone in attempting to address primary health particularly in rural areas due to a lack of appropriately trained medical staff and resources. Research findings by Burger and Christian (2020), suggest that despite reforms since 1994 intended to promote equal access to health care, many pockets of inequity remain particularly in areas of availability and affordability especially for vulnerable subgroups such as the poor rural population consisting mainly of Black South Africans. Indigenous, cultural or local systems can play a vital role in the aetiology and understanding of illness. Hence Busia (2018), notes that for most people in rural areas, traditional medicine and traditional practitioners reputably constitute the most accessible and affordable health resource available to local communities, and sometimes the only treatment recourse that subsists in those areas. This supports Meissner (2004:44), who reasons that:

> "There is a global trend in health care away from the doctor centred towards the patient-centred approach. One of these options in South Africa is the African traditional healer, who still plays a significant role in the everyday life of the majority of the Black population. Traditional healers are still firmly established health care providers in their respective communities. They are familiar to their clients. Both share the same language and world view. Health and illness are perceived in the same light. African traditional healing is part of African culture and essential for the health and well-being of a great part of the black population. The healer understands the significance of ancestral spirits, he shares the belief in supernatural forces, and he identifies with the reality of witches. Traditional healers as part of the primary health care team have an enormous potential in treating many prevailing illnesses, educating people in various aspects of preventable conditions and at the same time bridging the cultural gap in the concept of health and disease, thus making healing more culturally appropriate."

3.7 The Case for an Indigenous Traditional Medicine Primary Health Care Framework of Service Delivery

As can be seen in the previous section, processes of establishing formal healthcare systems in Africa have tended to disregard ethno-medicine practitioners and their craft since the colonial era (Mulemi, 2016). Long before the advent of Western medicine, Africans had their own way of dealing with diseases and it worked for them. African traditional healers or diviners were intelligent, skilled and insightful enough to prescribe traditional solutions to diseases whether they had spiritual or physical causes with little or no side effect (White, 2011). As Yuan, et al. (2016), insightfully put it, human history is also the history of medicines used to treat and prevent various diseases. The institutional disregard of traditional medicine that came with colonialism was implicitly a form of disrespect on the historicity of indigenous societies' abilities to find solutions of preventing, diagnosing and treating various illnesses and allaying human suffering. These approaches to health are influenced by each society's cultural conception of the human body, the nature of disease and their perception of the universe (Tosam, 2019). Hence it is a gross injustice of sorts to systematically ostracize the rich body of knowledge that indigenous medical history has to offer.

Health systems around the world are baulking under the increased levels of chronic illness, threats of pandemics, population aging and escalating health care costs. Patients and health care providers alike are demanding that health care services should be re-calibrated with a stronger emphasis on care which includes expanding access to traditional medicine in primary health care (Zhang, 2020). The World Health Organisation (2013), estimates that up to 80% of people in Africa use traditional medicine, while in sub-Saharan Africa, the ratio of traditional healers to the population is approximately 1:500. Biomedical doctors on the other hand have a 1:40 000 ratio to the rest of the population. This means that there are 80 times more traditional healers than biomedical doctors. The numerical advantage enjoyed by traditional medical practitioners potentially augurs well for addressing some of the challenges faced in the health sector, particularly the problem of staffing in primary health care (Vergunst, 2018).

Seventy-two percent of the Black African population in South Africa is estimated to use traditional medicine, accounting for some 26.6 million consumers. It is estimated that in South Africa some 128 million courses of traditional medicine treatments are prescribed per year, resulting in the consumption of approximately 20 000 tonnes of plant material, most of which is indigenous. African traditional healers provide cheap, affordable and accessible health care services within their communities, particularly in the rural areas where orthodox medicine does not reach due to inadequate human and material resources (Isola, 2013). Traditional healers also occupy the space where there is a lack of effective modern medical treatment for some ailments such as tuberculosis, which, although global in distribution, disproportionately affect Africa more than other areas in the world (Mahomoodally, 2013). For many people in South Africa, however, traditional medicine is not considered an inferior alternative to western medicine or a last resort crutch when all else fails but is regarded to be desirable and necessary for treating a range of health problems that western medicine does not always do (Mander, Ntulii, Diederichsi & Mavundla, 2007).

The WHO has played a significant role in developing policy frameworks to guide the integration of traditional healing into health care systems, especially in developing countries. The World Health Organisation promotes these functions by:

- Facilitating integration of traditional medicine into national health systems by helping member states to develop their own national policies in this sector,
- producing guidelines for traditional medicine by developing and providing international standards, technical guidelines and methodologies for research into products, practices and practitioners,
- stimulating strategic research into traditional medicine by providing support for clinical research projects on its safety and effectiveness,
- advocating the rational use of traditional medicine through the promotion of its evidence-based use, and
- mediating information on traditional medicine by acting as a clearing house to facilitate information exchange (World Health Orgnaisation, 2013).

In light of the above, it is apparent that as integral members of communities, the role in official health care systems such as primary health care programmes is supported and encouraged by the international community. For Indigenous traditional medicine to move in a new innovative direction, Oseni and Shannon (2020), make the point that it would require a monumental paradigm shift at all levels of authority given the established hegemony of allopathic medicine. In a study in Malawi by Lampiao, Chisaka and Clements (2020), results showed that the traditional healers were more enthusiastic than biomedical practitioners to collaborate. Biomedical practitioners had several reservations about traditional healers, and placed certain conditions on prospective collaboration. While traditional healers clearly had confidence in biomedical practitioners' competencies and respect for their practice, biomedical practitioners lacked trust in traditional healers and would not refer patients to them (Lampiao, et al., 2020). Thus, despite the emerging visibility of ethno-medicine, vestiges of negative attitudes linked to the advent of western culture and science in Africa will always remain (Mulemi, 2016). In response, African medicine should not beg for accommodation or tolerance into allopathic systems, but rather harness the existing good will from the more than 70 percent of those who use it by formulating self-contained frameworks that address primary health care within traditional practitioners' framework of service delivery. Proponents of African medicine as a distinct system of knowledge prefer safeguarding its 'complementary' or 'alternative' medicine status among other medical systems in the context of emerging therapeutic pluralism (Mulemi, 2016). In any case, African traditional medicine is the African indigenous system of health care and, therefore, cannot be regarded as an 'alternative', which is an anomalous descriptor. Tosam (2019:56) emphasises the point succinctly:

> "If conventional is taken to mean that which is common, customary, generally accepted or widely practiced, then it may be appropriate to regard TAM as conventional medicine in Africa because it has been used for several centuries and, side-byside with WSM, still serves more than 85 % of the population today. TAM is not merely an adjunct form of medicine, but conventional medicine in the African context. The fact that

> people persist in using traditional medicine even where modern medical facilities are available is an indication that modern medicine does not fully attend to their health needs."

The most common challenges encountered at consolidating the role of African traditional medicine in primary health care and summed up by Emeagwali (2020:24), and include:

- Alleged secrecy on the part of practitioners of ATM, and a perceived reluctance to divulge fully the secrets of their trade,
- the precise composition of the medicaments prescribed by traditional medical practitioners is often kept from public view, public scrutiny and open evaluation,
- practitioners fail to standardize medicinal preparations and offer varying arbitrary dosages to their patients, and
- traditional practitioners are accused of being unable to understand and act with precision against micro-organisms, in the absence of the current generation of spectrum microscopes and hi-tech medical equipment.

The validity of some of the key points raised above cannot be wished away or ignored. Such controversies and misgivings about the value, efficacy and safety of African medicine undoubtedly underpin the competitive disadvantage of African medicine among contemporary allopathic medical systems, leading to the lag in incorporating traditional medicine into formal African healthcare systems. (Mulemi, 2016). Mulemi (2016), however, offers an incisive analysis on how incorrect conclusions can be reached about traditional medicine when documented and analyzed through the prism of Western-oriented frameworks. African medical systems have their own forms safety precautions, precisions and methods of conceptualizing illness. In any case, secrecy is particularly valid in the context of intellectual property (Emeagwali, 2020). The caveat offered by Mulemi (2016:14-5) is that:

> "Existing documentation on African medicine misses out on the details of traditional safety measures and the efficacy of treatment regimes.

> Linguistic and conceptual differences that characterise the interaction between native informants and ethnographers may account for gaps in traditional medical resource listings. Attempts at standardisation and classification of African medical knowledge in languages of science contribute to de-contextualised descriptions, mistranslation, misinterpretation and even misrepresentation of local perspectives in the use of traditional medicinal substances. Documentation research and discourse on ethno-medicine tend to be inadequately linked to its African ontological context. This partly explains proliferation of deconstruction of the authenticity and essence of African medicine. Research and documentation that model African medicine along western biomedical standards and world view undermine its evolution as an independent knowledge system."

Still related to the point above, and coming from a slightly different angle, Sobiecki (2014:33), raises the same point as Mulemi (2016), by indicating that "Traditional African medicine often carries with it a perception and stigma of being irrational and ungrounded in scientific method in academia". One of the reasons for the widespread bias in traditional African medicine is the failure to effectively interpret the concept of traditional African medicine. This is because these concepts are often metaphorical descriptions of the biological and psychological effects of plants used in traditional African medicine preparations, or a combination thereof used.

Translated into other languages such as English, these metaphorical descriptions of the use of medicinal plants appear to falsely reflect scientifically unfounded mysticism and/or superstition. Culture of medical phenomena This difficulty in interpreting medical descriptions, together with the fact that there is little scholarly research dealing with the science of South African traditional medicine in the life sciences, illustrates the disconnect between South African humanities and biomedical research. traditional medicine.

The epistemological premise of construction of African medicine by western scientists, health professionals and other documentation stakeholders often drawing on conceptual frameworks of modern western biomedicine may yield assumptions that belie the essence of African ethno-medical systems (Mulemi, 2016). Afro-centric scholarship should unearth safety mechanisms, ways of sharing medicinal information and standardization procedures that are endemic to indigenous practices. The fact that a dosage was not measured in a calibrated test-tube does not mean there are no ways in which African medical practitioners determine dosages. Hence, Odede (2020), states that in spite of the historical marginalisation of traditional medicine, the attention currently given by governments to widespread healthcare application has given new impetus to research, investment and the design of programmes in this field within several developing countries in Africa, especially South Africa. Traditional healers, each have a field of expertise in which they use their own methods of diagnosis and a particular set of knowledge skills in traditional healing (Beyers, 2020), and traditional medicines and this can be harnessed, structured and orientated to form an ecosystem of indigenous medicine primary health care centres that locally serves local communities. However, there are hardly any frameworks in scholarship that present African traditional medical practitioners having their own referral systems and interactions among themselves to lay a base for a monolithic indigenous medicine framework that can contend on equal footing with allopathic medicine in primary health care. This is the gap that the current study attempts to fill.

3.8 Mapping Indigenous Traditional Medicine on Key Characteristics of Primary Health Care

This section outlines and explores the key aspects of primary health care and how the usage of traditional medicine maps onto each of them. These aspects are gleaned from the well-cited definition of primary health care by the World Health Organisation (1978:28) which is:

> "essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination."

3.8.1 The Practical Aspect of Traditional Medicine

The basic definition of practical is that of an idea, plan, or method likely to succeed or be effective in real circumstances. The practicality of traditional medicine lies in the fact that. There is noticeable reversion of traditional approaches in the treatment of physical and psychosocial ailments. In part this comes because conventional medicines are becoming ineffective and expensive and there is a feeling that traditional medical approaches are more, this is coupled by the fact that western medicines are extracted from traditional approaches (Kutesa, 2014). Gavriilidis and Östergren (2012), contend that South Africans use traditional medicine due to its holistic approach, which meets both the spiritual, body and physical needs of a patient. In addition, utilization of traditional medicine in South Africa is far reaching in all areas and among various age groups, genders and social classes, distinctive education levels, unlike Western medicine which is sometimes inaccessible to poor rural communities. This is illustrated by Sorniecki (2014), who highlights that the traditional healer, prescribe herbal, mineral, or veterinary medicines to drink, vomit, bathe, or sprinkle around the house for physical, psychological, or spiritual medicinal benefit or spiritual protection.

Thus, traditional healers aim to correct imbalances on a physical, mental, or social (interpersonal) level. Traditional fortune-teller healers can therefore be said to practice holistic medicine because their approach treats the whole person and the appeals to that

person. /n. relationship with society and the environment. Therefore, authentic African traditional healers play an important role in healthcare. There, people accept and believe that nature, man and spirit are not separate, but are all in the world, and use drugs to harness these forces physically and psychologically.

In South Africa, the Medical Research Council (MRC) established a Traditional Medicine Research Unit and the University of Cape Town created a database for African traditional medicine, known as TRAMED. Also, this creation is reinforced by the National Drug Policy which underpins the safe and effective use of medicines including in the field of African traditional medicine (TRAMEDIII 2009). Traditional healers in most instances are the first point of contact of people infected by various illnesses especially in rural settings (Beyers, 2020).

3.8.2 Scientifically Sound

One of the views that attempt to disqualify the scientific soundness of traditional medicine is that traditional medicine does not go through rigorous testing and experimentation that western medicine goes through. Based on that, all categories of traditional medical practitioners have subjective knowledge that has no empirical basis. Western medicine undergoes the scientific method consisting of mainly three distinct steps that are observation, hypothesis and verification through experimentation. Most traditional medical practitioners have accumulated a long track record that can be taken as a sign of reliability but one's personal experience does not constitute some evidence base rich enough to justify the attribution of reliability (Kutesa, 2018).

Trinter (2017), however, argues that the test of time that African traditional medicine has taken is a guarantee of its rigour. In recent years, the treatments and remedies used in ATM have gained more appreciation from researchers in western science (Antwi-Baffour, *et al*., 2014). El-Ghani (2016), adds that in fact, Western scientific methods have validated African traditional medicines (plants, minerals and animals) which are prescribed by African traditional practitioners. It is because of this that many pharmaceutical companies

are rushing to African indigenous communities to look for these medicinal plants, animals and minerals, even to the point of contravening intellectual property, trademark and patenting laws in the process (El-Ghani, 2016). But in any case, the reason why various ethno-medicines have not been 'scientifically validated' in the Western sense of the term for safety and efficacy is attributable to the lack of collaboration between biomedical scientists and traditional healers, rather than being because the treatments or processes lack scientifically verifiable mechanisms of action (Sobiecki, 2014). This lack of collaboration is largely due to the ingrained culturally conditioned prejudice against African traditional healing as unscientific (Mawere, 2012).

Borrowing further from Mawere's (2012), thought process and logic of indigenous knowledge systems as a science, traditional medicines are not administered in a haphazard or arbitrary manner. They follow several well-defined procedures for them to work. If one fails to follow the procedures required in adhering to a particular traditional medicinal regimen, then the outcomes may not be as desirable. This is not to say that traditional medicines fall under the so-called medical science of lab coats and stethoscopes, they fall under 'African science' generally known as African indigenous knowledge systems (IKSs). By that, Sobiecki (2014:13-4), presents the following clarification:

> "African traditional medicine concepts are often metaphorical descriptions of the biological and psychological effects of plants or combinations of plants used in traditional medicinal preparations. These concepts are thus culturally encoded in the language used by indigenous peoples and are therefore masked. Thus, the view of traditional medicine as irrational is often based on failing to correctly interpret, and therefore misunderstanding, these culturally defined metaphorical descriptions of plant use. Combining anthropological, ethno-botanical and phyto-pharmacological research can help to counter the traces of academic prejudices with regard to the empirical basis and medicinal effectiveness of traditional African medicine."

Frans (2012), therefore states that the notion that African traditional medicine 'require less rigorous and comprehensive efficacy evaluation is questionable (Frass, 2012). Considerable experience and advances have been accumulated and developed over the past thousands of years with respect to methods of preparation, selection, identification, and noting the best time for obtaining various traditional medicines (Yuan, et al., 2016). It is therefore a misnomer that because traditional medicines do not subscribe to western scientific testing methods, they are therefore unsafe. Sobiecki (2014:19), intervenes as thus on the undue and sometimes unfair attention on traditional medicine, considering that western 'scientific' medicine has toxicity issues too, which sometimes, or oftentimes surpass traditional medicine:

> "Another biased academic focus is the issue of the safety and efficacy of African traditional medicine. It is doubtlessly true that if African traditional medicines are to be manufactured and sold as products safety and efficacy needs to be standardized. However, concerns regarding toxicity issues are usually leveled only at traditional medicines, while similar concerns are not mentioned in relation to biomedicine, although these concerns do in fact exist. In fact, traditional healers have reported methods to prepare medicines which nullify toxins, or prescribing particular dosages for limited time periods to prevent toxicity."

Sobiecki (2014:14), further admonishes that, "The challenge for scientists….. It is to use traditional medical practice with an open mind to the fact that there may be more scientifically valid processes going on beneath the surface of the ritual. Linguistic descriptions must be translated and interpreted effectively... Rationality and empirical solidity are not always readily apparent, but they are often present".

Based on the above, 'clinical trials' in traditional medicine has been conducted since ancient times, and with its usage of natural products, traditional medicine merits over other forms of medicines in terms of laying scientific foundations for the discovery of lead

compounds and drug candidates, examining drug-like activity, and exploring physicochemical, biochemical, pharmacokinetic, and toxicological characteristics. If any form of TM is applied successfully, it may surprisingly assist in the development of new drugs, which is what science is about (Yuan, et al., 2016; George & Van Staden, 2020). Hence although the lack of documentation of traditional medicine has resulted in low acknowledgment from conventional systems (Sinson, 2019), traditional medicine has been 'field-tested' for centuries and have proved to work for generations and generations.

3.8.3 Socially Acceptable Methods

The usage of traditional medicine uses socially acceptable methods that dovetail with people's cultures and lived experiences. Traditional medicine practitioners seek to recombine the mental and social equipoise of sufferers according to social relationships and configurations (Yuan, et al., 2016). Opare-Hanuku (2013), for example, avers that a majority of Africans are predisposed to having questions such as 'why one got that sickness' answered rather than 'how the person got the sickness'. To such questions, Teuton, Dowrick, & Bentall, (2007), claim that African traditional practitioners' narratives to clients' questions provide holistic relief compared to de-contextualised diagnoses of Euro-Western practitioners that are mainly pathology-centric. Although African cosmologies differ depending on geographical contexts, key and common underlying fundamental values are present in all African cultures, and the holistic approach is one such common thread in traditional medicine (Trinter, 2017).

The existence of charlatans and quacks masquerading as traditional healers has over the years given currency to the notion that traditional medicinal practices are socially deviant. Critiques of African indigenous knowledge systems mostly bring the issue of *muthi*-killings, mostly known as ritual murders wherein people in societies such as albinos and other groups are killed at the advice of some traditional healer to form part of ingredients in traditional medicine (Asamoah-Gyadu, 2014). One of the key components of African culture is ubuntu in which humanistic principles that recognize the value in others (Nxumalo & Mncube, 2019). Therefore, ritual murders are outside the frame of reference for *Ubuntu.* Hence, to dismiss the role of traditional medicine due to some fringe and

mischievous characters is as unreasonable as dismissing western medicine on account of unethical or diabolical practices of some few practitioners.

3.8.4 Universally Accessible to Individuals and Families

The accessibility of traditional medicine is one of the most important reasons for its popularity and continued usage across Africa (Yuan *et al*., 2016). As has been reiterated, African traditional medicines use local natural plant and animal materials in the treatments of diseases (Al-asamari, 2014). This makes availability easy not only for traditional practitioners, but also for individuals and families. One of the basic tenets of primary health care is self-care. Therefore, certain traditional medicines can be harvested and used by individuals without them having to consult a traditional medical practitioner to make concoctions and decoctions for treating and preventing various ailments. The use of enema for example is one of the most common practices in African households for which no traditional healer is consulted. Frass (2012) argues that a large population of African rural South Africans depends on organic resources for everyday survival. Substances such as the leaves, blossoms, roots, bark, natural product, seed, stems as well as animal extracts such as hooves, skins, bones, quills and tusks form part of ubiquitous substances forming part of the planning of curative, protective and preventive medicine (Baydoun, 2015).

3.8.5 Affordable Cost

Modern pharmaceuticals and medical procedures remain inaccessible to large number of African people due to their relatively high cost and sometimes the great distances involved in accessing them. Traditional medicine on the other hand is available and affordable to the ordinary Africans especially in rural areas where people are affected by poverty (Antwi-Baffour, 2014). As a result, numerous indigenous communities use African traditional medicine in South Africa despite the various attempts by various sectors to discredit its efforts due to scepticism (Trinter, 2017; Gavriilidis & Östergren, 2012).

3.8.6 Leads to Self-reliance and Self-determination

Traditional medicine improves indigenous peoples' prospects of improving their health statuses and not relying on expensive corporate pharmaceutical products that are usually very expensive. Beyond that, traditional medicine can be traded which can be a source of livelihood and a platform to fight poverty especially in rural areas (Frass, 2012). Since indigenous traditional knowledge incorporates utilization of particular plants, identification of medicinal plants, and harvesting practices, myths, traditional beliefs, superstition, stories and customs, there are some of these knowledges that can be secured under intellectual property.

3.9 Conclusion

This chapter concludes that African traditional religion is the basis upon which African traditional medicine is mostly practiced. Health and wholeness are integral part of African Traditional Religion. The belief of the existence of a supreme being, supernatural forces, origin, meaning and the ultimate purpose and destination of human life greatly influence their concept of health and wholeness. Therefore, it is evident that many people in South Africa, however, traditional medicine is not considered an inferior alternative to western medicine or a last resort crutch when all else fails but is regarded to be desirable and necessary for treating a range of health problems that western medicine does not always do. Traditional medicine is available at the lower costs. Therefore, certain traditional medicines can be harvested and used by individuals without them having to consult a traditional medical practitioner to make concoctions and decoctions for treating and preventing various ailments. The use of enema for example is one of the most common practices in African households for which no traditional healer is consulted. The next chapter outlines the research methods used in the study.

CHAPTER FOUR

RESEARCH METHODOLOGY

"Even though it may result in social disadvantages, a lack of formal education does not necessarily imply a lack of knowledge"

(Allison et al, in Dankelman and Davidson, 1988:124).

4.1 Introduction

This chapter explains with justification the methodology adopted for the study of the role of traditional medicine in primary health care. The following are described and their justifications: the research design, paradigm, study area, population, methods of collecting data and ethical considerations.

4.2 Methodology

Methodology refers to the approach that is followed in researching a specific problem (Creswell, 2014). It focuses on the way data is collected, processed and analysed within the study. Methodology assumptions identify and describe the researcher's philosophy in terms of the purpose of the study, as well as the method and criteria that will ensure trustworthiness. According to Yin (2020), research methodology is the process used to collect information and data for the purpose of making a decision or conclusion based on the study of interest. In addition, Strauss (2019), states that research methodology is the systematic, theoretical analysis of the methods applied to a field of study and it offers the theoretical analysis of body of methods and principles associated with a branch of knowledge.

4.3 Research Design

A research design is the blueprint for fulfilling the research objectives and responding to the questions (Maxwell, 2012). In other words, a research design addresses the question that is considered key, question of what type of the study will be undertaken to provide acceptable answers to the research question or problem (Mouton, 2020). A qualitative design was adopted for this study.

4.3.1 Qualitative Research Design

According to O'Neil (2016), qualitative research means any kind of research that produces findings not arrived at by statistical procedures. In other words, qualitative research is concerned with developing explanations of social phenomena (O'Neil, 2016). Therefore, the use of a qualitative research design helped me to understand the world and why things are the way they are. Also, it is concerned with social aspects of the world and seeks to answer questions about why people behave the way they do (Creswell, 2014). O'Neil (2016), further states that qualitative research is used to help understand how people feel and why they feel as they do. Shank (2012:5) states that,

> "…this type of inquiry is grounded in the world of experience. Inquiry into meaning says researchers try to understand how others make sense of their experience".

In that light, qualitative design is the most suitable design to explore the status of traditional medicine as the inquiry is grounded in the world of experience. Furthermore, it seeks to understand how people feel and why they feel towards African traditional medicine in the 21st century. Based on the latter, an exploratory qualitative design was adopted.

4.3.1.1 Explorative Qualitative Design

According to Mouton and Babbie (2019), exploratory qualitative design paves a way for me in the selection of primary and secondary study materials. The study explored the role of traditional medicine in primary health care. As indicated by Mouton and Babbie (2019), an explorative qualitative research describes new and unique observations that are unknown. This was relevant as the study pursued to show the role of traditional medicine in primary health care. The strength of this design in this study was that it was adaptable, and it saved time and expenses on the part of the researcher. Also, the design had the needed capacity to offer explanations of 'how' and 'why', which were key in the study (Yin, 2003).

4.4 The Research Paradigm (World-view)

All research pursuits are premised upon certain philosophical assumptions in their adoption of methods that are considered valid for developing knowledge in given fields of study (Nieuwenhuis, 2010). The broad term for describing such philosophical assumptions is referred to as a paradigm. A paradigm refers to ways (methodology) of generating knowledge (epistemology) based on one's interpretation of reality (ontology) (Maree & Van der Westhuisen, 2010). This study employed the interpretivist paradigm. Interpretivism views the understanding of reality as being multiple and subjective. The knowledge generated from the research process depends on the time and context of the study. In the context of this study, I sought to gain a deeper understanding of leadership and its complexity in its unique context instead of trying to generalise the base of understanding for the whole population. This provided explanatory subjective realities based on participants' in-depth responses and insider's insights which no other paradigm could comprehensively provide. In addition, the interpretivist paradigm provided a comprehensive angle to look at phenomena given that there are few studies which focus on the role of traditional medicine in primary health care.

The interpretive paradigm provided unique nuances by exploring multiple realities (Creswell, 2014). In this study through interpretivism, I was able to probe and prompt the interviewee's thoughts, perceptions and views regarding the role of traditional medicine in primary health care. The interpretivist paradigm is therefore amenable to the use of qualitative research methods, and these methods were adopted in the current study. Table 4.1 provides a synoptic comparative illustration of various paradigms to clearly contextualise the relevance and pertinence of the interpretive paradigm in this study.

Table 4.1 Comparison of Study Paradigms

	1. POSITIVIST PARADIGM	2. INTERPRETIVIST PARADIGM	3. PRAGMATIC PARADIGM
Ontology (Nature of reality)	Assumes a single reality	No single reality	Social real-life issues
Epistemology (Nature of knowledge)	Observer is independent of that which is researched	Observer is dependent of that which is being researched	Combination of both
Axiology (Role of researcher)	Unbiased	Biased	Goal-oriented
Methodology	Quantitative	Qualitative	Mixed-Methods
Data analysis	• Experiments • Quasi-experiments • Tests • Scales	• Interviews • Observations • Document reviews • Visual data analysis	Include tools from positivist and interpretivist paradigms, e.g. • Interviews • Observations • Questionnaires • Observations • Focus groups

Source: Adapted from Creswell (2007:15)

4.5 Area of the Study

This study was conducted in Allandale village, Bushbuckridge, in the Mpumalanga province. I chose the place because it is rich in traditional medicine and traditional healers that work with traditional medicine daily. I also chose the place because is within the area of the residence of the researcher. Besides that, I am well conversant with the languages spoken in that area.

4.6 Population of the Study

Polit and Hungler (2013), refer to population as an aggregate or totality of all the objects, subjects or members that conform to a set of specifications. This is the group from which the sample will be drawn (Tustin, et al., 2005). For this study population will consist of, traditional healers, western-trained doctors, youth and elderly people and traditional leaders in Bushbuckridge. Their selection and justification are given in Table 4.2.

Table 4.2: Selection and Justification of Participants

Category	Justification	Inclusion Criteria
1. Traditional healers • Herbalists[1] • Traditional birth attendants[2] • Diviners[3] • Faith healers[4]	They are knowledgeable about traditional medicine.	The practitioners that have been in practice for more than 5 years were selected (registered).
2. Western-trained doctors	Some of them look down upon traditional medicine	Those who have been in practice for more than 5 years.

[1] 'herbalist' means a person who engages in traditional health practice and is registered a herbalist under Act No. 22, 2007;
[2] 'traditional birth attendant' means a person who engages in traditional health practice and is registered as a traditional birth attendant under Act No.22,2007
[3] 'diviner' means a person who engages in traditional health practice and is registered as diviner under this
[4] 'Faith Healer' means a person who cures sick people by using the power of prayer and belief.

	Some of them refer patients to use traditional medicine.	
3. Traditional leaders • Chiefs • Senior head men • Ward councilors	They have knowledge of traditional medicine. Some of traditional leaders utilize traditional medicine and work closely with traditional practitioners. They also have knowledge of the people who practice traditional healing into their communities.	The traditional leaders of the villages of the study only.

4.6.1 Sampling Methods

Payne and Payne (2014), perceived sampling as the process of selecting a subset of people or social phenomena to be studies from large universe to which they belong. Judd, Smith and Kidder (2011), define the concept of sampling procedure as collecting some of the elements with the intention of finding out something about the population from which they are taken. The sampled participants of the study were 15 in total number. This was made up of three (3) traditional leaders, four (4) traditional health practitioners, three (3) elderly people and two (2) western-trained doctors. The study used non-probability sampling.

4.6.1.1 Non-probability Sampling

Non-probability sampling is a selection of research participants without necessarily attempting to generalise the findings to an entire population and involves decision about which people, settings, events, behaviour to be included in the study (Terre Blanche, et al. 2006:49). The non-probability sampling method is mostly associated with qualitative research methods and is appropriate for this study. In non-probability sampling, there is no attempt to select a sample whose responses will be generalizable to the whole

population. I used two sub-types of the non-probability sampling; purposive sampling and snow balling sampling.

(i) Purposive Sampling

The purposive sampling technique is also called judgmental sampling (Crossman, 2017). This type of sample is based entirely on the judgement of the researcher. Purposive sampling is a non-probability sampling technique in which elements are selected from the target population based on their suitability with the objectives of the study as well as specific inclusion and exclusion criteria (Daniel, 2012). The purposive sampling technique was ideal for this study since I am deliberately selected participants who were deemed fit to provide pertinent responses that could not be elicited from a different choice or set of participants using specific inclusion and exclusion criteria.

Purposeful sampling technique assisted in ensuring that the respondents with the information of the role traditional medicine as primary health care. The traditional healers that are producing and administering the traditional medicine were chosen to give in-depth information about traditional medicine. The categories of respondents targeted and used included traditional healers, youths, elderly people and traditional leaders. This method was chosen because it enables selection of participants based on their knowledge within the sampled area. Above all, the method was economical because only a part of the population that had vital knowledge to the area of study. Snowballing sampling was also used to gather more information.

4.7 Data Collection Methods

Data collection method is the gathering of information needed by a researcher to address a research problem (Pilot & Hungler, 2013). In other words, research methodology is a systematic way to solve a problem. It is a science of studying how research is to be carried out.

4.7.1 Semi-structured (one-on-one interviews)

A semi-structured interview schedule was used in the collection of data. The interview schedule consisted of questions and items on traditional medicine in primary health care based on the research questions and the objectives of the study. The interview schedule was self-developed with the assistance of the supervisor to ensure that it would comprehensively bring out responses which fully addressed the research question. An audio tape recorder was used to capture responses so that they could be fully transcribed. A notebook was also used as a form of back up to capture non-verbal cues from facial expressions, elongated pauses and other meaningful responses.

Semi-structured interviews are the instruments of collecting data through oral questioning using questions that are planned before the interview (Mouton, 2015). The study used semi-structured interviews, the interviews were carried out with the key informants: Traditional health practitioners, traditional leaders, community members and western doctors constituted the key informants in the study.

4.7.2 Data Collection Procedures

Permission to conduct the study was sought from the University of Venda Ethical Clearance Committee. Written permission to conduct the study was also sought from the traditional leaders.

Thereafter initial physical contact was made with the prospective participants about the proposed study and to distribute consent forms**.** Subsequent visits were made to schedule appointments with the research participants so that they could be interviewed at convenient places and times.

During the data collection stage, I used an interview schedule to read out the questions or items. I asked questions intended to probe the respondents towards giving information that were relevant in achieving the study research questions and objectives. Participants

were allowed to respond using a language that they were comfortable with. The responses were audio-taped for later transcription. I also took down notes and memos during the interview process for back up and to capture non-verbal responses such as facial expressions, pauses and tones. I also probed further and asked for clarity in cases where the responses were unclear. All the interviews were done face to face.

Key considerations that were included in the data collection with the traditional practitioners warrant mention. I knew and understood the community because of having been raised there I also knew the language of the community and by doing so it made the participants and I get along and establish rapport quickly. In other circumstances the other community members do not feel free to welcome new people in their precious homes. I had to go to the community and observe what is happening, what kind of lifestyle they live, to familiarised with the language of the community and to see if there is a spirit of togetherness.

I approached the traditional leaders' homesteads by way of observing cultural protocol. On arrival, I was not allowed to speak directly to the traditional leader. There was a middleman whom the I had to talk to and ask for a permeation to speak to the traditional leader about accessing the community and do an interview with the traditional leader. I was dressed in the traditional Tsonga regalia in line with customary deportment and decorum. The dress had to be long and the head was covered with a headscarf to show respect to the homestead of the traditional leader. I assured the traditional leadership that she would not publish any names or take people's pictures.

I was warmly welcomed to speak to the traditional leader and to have some interviews with the traditional leader with regards to the role of traditional medicine in primary health care. The interviews went well with the chiefs and headmen. The traditional leaders shared their knowledge of traditional medicine and thereafter, I was granted oral permission to interview the rest of the participants. In the process on conducting interviews, I was refereed by other participants to key knowledge holders and practitioners of traditional medicine.

I was referred to a community traditional health practitioner who is well known in the community and the majority of the community members consulted him. When I arrived at the place of traditional health practitioner resided, I dressed in a way that that was appreciable to the traditional health practitioner. I wore a long skirt and a long sleeve blouse in line with cultural decency and etiquette. The head was not covered since I had dreadlocks and traditional health practitioner was happy about it since other traditional health practitioners have dreadlocks as well. I was welcomed by the traditional health practitioner in a *ndumba* (mud house) where the first interview was held. A *ndumba* is small mud room where the all the tools for traditional health practitioners are put, some traditional health practitioner sleeps in the *ndumba.* I had to remove shoes when entering the *ndumba* because shoes are not allowed in. The traditional health practitioner explained that the ancestors did not like shoes because they (shoes) are regarded as a western appendage. Also, I was told to put something that she has (meaning money) to greet ancestors. had to put some money and the traditional health practitioner conducted some rituals wherein I also joined and become a part of it.

While I and traditional health practitioners were in the *ndumba,* another patient was brought on an emergency basis and the traditional health practitioner had to help the patient in the presence of me and after few minutes the patients was treated. I wanted to excuse herself and she was told that she could stay and observe if she was comfortable about it. The traditional health practitioner indicated to the patient that Iam the assistant to the traditional health practitioner. The interview went well, and the traditional health practitioner shared the knowledge on traditional medicine. The same routine happened with other traditional healers who formed part of the study.

With the rest of the participants, they were told that there would be no payment and consent forms were distributed before they started with the interviews. However, the journey of collecting data was not simple. Qualitative research is about social life whereby some of the participants provided sensitive some sensitive information with utmost hesitation. At first the researcher had to build trust. I had to make them to understand that is about research and the information that they will open up and give will be highly

appreciated. Some of participants were afraid at first to meet up with the researcher at the public places. They indicated that their husbands did not want them to mingle with youths because they would be undermined because of the information that they will give. This led to the slow process in the collection of data.

4.8 Data Analysis Method

This study employed thematic data analysis method. According to Ryan and Barnard (2011), theme identification is one of the most fundamental task in qualitative research. Theme can be described as “umbrella” constructs which are usually identified by me before, after and during the data collection. Hayes (2016:37) defines themes as “recurrent ideas or topics which are detected in the scripts being analysed and they usually come up in more than one occasion in a particular set of data”. I have identified all the data that was related to the above mentioned pattern or theme and entered the data appropriately. In that regard, I drew themes from the research objectives of the study. I utilised this approach because it is the standard and generally acceptable method for analysing qualitative data.

4.8.1 Thematic Data Analysis

According to Ryan and Barnard (2011), thematic data analysis is defined as presenting and interpreting data using themes. A theme can be described as “umbrella” constructs which are usually identified by me before, after and during the data collection. On the other hand, Hayes (2016:56), defines themes as “recurrent ideas or topics which are detected in the scripts being analysed and they usually come up in more than one occasion in a particular set of data”. I presented and analysed all the data using themes drawn from the research objectives of the study and prominent topics that emerged from the study. I utilised this approach because it is the standard and generally acceptable method for analysing qualitative data.

The data was analysed using Creswell’s six step process in analysing qualitative data (Creswell, 2014). The first step involved preparing all the data for analysis by transcribing

the entire interviews *ad verbatim.* The second step involved familiarisation with data by reading through the texts and taking down initial notes and noting general thoughts about the data. The third step involved coding the data, and this entailed organising the data by way of segmenting sentences and paragraphs into categories.

The coding process involved thorough reading and re-reading of transcripts and categorising the responses into analytical units. The codes provided a summarised overview of the main points and common meanings that recurred throughout the data. The fourth step involved identifying patterns among the codes to come up with themes. The themes were reviewed through careful reading to ensure that they were useful and accurate. Upon review, some of the themes were combined and interwoven to form interconnected links while the others were discarded based on relevance, or lack of it. The fifth step involved pointing up how the themes and descriptions were represented in the qualitative narrative. This involved a detailed discussion of various themes through key quotations and multiple perspectives from the participants. The final aspect involved the interpretation of the data. The interpretation was based on the meanings derived from comparing of the current study findings with the information from the theoretical framework and the literature review, to confirm or determine how the current findings diverge from or converged with past studies (Creswell, 2014).

4.9 Ethical Considerations

Ethics are defined as the branch of philosophy dealing with values that relate to human conduct, with respect to the rightness or wrongness of specific actions, and to the goodness or badness of the motive of and ends of such action (Mafunisa, 2000). Chapman (2011), argues that ethics are concerned not only with distinguishing right from wrong and good from bad, but also with the commitment to do what is right and acceptable. The ethics which followed in this study are discussed below;

4.9.1 Permission from the Institution

I attained permission to collect data from the university of Venda. Ethical clearance was given: project number SHSS/19/AS/01/1503. (See appendix).

4.9.2 Informed Consent

Informed consent is a statement, usually written that explain aspects of a study to participants and for voluntary agreement to participate before the study begins (Lawrence & Neumann, 2014). The participants were fully informed about the procedure and risks involved in the study and gave their informed consent verbally and also through signing the consent forms. I made sure that the participants were completely free to express their feelings. I ensured that research participants were not be exposed to physical or psychological harm, and they would not be subjected to unusual stress, embarrassment or loss of self-esteem.

4.9.3 Anonymity and Confidentiality

Anonymity is the ethical protection that participants remain nameless, their identities are protected from disclosure and remains unknown (Lawrence & Neumann, 2014). Anonymity is one important ethical consideration which encourages participants to give information freely. Anonymity is a good foundation for confidentiality where respondents know that the information given will not be misused. To achieve this, informants' identities such as their names were not being used in the analysis. However, even though this ethical consideration contracts African protocols where one ought to acknowledge the participants, all participants in this study opted to remain anonymous. Before the interviews starts participants were given the consent form that explains the rules of the interviews. Participants were assured that their names will not be revealed everything that will be spoken during the interview it will not be used against them. I asked to take some of the pictures during the interview and the participants has agreed. The pictures that are taken does not attach any emotional character of the participants.

4.10 Measures to Ensure Trustworthiness

The study incorporates measures to ensure the trustworthiness of the research process and findings. Thus, I gave a clear and understandable description of the methodology. To achieve this, the following were explored in the best manner possible: credibility, transferability, conformability and neutrality and member checks.

4.10.1 Credibility

According to Shenton (2003), credibility is mainly concerned with the question of 'How congruent are the findings with the reality?'. On the other hand, Guba and Lincoln (2002), argue that ensuring credibility is one of the most important factors in establishing trustworthiness. I was aware that some of the participants could not read and write, but they were Knowledge Holders (KH), these are elderly people and traditional health practitioners. I have catered for these participants by simplifying the questions and/or by translating the questions to the local languages. Also, I ensured that the translation was accurate by liaising with experts in the field of the language being translated.

4.10.2 Confirmability

According to the Oxford English dictionary (2001), confirmability as a way of establishing efficacy of the research. In other words, it refers to the objectivity or neutrality of the data. Furthermore, this objectivity and neutrality is sought so that the checks and balances on whether the data is relevant and is meaningful. I ensured that the findings of the study are true reflections of the participants' responses during interviews. In addition, researcher previewed the findings by replaying the recordings and reading responses with the participants to ensure that the findings are given accurately.

4.10.3 Transferability

Mouton (2012), indicates that in a qualitative study transferability rests on those who will be willing to use it appropriately at the receiving context. I have ensured that the findings are easy to be applied to related studies from similar environments. As such, dense description of the area of study was done so that the findings can be applied to places that are similar to such described conditions. Furthermore, I ensured that the data collected from the participants and recorded was analysed at the best of the researcher's ability. This was done so that those who wish to use the findings for policy and other things will find it easy to use.

4.10.4 Neutrality

The Oxford English Dictionary (2015), defines neutrality as not supporting either sides or impartial. It implies that I will not take sides when conducting the research. The findings of the study were influenced by the participants and not by the researcher's bias, interest and motivation during an interviewing process. So, during the study and compilation of the findings, I kept the duty of good faith and report the findings without any attachments of the feelings of the researcher.

4.10.5 Truth Value

According to the Oxford English Dictionary (2015), truth value refers to the trait given to a proposition in respect of its truth. I did not interfere with the findings of the study to suit personal outcomes. I applied all relevant methods to make the study speak for itself. Supervisors would also get assess the notes, recordings and pictures taken during the data collection to ensure that the data collected is the one written. I also reported back to most of the participants the compilation to ensure that the thesis contains the participants' views.

4.11 Limitations Encountered

Limitations encountered includes difficulty of getting participants at appointed times. Some appointments were cancelled or postponed thereby disrupting other set meetings thereby leading to setting new appointments. More so, a challenge existed wherein some participants had high expectations. These participants had high expectations that I was yet another philanthropist who had come to offer them some material support and some expected remuneration for their contribution. Part of the data was collected during the presidential elections campaign. So, this made some participants wanting to politicise the process of data collection. Also, the issue of emotions proved to be a fundamental limitation. It was quite challenging ignoring emotions of some of the participants as well as my own emotions. Numerous participants, especially those who were patients, could easily become very emotional during the interviews and one could see they needed help (even financial). As that was not enough, the poor road networks in some study areas, coupled with the remoteness of some of the communities made it tiresome to walk to those communities. Due to the limitation of time the traditional primary health care framework was not tested. Therefore, the framework was proposed to be developed so that it is tested.

4.13 Chapter Conclusion

This chapter critically explored the research design, study area, population and sample. Furthermore, the chapter dealt with data collection tools highlighting their strengths and limitations. The administering of these tools in collecting data was aimed at producing quality and reliable results. This chapter further examined the research ethics which the researcher observed during the data collection processes and after. The next chapter presents data collected and its analysis.

CHAPTER FIVE

PRESENTATION OF FINDINGS

"The forest not only hides man's enemies but its full of man's medicine, healing power and food."

(African Proverb)

5.1 Introduction

This chapter presents the main findings of the study. The main aim of the study was to explore the role of traditional medicine in primary health care in Bushbuckridge Region in the Mpumalanga province of South Africa. The main sources of data are the semi-structured interviews which were carried out with traditional leaders, traditional health practitioners, elderly people and western-trained doctors. The study findings are presented based on the objectives of the study with the support of direct quotes and pictorial illustrations. The key finding of the study that is supported form the objectives are the development of a primary health care model that deals with the referrals among the traditional health practitioners.

5.2 Demographic Profile of the Participants

A total of 12 participants took part in the study. Each participant provided general information which included gender, age, number of years in practice and the specific specialization/nature of medical practice. There was an exception with community members and traditional leaders to which the question of number of years and specialization in traditional medicine did not apply. The one-on-one interviews provided participants an opportunity to express their views openly. The composition of the participants was: Four (n=4) were traditional practitioners, three (n=3) were traditional leaders, three (n=3) were community members, and two were (n=2) western-trained

doctors. Table 5.1 shows the demographic profile of the participants. To protect the identity of the participants, they were coded with a pseudonym instead of their real names.

Table 5.1: Demographic Profile of Participants

Participant Category	Specific Category	Code Name	Age	Gender	Number of Years in Practice
Traditional Practitioner	Diviner	Sibongile	23	Female	5
Traditional Practitioner	Faith healer	Nomsa	40	Female	15
Traditional Practitioner	Herbalist	Mkhacani	50	Male	30
Traditional Practitioner	Birth attendant	Nyankwavi	60	Female	35
Traditional Leader	Head man	Hlengani	40	Male	N/A
Traditional Leader	Head man	Mukhohlwisi	60	Male	N/A
Traditional Leader	Chief	Mbiza	65	Male	N/A
Community Member	User of traditional medicine	Khensani	58	Female	N/A
Community Member	User of traditional and Western medicine	Thandiwe	60	Female	N/A
Community Member	User of traditional medicine	Mkhonza	71	Male	N/A
Western Trained Doctor	General Practitioner	Bongani	50	Male	20
Western Trained Doctor	General Practitiner	Ntokozo	30	Female	7

5.2.1 Categories of the Study Participants

To provide a clearer perspective on the participants' background and role in the study, their categories are explained in more detail.

5.2.1.1 Traditional Practitioners

Sibongile[5] is a 23-year-old single mother of a 10-month old baby girl. Although she has matriculated, she remains unemployed. She lives in a household of 10 members, for which her brother is the head of the house. She did not finish school because she had a problem of falling and collapsing almost every day when she was at school. In a bid to cure their daughter, her parents took her to the hospital and further consulted traditional health practitioners. At the hospital medical practitioners ran several tests and concluded that she was not sick. After obtaining her medical results from the hospital, Sibongile's brother and uncles deliberated on the issue and decided to consult traditional practitioners in a bid to seek a solution to the predicament.

After consulting several traditional health practitioners, they were advised that she was supposed to undergo training of being a traditional health practitioner. In other words, they were told that Sibongile had a calling to become a traditional health practitioner. However, it was difficult for her to take heed of the call because it meant that she had to leave her life behind and follow the calling of the ancestors. Eventually she agreed to answer to the calling and underwent training. As a result, the sickness that had tormented her for a long time came to an end. After her training she became a qualified traditional health practitioner. When a person consults with her, she only charges when the person is healed. She indicated that, this was an instruction she had got from the ancestors. Sources of health care for her child during ill-health are traditional healers, hospitals and clinics.

[5]A pseudonym used to protect the identity of the participant.

Nomsa[6] is a 40-year-old mother to 3 girls. She holds Grade 12 as her highest qualification. She lives with her husband and her 3 daughters. She is a faith healer. Her calling started when she completed high school. Her calling of being a faith healer started in church. She explained that she used to pick a person in church and take him/her to the corner where she would foretell what would happen or tell them about a problem in their lives. All these people would confirm what she would have said as true. She further said that on many occasions she would not be knowing what she is doing, and it was only her family members and church elders who would later explain to her when she comes out of the trance. She explained that before consulting with her, the patient is required to pay at least R200.00 as deposit. Extra payments will be made depending on the treatment received and the payment is usually made after the patient is healed.

Mkhacani[7] is 50 years old and is married. He is a father of five children. He holds an N6 mechanical diploma. He stays with his family, constituted of seven members. He indicated that he received his calling to become a herbalist when he used to work at a motor mechanic garage. He said he was good in mechanics until the day he lost his mind while at work. He said before that he was aware of the calling but used to ignore it. According to him, the calling started when he was still in high school. He would always dream being in the bush and digging some plants with his late grandfather. His father used to tell him that the dreams were confirming his calling, but his mother would have none of it. Her mother would take him to church for prayers and the dreams stopped. However, the dreams resurfaced when he started working. He explained that the calling influenced him to resign from work for no apparent reason. The dreams became worse and worse and that is when his father took him to a traditional health practitioner for consultation. The traditional health practitioner indicated that he has a calling to be a herbalist. At work he would help his colleagues when sick. He would go into the bush and collect herbs that he would use to heal his sick colleagues. From there he then decided to focus on his calling.

[6]A pseudonym used to protect the identity of the participant.
[7]A pseudonym used to protect the identity of the participant.

Nyankwavi[8] is a 60-year-old lady. She has never been married. She is a mother of 2 sons. She works as a child-birth attendant. She is the head of her family. She indicated that she enjoys her calling. She said her calling started when she gave birth to her first-born son. She indicated that when she was due to give birth she resided far from the hospital and did not have enough money to take her to the hospital. As a result, her grandmother and her mother helped her to give birth, and it was successful. From that experience she decided to help women in her position to give birth without the hustle of going to the hospitals. With regards payment, she indicated that she works together with hospitals. So, if the patient is on medical aid, the hospital pays her R12 000.00. However, if the patient is not on medical aid and is a community member, she does not charge them. They pay what they afford only as a token of appreciation. Her family, just like most families in her community, rely on primary health care facilities like the clinic, general medical practitioners and in some cases traditional health practitioners for medical assistance.

5.2.1.2 Traditional leaders

Hlengani[9] is a 40-year-old male who lives with his wife and three children. He is a traditional leader of the village where he stays. He holds grade 12 and a computer certificate. He is the head of his house. He is working full time in his community. All the village members rely on him as a village traditional leader. He prefers the use of traditional medicine for healing his family and for protection against witchcraft.

Mukhohlwisi[10] is 60 years old and is in a polygamous marriage. He is married to two wives. He is a father of 10 children. He is a retired soldier. He is a traditional leader. He assumed the traditional leadership role when his father passed on. The community members look up to him as their leader. He encourages unity within community members and listens to peoples complains. He is a very strict leader. If someone within the

[8]A pseudonym used to protect the identity of the participant.
[9]A pseudonym used to protect the identity of the participant.
[10]A pseudonym used to protect the identity of the participant.

community commits crime, he instructs his men to call the police to arrest that person. Sources for health care for his children are traditional practitioners, clinics and hospitals.

Mbiza[11] is 65 years old. He is a father to three boys and is married. He went to school up to grade 4. He used to work as a truck operator. He is the head of the family. He is a village traditional leader. He is now a fulltime traditional leader. For his family health care, they rely on traditional health practitioners, hospitals and general practitioners.

5.2.1.3 Community Members

Khensani[12] is a 58-year old married woman, and a mother of two daughters. She lives with her husband and her two daughters. Her highest qualification is Grade 8, and she remains unemployed. In their family, her husband is the household head. In terms of health care services for her child, she makes use of clinic and church. This participant indicated that she grew up using traditional medicine. She has indicated that she is known in the community due to her strong belief in the usage of traditional medicine. Khensani was chosen to be a participant is this study due to her extensive knowledge and belief in traditional medicine.

Thandiwe[13] is a 60-year-old mother of six. Her highest level of education is Grade 4, and she is unemployed. She is divorced, she lives in a household of 10 members, for which she is the head of the family. Sources of health care for her family include traditional healer, general practitioner, hospital and the primary health care clinic. Thandiwe shared her experiences with regards to hospital and general practitioners. She indicated that when she compares the western and traditional way of healing, there are lots of differences. She noted that in hospitals one must wait for the whole day whole with traditional health practitioners. She further indicated that when not well she prefers to consult traditional practitioners and use traditional medicine.

[11]A pseudonym used to protect the identity of the participant.
[12]A pseudonym used to protect the identity of the participant.
[13]A pseudonym used to protect the identity of the participant.

Mkhonza[14] is 71 years old, he is a widower. He is a father of seven children. He was admitted to hospital for arthritis. He never went to school; he worked in farms. He lives with his family of 11 members, wherein he is the household head. He consults with traditional practitioners, the hospital and clinic when his family and himself are ill. Mkhonza narrated that it was a very tough journey for him when he took a route to consult with the traditional health practitioners. He indicated that he was working at the farms and there was no access to the clinics or hospital, they were far. He outlined that most of the time he was consulting with traditional health practitioners. He would go to the hospital occasionally to seek medical attention. His history made the researcher to believe that the information he gave was sound and would be valuable in the study.

5.2.1.4 Western Doctors

Bongani[15] is a 50-year-old male. He is married and blessed with two children. He stays with his wife and children. He indicated that he understood the function of traditional medicine though he is a western trained doctor. He works at the local hospital. He indicated that there are some diseases that he believes only traditional medicine can heal. He indicated that for his family health care services they consult with the clinic, traditional health practitioners and general practitioners. The western trained doctor was chosen so that he gives the overview of traditional medicine since he operates in a western paradigm. Traditional medicine is demonised by some of the western trained doctors hence, this doctor was chosen to unpack his perception.

Ntokozo[16] a 30-year-old lady, is not married. She has a one-year-old child. She stays with her daughter. She said she does not believe in traditional medicine. She indicated that traditional medicine is demonic and barbaric. She indicated that for her and her daughter they consult clinics, hospitals and general practitioners. Ntokozo indicated that she grew up in a Christian family where they only believe in western healing. She

[14]A pseudonym used to protect the identity of the participant.
[15]A pseudonym used to protect the identity of the participant.
[16]A pseudonym used to protect the identity of the participant.

indicated that she has never been to a traditional health practitioner. Consulting with the western trained doctors was always coming with good results. Her experience of growing up in the Christian family has made the researcher to select her as a participant in the study.

5.3 Identification of Themes and Sub-themes

In order to analyze and interpret the large volume of raw data collected through the process of interviews, a qualitative data analysis process was followed. As presented in the preceding chapter, the thematic analysis method was used. The emergent themes identified in the interviews were consistent with the objectives of the study and were broadly categorized as follows:

- Perceptions on the inclusion of traditional medicine in primary health care in Allandale
- Types of traditional medicine and procedures in Allandale
- Primary health framework characteristics of traditional medicine in Allandale?
- Factors that influence the uptake of traditional medicine for primary health care in Allandale.
- Perceived challenges associated with the adoption of traditional medicine as a part of primary health care system in Allandale.

Table 5.2 illustrates in detail the themes and sub-themes which guided the presentation of the findings based on the aim and objectives of the study.

Table 5.2: Main Themes and Categories Arising from the Interviews

THEME 1	**Perceptions on the inclusion of traditional medicine in primary health care**
Sub-theme 1	Perceived suitability of traditional medicine
Sub-theme 2	Perceived acceptability of traditional medicine
Sub-theme 3	Perceived availability of traditional medicine
Sub-theme 4	Perceived usage of traditional medicine
Sub-theme 5	Perceived healing/medicinal properties of traditional medicine
THEME 2	**Types of traditional medicine and procedures**
Sub-theme 1	Herbal medicine
Sub-theme 2	Animal extracted medicine
Sub-theme 3	Natural elements extracted medicine
Sub-theme 4	Spiritual/transcendental procedures
THEME 3	**Primary health care framework aspects of traditional medicine**
Sub-theme 1	Promotive traditional medical interventions
Sub-theme 2	Preventive traditional medical interventions
Sub-theme 3	Curative traditional medical interventions
Sub-theme 4	Rehabilitative traditional medical interventions
THEME 4	**Factors influencing the uptake of traditional medicine in Allandale**
Sub-theme 1	Socio-economic factors
Sub-theme 2	Cultural factors
Sub-theme 3	Environmental factors
Sub-theme 4	Perceptional and attitudinal factors
THEME 5	**Perceived challenges associated with the adoption of traditional medicine as a part of primary health care system**
Sub-theme 1	Environmental conservation concerns
Sub-theme 2	Belief systems and stereotypes
Sub-theme 3	Rise of bogus traditional medical practitioners
Sub-theme 4	Legal framework
Sub-theme 5	Lack of support

5.4 Presentation of Data Findings

As can be seen in Table 5.2, five main themes emerged with each main theme consisting of various sub-themes. These themes and sub-themes are presented in detail in this section to illustrate the major findings of this research based on the semi-structured interviews with the various participants. In addition, applicable and key *ad verbatim* quotes obtained from the raw data were used to confirm, support and justify the key findings. Pictorial illustrations were also adopted to present clear imagery of the various traditional medicines presented in the findings.

5.4.1 Perceptions on the Inclusion of Traditional Medicinal Inclusion in Primary Health in Allandale

This objective sought to explore views on the possible inclusion of traditional medicine in primary health care. For the role of traditional medicine in primary health care to be ascertained, it is significant to determine key stakeholders' perceptions on their inclusion. The main sub themes which emerged in the study to determine the inclusion and adoption of traditional medicine included suitability, acceptance, availability and perceived healing or medicinal properties of traditional medicine.

5.4.1.1 Perceived Suitability of Traditional Medicine

Several participants in the study regarded African traditional medicine to be suitable for primary health care. They reasoned that traditional medicine has been in use in Africa before the introduction of western medicine. Africans had their own unique ways of preventing diseases and promoting health which could be applied in modern times. In-fact, some participants argued that it was an indictment on African societies to shun medicinal practices that have been tried and tested for centuries from one generation to another. The rich indigenous medicinal knowledge could play a bigger role in the pharmaceutical sector than the current case. Most of the participants lamented the lack of strong policies that could aggressively foreground the role of traditional medicine. However, some of the participants, in this case western medical practitioners, had reservations on the suitability of traditional medicine in primary health care. The main

concern arose on the lack of perceived safety modalities and pharmaceutical tests to standardize dosages and practices in the dispensing of traditional medicine. Key responses were as follows:

> *I have no doubt that traditional medicine can play an important role in improving primary health care. Most of these medicines have been handed down from generation to generation. So, there is no question that the wisdom granted to us by our forbearers and ancestors in the form of traditional medicine can work to preserve lives. I see it in my practice where people recover. So, this is not theory that I am talking about. I see it at work on a regular basis, so I see no reason why traditional medicine should not be a constituent part of primary health care.* **Sibongile, diviner, 23.**

Traditional medicine should be recognized as a fitting solution to most of the health care challenges. In-fact, I am quite happy for some of the laws that recognize traditional medicine and the practitioners. A high number of people who consult my services here in Allandale give positive feedback for the interventions that I provide which could be in the form of water, incense or herbal remedies. What is it that western medicine does that traditional medicine does not do? I have solved some medical cases that western medicine cannot detect or easily solve, which range from fontanel problems in children, reproductive challenges in men and women, age related diseases among the elderly and other transcendental or spiritual problems that natural remedies ordinarily cannot address. So, in that sense, sometimes traditional medicine goes deeper. **Nomsa, 40, a faith healer,**

> *Colonially-inspired views that traditional medicine such as herbs are demonic or evil should no longer carry the day. We have been made to shun our own indigenous assets for too long. We should really learn from the Chinese whose traditional medicine is gaining respect in the world. There is no difference between theirs and ours. Previous concerns about the potency of our medicines no longer apply because herbs are the way*

to go. These days we even package them in standardized formats and the demand is quite high because there are no artificial chemicals in our treatments. So, we bring a new dimension to primary health.

Another view expressing the suitability of traditional medicine in primary health care in Allandale was expressed by **Nyankwavi, 60 years, a birth attendant**:

Not all women prefer to give birth in hospitals. In particular, some of the women cite the rudeness or inappropriate approach associated with staff. But here I adopt medicinal approaches that resonate with the customs and cultural decorum of the people. I actually have a clean track record of deliveries. Sometimes in some of these clinics the congestion is high, and it infringes on people's privacy. But here I afford expecting mothers a hospitable and relatable atmosphere.

Among traditional leaders, they found the use of traditional medicine an acceptable component of primary health care. As custodians of traditions and culture, they played the role of ensuring that correct procedures were implemented, and that opportunists and charlatans did not form part traditional medical practitioners. Some of the key responses are:

The use of traditional medicine forms part of the cornerstone of our culture. Significant milestones in life such as birth, circumcision, marriage and even death almost always involve the aspect of traditional medicine men. In our society, health is not only a function of the state of the body. The spiritual atmosphere of a place also governs health issues. For example, if there is drought, the nutritional health of the people is affected. So, we invoke the gods and ancestors through certain procedures that involve the use of traditional medicine so that the spiritual welfare of the place translates into physical welfare. If there are plagues and pestilences, we similarly appeal to the ancestral spirits to intervene.

Rituals that involve the use of traditional medicine play a central role in developing holistic health among our people even extending to areas such a agriculture. We believe that if we do not certain rituals involving traditional medicine, misfortunes such as still births, unexplainable deaths, severe weather conditions will be the order of the day. So traditional medicine plays a key role in ensuring that traditional obligations for communal health and welfare are attained. **Mukhohlwisi, 60, a traditional leader.**

Of course, certain concerns arise about the use of traditional medicine especially as it relates to the use of bogus medicines by fake practitioners. But when used rightly and as per the correct traditional procedures, I think the Allandale community can benefit immensely from them. In-fact, in our community here traditional practitioners are immensely respected. So, they can easily fit into a team that sustainably provides primary health care for our people. Most of them either work or are prepared to work with the government to ensure that what they do does not violate the laws and policies of the land. **Mbiza, 65, a traditional leader.**

Community members who use these medicines expressed their appreciation on the importance of traditional medicines. They argued that traditional medicines were a suitable part of primary health care because they worked. Some of them were even more powerful than western medicine. Responses included the following:

I had a baby who could not sleep at night. I took her to the clinic. They gave me some medication which I administered on my child. For weeks, it seemed not to be working. An elderly neighbour advised me to consult a traditional healer. The traditional healer told me the source of my problems, that the problem with my child was spiritual. The traditional healer prescribed a decoction which I cannot mention, and it worked

wonders for my child. I think a lot of people who might be experiencing problems like I had can benefit id traditional medicine is rightly recognised as a key component of primary health care. Ever since I consulted, that problem has not come back. So, if traditional medicine works, it means it is suitable. **Khensani, 58.**

I have been using traditional medicine as long as I can remember. I have never experienced side effects of any other contraindications. We live in an area where I believe witches can be active. So, I use certain herbs and salts to receive a spiritual dimension of protection that western medicine cannot provide. This gives me a sense of peace especially at night. So, in terms of primary health care, I highly recommend traditional medicine. It has been tried and tested for generations. **Thandiwe, 60.**

Conventional medical practitioners had some reservations and were measured in their views on the suitability of traditional medicine in primary health care. Their concern was mainly on how it could possibly interfere with the body's functional systems if patients used both conventional and traditional medicine. They cautioned that it was prudent for users of traditional medicine to disclose what other herbs they were using so that there could not be toxicity complications arising from possible double dosages and compound interferences. Some of the key responses were as follows:

My experience has led me to be cautious on how people approach the use of traditional medicine. I remember when I was treating HIV/AIDS, there was a lot of stigma around it and some patients, based on the information from some traditional healers, concluded that it was witchcraft and resorted to traditional medicine which could not plausibly work against the virus. So, our treatment regimes could not effectively work. I suppose if there is some form of interface between western medical practitioners and traditional practitioners, perhaps some form of workable arrangement can be made to ensure that the best can be derived from

traditional medicine in terms of what its possibilities and limitations.' **Bongani, 50.**

Another allopathic medical provider highlighted the following view:

I think traditional medicine has the potential to make a difference in primary health care. However, my reservations lie in the fact some of the traditional treatments are either too subjective or opaque and do not follow the repeatable and consistent dosages that we see in science. Most traditional practitioners hardly acknowledge the limitations of their powers. So, I think if issues associated with dosage standardisation, regulation and more openness then maybe the impact can be better. I have treated incidences of people taking dangerous herbs in the name of traditional medicine and some cases have been fatal. But that in my view does not discount the fact that we as western practitioners have something to learn and even work within a collaborative framework with traditional medical practitioners to advance primary health care.' **Ntokozo, 30.**

5.4.1.2 Perceived Acceptability of Traditional Medicine

This sub-theme sought to determine how acceptable was traditional medicine among the users as a form of primary health care. Most of the participants postulated that traditional medicine was highly accepted in the Allandale area. This acceptance was based on key principles of primary health such as socio-cultural acceptability of the medicine, affordability, accessibility and pharmacological potency. Participants however observed that despite the high acceptability of traditional medicines, Allandale was not necessarily a homogenous society. Hence there were various preferences even in the types of traditional medicines and procedures. Additionally, there were belief systems and intellectual views help by people in the community which highly discouraged the use of

traditional medicine either because of the assumption that it was not safe or that it was not scientific. Some of the responses were as follows:

> *Based on my experience in practice, there is a high acceptance of traditional medicine in Allandale. This acceptance bodes well for primary health care because it means people trust traditional medicinal interventions. Our medicinal interventions are affordable, and we appreciate the steps taken by the government to recognize traditional practitioners' craft. This acceptance is even being seen among high profile people and celebrities who are not shy to identify as traditional healers. This acceptance of the practice creates a sense of goodwill in the sense that traditional medicine is not of the fringes of health care, it is central to health care because even reputable people dispense it. Personally, I have issues when people refer to it as alternative medicine. Alternative to what when it has been used for longer periods than penicillin and aspirin? So, for me as a young female practitioner, it used to be counterintuitive for a person like me to be a traditional healer. It is usually associated with the old, the uneducated and the unsophisticated. But things are changing, and traditional medicine is taking centre stage particularly here in Allandale.* **Sibongile, diviner, 23.**

A traditional practitioner specializing in herbal medicine posited the following:

> *The acceptance of traditional medicine, particularly herbs is increasing. I think the most common words that are in health today are "organic" and "herbal". It is as if people are catching up to the traditions that have been practiced from antiquity here in Africa. Take weight loss for example. Look at how much money is being spent of herbal medicine? It has become a big industry. Similarly, here I dispense various herbs which have gained high acceptance due to little or no side effects because there are no chemicals added to them. So, the response is really positive.* **Mkhacani, 50.**

5.4.1.2 Perceived Availability of Traditional Medicine

This objective sought to determine the participants' views on the perceived availability of traditional medicine. In primary health care, availability of medicine for treating patients is one of the anchors for successful implementation. Participants in the current study revealed that there was a reasonable availability of traditional medicine. Sources of this medicine included vegetation, animals (both domestic and wild) as well as natural elements such as soils, water and salt. However, there were also concerns that some of the sources of their medicine were categories as endangered species which imposed certain limitations on their ability to make potent medical concoctions and decoctions. Some of the key responses included the following:

> *In my treatments, I use water which is abundant in rivers and also from the sea for certain special administrations. I also use soils which is naturally available in Allandale. Coarse salt is a cheap commodity that I normally buy. So, in terms of availability, my sources of traditional medicine are easily available. Of course, there are instances wherein I have to use animal fat, especially sheep, which I also buy from my community.* **Nomsa, 40, faith healer.**

Other practitioners preferred to grow some of the herbs in horticultural enterprises that made it easy to harvest and conserve the medicinal plants. A traditional herbalist stated:

> *There are certain herbs that I grow in my backyard to ensure that I have a constant and reliable supply of medicinal plants. This has helped me to beat the problems of deforestation. But for other species of plants I have to go to the bush to harvest bark and leaves. Otherwise in the main, our area here in Allandale is endowed with herbs of varying species which makes my work relatively doable.* **Mkhacani, 50.**

Sibongile, a diviner who also uses traditional paraphernalia consisting of animal extracts and plants had this to say:

> *Generally, the products are available, and, in some instances, I have to but animal products from local people, especially with domestic animal products such as horns, animal tails and leather. But getting wild animal extracts is a bit tricky because some of these bird and animal species are endangered. I hope there may be a mechanism wherein when wildlife authorities are culling some of the wildlife for conservation purposes, there be a legal and transparent way in which we can access some of these animal products legitimately. Otherwise we have to get some of these from the black market and you can guess what that means.*

One user of traditional medicine opined that part of the reason she used traditional medicine was how is ubiquitously available in Allandale. It was rare to find that there was a shortage of treatment regimens associated with traditional medicine for the diseases that she consulted for. This availability was augmented by the fact that traditional practitioners were generally easily accessible.

> *I do not have to travel long distances to access traditional medicine. The traditional healers are part of us, and we know them. For some of the herbs, I do not need a prescription anymore. I know what isihaqa or ntolwane is for and these are available. If any of my children has problems with ngubhane, the ingredients to perform the enema procedure for relief are available. I do not even go to the clinic for that.* **Khensani, 58.**

5.4.1.3 Perceived Usage of Traditional Medicine

This objective sought to determine the frequency and preferences of traditional medicine in Allandale. The responses showed that the usage of traditional medicine was a regular

and normative part of people's lives and experiences in Allandale. In addition, the users included children, young adults, adults and the aged. That is, the use of traditional medicine went across the lifespan on people's existence from the cradle to the grave. The regular usage by all people of traditional medicine showed that traditional medicine resonated with people's lived experiences, and it was a trusted source of health and well-being. Some of the key responses under this objective included the following:

> *My clients come from all walks of life. The young, the newborn, the aged, the rich, you name them. You may be surprised at some of the classic cars that come to park in my yard for consultation. Here we are talking about people who can afford high class medical centres. But they find themselves here to sit on the reed mat and we prescribe medicine the ancient and indigenous way. I think that is a powerful endorsement for traditional medicine in that it gives the perception that traditional medicine is not used only because people cannot afford other forms of medicine, but because it works. Given the variety of my clientele base, the usage and uptake of traditional medicine is significantly high. On a good day, I can see fifteen clients.* **Nomsa, 40.**

One of the community elders indicated that her usage of traditional medicine was a lifelong practice. Although she indicated that she had a particular preference for herbal medicine, she also used animal fat regularly to prevent and cure various illnesses. Her response was:

> *I have been using traditional medicine as long as I can remember. Because of the vast array of diseases that we deal with, I make sure that I do not run out of my herbs. I also occasionally use animal extracts, but my main preference is herbal medicine.* **Khensani, 58.**

Another community member revealed that her usage of traditional medicine was not in exclusive terms. She used it with western medicine, and this seemed to work for her. She highlighted the following:

> *For me my usage of traditional medicine is alongside western medicine. I do not elevate one above the other because I believe God gave wisdom to all people. I have seen this working even in my children.* **Thandiwe, 60.**

5.4.1.3 Perceived Healing/Medicinal Properties

The participants in the current study opined that traditional medicine had significant healing properties. Parts of the reasons were that traditional medicine was derived from natural substances as opposed to western medicine which used artificial and synthetic derivatives in treating patients. Part of the powerful view on traditional medicine emanated from the notion that traditional medicine went 'deeper' into the spiritual causes of disease which microscopes and other western medicine could not detect. There was, however, some concessions from some of the participants that not all interventions had total success in terms of curing. Some of the interventions were palliative so that patients could get some relief even if the condition did not completely go away. Some of the reasons were that sometimes clients did not take the medicines according to the full guidelines in terms of dosages, spiritual guidance or sacrifices and libations. Some of the responses were:

> *Most of my administrations provide intended results. There are hardly any side effects whether it comes to treating a baby's fontanel, burns, menstrual irregularities and other health disorders common in this area. Of course, I do not discourage my clients from taking western medicine as well where necessary. I admit however that there are instances where people do not recover. But that is not unusual. I am a simple medicine*

man and not a giver of life. In the main, I can authoritatively say traditional medicine works. **Mkhacani, 50.**

I have been a midwife for decades now. I have not had a still birth or complications and most of the children have grown u to be strong men and women. The procedures I carry here are almost sacred since they involve the bringing of new life. I ensure that I follow the right standards of hygiene in the midwifery procedures that have been handed down to us. I also ensure that the recovery of newborn mothers is on course as I give instructions and treatments on how they should be taken care of in terms of bathing, breastfeeding techniques, cleaning the vaginal area and when coitus can resume for normal sexual relations with the husband. The placenta and umbilical cords should be disposed in culturally appropriate ways for things to go well for mother and child. I have mechanisms for preventing excessive bleeding during childbirth for the health of both mother and child. So, what they do in western hospitals is something that we have been practicing for years. In my experience, I notice that some of the complications occur when a woman has spiritual issues. Once those issues are confessed and libations are done, foetal distress is reduced, and things become easy. **Nyankwavi, 60.**

Among those who used traditional medicines, some of their responses were as follows:

I have been using traditional medicine foe almost my entire life. I have found that it works for me in terms of treatment. Most of the medicines work for me. I do not only use such medicines to always treat existing conditions, but I also use them to prevent certain diseases. Herbs and steaming treatments are some of my favourite as I have found them to be highly effective. **Mkhonza, 71.**

I have no reason to doubt the effectiveness of traditional medicine. I think if all the instructions are followed, it works well. What is important for me is for traditional medicine men to acknowledge their limitations. For example, when HIV/AIDS was at its peak in this area, most of them claimed to be able to cure it. As a result, some people defaulted on ARVs to devastating results. As a user of both traditional and western medicine, I have come to conclude that there are certain conditions that traditional medicine treats that conventional medicine cannot address and vice versa. So, if one method does not work, it is best to try the other. **Thandiwe, 60.**

Traditional medicine worked for me one time to heal my wound. I could not deliver at the hospital and all the nurses did not know what to do. We could not get hold of an ambulance. As a result, I was rushed the traditional health practitioner's place for help. Upon arrival, the practitioner prepared some bitter herbs to drink. After that she did a cut on my private part and applied some slippery substance which resulted in me delivering easily at that same moment. She gave me some medication to carry home and use on the wound. Within a few days I was healed the wound had closed. Now you won't even think there was such a cut on that area if you look at it. **Khensani, 58.**

5.4.2 Types of Traditional Medicines and Medical Procedures that are Used in Allandale

This objective sought to determine the types of traditional medicines used in Allandale, including the procedures involved. The four main categories that were identified included herbal, animal extracts, natural inanimate elements and spiritual/transcendental practices.

5.4.2.1 Herbal Medicine

Findings in the study showed that herbal medicine was derived from various parts and species of plants for treatment of various conditions. Some of the key parts of plants from which played medicinal roles include flowers, fruits, resins, roots, rhizomes, seeds, tubers, bulbs, bark and oil. Diviners, herbal traditional practitioners and faith healers used these medicines to treat various ailments to prevent and treat various kinds of illnesses. Table 4.3 provides a summative synopsis of the plants which formed part of herbal medicine in Allandale.

Table 5.3: A Summative Synopsis of the Plants[17]

Part of the Plant	Picture	Information
Flowers		These are indigenous flowers that grow in the bushes. Flowers are playing significant role in the reproductive health. They are ground into powder and added into a tea or juice. Some prefer to use it in *Mageu*, a popular traditional beverage
Fruits		This is indigenous fruit called s*ala, momkey orange or strychnos spinosa*. A *sala* grows in the bushes. It is used to boost appetite. Since ancient times, indigenous fruits have been as food but also known to be traditional medicine.

[17] Compiled by the researcher. This is not an exhaustive list; it is generated from this research fieldwork.

Resins		The *Nembenembe* plant (also known as *Cassia Occidentalis).* The resins of these plants are used for healing purposes - to heal the ulcers. Some people use it as a mouth wash. However, some people prefer to use it as a sweetener as it help to lower the level of sugar diabetic.
Roots		*Mpyila* roots have been recommended by traditional health practitioners for healing tooth ache. It helps to ease the pain in the tooth that has decay. If there are worms in the tooth they come out when the grinded powder of the roots is inserted in the tooth. If it's only the tooth ache the pain will just disappear after few hours.
Rhizome		This is a ginger plant. It is used as a traditional medicine in treatment of muscular pain, wounds, mosquito repellents. It is used as an agent for mild laxative. Some are using it for weight loss and skin cleaning. Indigenous people prefer to eat it raw. It is used to alleviate coughing. However, some prefer to use it as a medicine for ulcers treatment. It is

		also used to flavour the food dishes.
Seeds		Pumpkin seeds are used for treatment of various diseases. Some have been using it for treating gastrointestinal diseases and intestinal parasites. Seeds are used to treat urinary tract and lowering the high-blood pressure. It is also used to prevent kidneys stones. Moreover, pumpkin seeds are used as herbal remedy for breast cancer.

Tuber		Sweet potatoes are used as indigenous medicine. They are also used as food. Sweet potatoes are used for prevention and treatment of chronic diseases. It is used in control of anti-filamentary diseases and also in control of diabetic diseases. Then some use it is as a dietary supplement.
Bark		Bark medicines are administered by varied methods to treat a diversity of ailments, spanning all levels of health-care, including first aid, preventative and rehabilitative therapy and for magical or religious purposes bark medicines are administered by varied methods to treat a diversity of ailments, spanning all levels of health-care, including first aid, preventative and rehabilitative therapy and for magical or religious purposes. The uses of bark medicines have been trusted in many years by the indigenous people. It is used to treat and prevent many diseases. The *Nkayi* bark is used for treatment of wounds and tooth ache. Some use the bark for treatment of period pains.

Bulb		This is an indigenous plant; it has been trusted for many years by indigenous people. This plant is used to heal swelling. It is also used for treatment of sexually transmitted diseases.
Oil		The *nkanyi* contains fatty oil. Its oil is known for skin cleaning. The oil is also used for applying on the body where there is a pain. It also helps to for challenges of dry skin. Indigenous people used the *nkanyi* oil to treat wounds.

In addition to the illustrations above, one of the responses on the use of herbal medicine included the following:

> *Plants are the cardinal source of traditional medicine. They are a God-given gift to prevent various ailments. For us as African people, plant food itself forms part of medicine. The nutrients and chemicals found in plants have key health properties which have been proved by science. But us as Africans have been using herbs even before western science proved*

anything about them. That is why most of the herbs that we use for treatment are from indigenous plants and trees. **Mkhacani, 50.**

5.4.2.2 Animal-extracted Medicine

The participants revealed that animal extracts formed a key part of their medical supplies. Findings in the study showed that the most common types of animal-based medicine were derived from various parts of animals for medicinal purposes. These include skins, blood, horns, feathers, fat and dung.

Summative Illustration of Animal Extracts that are Used in the Treatment of Patients:

A) Skins

Animal skins are used for healing and ceremonial purposes. Animal skins are used to protect children when they have just arrived from the hospital. Not all animal's skins are used for healing, some of animal skins that are for the totem are not used. Some uses animal's skins as an amulet for protection over witchcraft. Animal skins are also used in marital rituals, normally goat skin is used as wrist belt for the ceremony and the couple is not allowed to remove it until it just falls.

When I give birth at hospital, my grandmother advised me that I should use the animal skin to protect my child from the witchcraft. She gave me a small piece of skin and she said I can put it in the towels that my child was covered with. When we were at the hospital the child was having a challenge of crying as if she sees something, then after the animal skin the child was quiet. **Sibongile, 23.**

B) Blood

Traditional health practitioners have noted that flesh is used as medicine for healing. Some traditional health practitioners outlined that the fleshed is boiled and the boiled water from the flesh is used for drinking by the person who is ill. Participants noted that blood is used to for vomiting, like when someone is feeling like the is a movement of something from the stomach to the neck, so blood is mixed with some warm water to help the patient to vomit.

> *There was a time where I was feeling like something is moving in my stomach and I consulted the traditional health practitioner. I was given a blood of an animal mixed with some herbs. Only with one drink I have vomited and something that was moving in my stomach was history after vomiting.* **Mkhacani, 60.**

One of the participants alluded to the necessity of blood in traditional medicine:

> *Blood is a key ingredient especially when it comes to sacrifices. It can be from birds such as chickens or even animals such as sheep.* **Mkhacani, 50.**

C) Feathers

Feathers are used for healing and protection purposed said by traditional health practitioners. Some traditional health practitioners indicated that the feathers and animal skins are boiled and the waters that will remain is used for drinking as medicine. Some participants have indicated that that animals furthers are used for protection evil spirits against infants. Some participants noted that the skin/feathers are burned in the whole house and the remaining ashes are applied on the infant.

> *The obvious necessity of birds begins with the attire itself. You will notice that most diviners use bird feathers to wear as headgear. That is not*

decoration. It is deep symbolism that provides potency to the workings of the medicine. **Sibongile, 23.**

D) Fats

Animal fats and excretions was used for applying on the body and it is also used as a protection against evil spirits. Some participants have indicated that fats of the animals are also used as an ointment. Another participant has said that she had a wound that was taking forever to be healed and she used animal's fats the wound quickly dried, and it was now fine. It was indicated the animal's fats are used as protection for bad luck and protection against witches. Animal fats can be used for love charm. It was indicated during an interview that some people who are in power more special in politics apply animal fats like lion fats, python fats so that they are listened and respected.

E) Dung

Animal dung plays important role in healing purposes not only on agricultural aspects. The study has found that elephant dung is playing vital role in healing of headache and eyes itchiness. Animals dungs like cow dung are used as mosquito repellents. It was indicated that during summer time, cow dung is burnt to keep mosquitoes out of the house. One of the participants indicated:

I cannot afford mosquito disinfectants. But the use of cow dung helps me to ward them off. I burn it in the house and the pungent smoke assists in ensuring that the mosquitoes leave. **Khensani, 58.**

Another participant remarked:

The use of elephant dung is essential child births. Some forms of labour are very difficult. However, using the right quantity of dung helps to ensure that the labour process is much quicker. **Nyankwavi, 60.**

5.4.2.3 Natural inanimate elements

Substances such as water, salt, stones and certain soils which naturally exist in nature formed a key part of traditional medicine.

A) Water

In some places, participants are urged not to drink water from some certain wells because they considered them as sacred. By doing so, they are protecting human biodiversity and cultural practices. Participants indicated that sacred sites are holy places used for healing powers. In that regard, allowing everyone to be there would mean spreading their diseases there. It was noted that sacred sites contain pure water and some of these have springs that supply water all over. Thus, people are not allowed to be in contact with waters because they will pollute many sources of water and causes diseases to spread. In that vein, a traditional practitioner noted emphatically that water is regarded as a 'living force, powerful symbol and medium purification for healing'. Thus, the main cause of cultural or social illnesses is believed to be caused by disregarding ancestral spirits or other angered spirits. Of major importance in this context is the non-observance of certain taboos, adherence to which ensures a physical, spiritual and moral healthy. As such, the major causes of taboos in African society is disregarding of ancestors. In that vein, participants indicated that it is important in the African society to avoid taboos so as to avoid diseases. Some of the key responses included the following:

> *Part of my healing techniques as a faith healer include taking people to the river. Bathing helps in removing evil spirits and it is a common phenomenon for evil spirits to manifest and leave while being bathed.* **Nomsa, 40.**

> *Water is the cardinal ingredient because part of the sprinkling process. So, if a house is haunted for example or there are witches who attack at night, water is essential in sprinkling around the whole yard*

accompanying by some chanting or verbal communication. **Sibongile, 23.**

B) Salt

The participants indicated that there are various forms of traditional medicine that is used for preventive as remedial for primary health care. The researcher learnt that there are numerous types of traditional medicine that they are known of preventing diseases, witchcraft or bad spirits. Some of traditional medicine is known for preventing of illness and it is shared with the family. As the interviews continued, it was noted that certain diseases could be prevented by consulting traditional health practitioners. The researcher was also shown how participants sprinkled coarse salt in a bid to prevent witches and wizards from accessing their yards to inflict them with sicknesses. Responses included:

Coarse salt is very important in the warding off of evil forces. I usually prescribe it for people with spiritual attacks so that they pray as they sprinkle it throughout the yard. **Nomsa, 40.**

Figure 5.1: A Picture of Coarse Salt Taken by the Researcher

C) Stones

Participants believed that stones play a pivotal role in healing purposes. Stones are used for steaming and for protection. It was noted that some participants use stones to healing aspects.

> *I normally burn the stones and steam myself when I feel like I have flue or when I feel week. The hot stones help when you have flue and when you are week. I also use stones when I have bleeding nose during summer it helps to stop the blood quickly. Once more we use stones for protection, some of the stones we get them from the traditional health practitioners and we will be instructed to put them at the corners of our stands for protection.* **Khensani, 58.**

D) Soil

Soil is always used in most cases when someone is injured. Soil is used to stop blood if someone is bleeding. Participants indicated that when they consult traditional health practitioners, they were given salt to use it when they bath. They further indicate that salt also plays a role on the protection against witchcraft.

> *Sometimes we mix soil with herbs when I bathe and it helps for healing like when I have the itching skin. Soil is good for washing away bad lucks. That's why most of the time the soil from the river is preferred since is classified not to be defiled.* **Thandiwe, 60.**

5.4.2.4 Spiritual/transcendental activities

These activities included rituals, initiations, appeasement, spiritual dedications/protection and sacrifices that have a spiritual significance in treating disease. Most of them work alongside the use of herbal, animal extracted and natural elements.

A) Rituals

According to Waldon (2005), the influence of 'religious practices and ceremonies' amongst African communities is argued to play a pivotal role in African people seeking healing. It is so because the reverence of ancestors is grounded in the African belief system. In addition, Berg (2001), opines that the Ubuntu principle underscores relations amongst African indigenous people and view that a person exists as part of others. As a community, African indigenous peoples highly regard their ancestors in their day-to-day lifestyle and reverence them as 'the living dead'.

In that way, it became apparent in the study that traditional ancestral ceremonies are usually performed for the healing of the peoples, land and other things. Mawere (2012:32) has defined a ceremony to mean, "ritual observances and procedures required or performed at grand and formal occasions." In another form, it could entail, "a formal religious or public occasion, especially one celebrating a particular event, achievement, or anniversary" (Etkin, 2006:23). The researcher also learnt that rituals as a way of communicating with ancestors are performed differently in Allandale, varying from homestead to homestead as per the practitioner's instructions. Some families in Allandale village indicated that they have multiple ceremonies to communicate with ancestors.

> *In our tradition when someone is sick or other things are happening, we do rituals for healing. It depends on what will the traditional health Practitioner will advise us to do. I remember when I was sick and I was supposing the take the throne, when we consult traditional health practitioners, they have indicate that I should do the ritual where I call all the family of my surname and I kill the goat for the ancestors and do the*

traditional beer. After following what was said I was fine after few days. That's where I have understood that rituals are very important. **Mkhohlwisi 60.**

B) Appeasement

The traditional health practitioners indicated that when the family consult them regarding sicknesses, they throw bones and get direction from the ancestors. They noted some sicknesses are caused by a breakdown between the living and the dead causing one to be sick thus, tell the patient's family to slaughter a call. Slaughtering of an animal signifies the connection between the descendants and their ancestors. The purpose for slaughtering of animals is for spiritual healing that provides sense of security. The participants also unpacked that when the ancestors want to be remembered, sometimes they bring sickness in the family, in so doing the family will go and consult the traditional practitioner for help.

Nyankwavi noted the following after the sickness of his child:

After I consulted with the traditional practitioner, I was told that my ancestors were sad that I had turned my back on them. I was then told that I should slaughter a cow and call the whole family to do an appeasement ceremony. That night, the ancestors (in form of my late grandfather) also appeared in my dreams telling me the same thing. I did the ceremony accordingly and the following day my child was well. **Nyankwavi 60.**

In addition, some participants also noted that in most of the ceremonies that are conducted, songs and dances are key. In that regard, it was noted that dances were key in giving necessary exercises for the participants.

C) Initiation Schools

The culture of boys attending initiation schools is still dominant in Allandale. For transition from boyhood to adulthood, every young man is expected to participate in the male initiation school. The girl's initiation schools used to be famous in the olden days but are reported to have been swept under the carpet because of time. Even though the male initiation schools are still rife, they have been highly criticised by Christian groups who at many times criticise them as demonic, time-wasting and backward. To some, these are highly valued to the extent that boys even run away from home without the permission of parents to attend them. Failure by boys to attend them lead them to become the laughingstock of the community. Not only boys attend these schools but ailing men who have sicknesses that defile treatment of African traditional medicine. These male initiation schools are run by traditional health practitioners working hand in hand with traditional leaders.

Traditional health practitioners are held in great esteem by others while others view them as people who have failed in life and are seeking means of surviving through intimidating people with spiritual issues. However, traditional health practitioners in the area have played a key role in addressing the health of villagers. Because of the multi-cultural society in Allandale, various categories of traditional health practitioners operate in the area. Some are from Mozambique and have a unique way of healing that attracts numerous of clients from all over South Africa. The researcher learnt that some traditional practitioners are registered under the Traditional Health Practitioners' Act (THPA), while others are not. The practice of traditional healing has also seen young people joining the trade and/or practice. This has led to seemingly two groups of traditional practitioners: the modern practitioners and the conservative practitioner. The latter is against change and adopting news ways of healing while the modern ones are modernised in their mode of operation. The numerous traditional health practitioners in the area have led to competition to the extent that some have started putting posters at strategic places to market their practice. Besides the marketing, the researcher learnt that houses of traditional health practitioners are well known, and clients always refer each other to them regarding different sicknesses. The researcher also learnt that these traditional health

practitioners refer clients to each other if the practitioner is not well versed about the client's sickness. One participant said:

> *I am one of those involved in the initiation for young boys as they transition into adulthood. A real man must be strong and sexually virile. Apart from teachings, I administer medicine that strengthens them.* **Mkhacani, 50.**

5.4.3 Primary Health Care Framework Aspects of Traditional Medicine

The key aspects of primary health care involve promotive, preventive, curative and rehabilitative health. This section explores how traditional medicine was relevant in these aspects for the well-being of people.

5.4.3.1 Promotive Traditional Interventions

In the context of primary health care, traditional medical interventions are awareness and educational aspects of traditional medicine aimed at promoting health and well-being through influencing education-driven voluntary behavior change activities in the biological, psychological and physical outlook of a given population. The responses from the participants in the study showed that traditional medicinal interventions had a promotive aspect to it to shape behavioral change in farming, sexual, eating and social behavior. Some of this change was shaped mainly through the observance of taboos. Certain sexual practices were not allowed at a cultural level as they would render certain medicines impotent. Hence partakers of such medicines had to subscribe to certain behaviors which promoted hygiene. Key responses on the promote characteristics of traditional medicine included:

> *Our treatments derive from our cultural beliefs. In promoting health among our people, we believe that there are certain practices that people should be aware of. Top of this is what people eat. Malnutrition diseases which we call gwavakwava can occur if people do not eat right. Culturally,*

much of our diet consisted of whole grain foods, lots of wild fruits and hard work. Food is the first medicine that people deal with. So, I advise my clients on eating millet, sorghum, wild fruits and unprocessed traditional foods. I also advise them to be active and not be lazy. Some of the diseases I treat among the youths are sexually transmitted diseases. In treating them, I use that opportunity to remind them of the cultural values which kept us such as being loyal for your spouse and obeying parents. I do not just treat the disease; I give people tools on how to avoid getting certain diseases in the first place. **Mkhacani, 50.**

I am from the school of thought that says all diseases have a spiritual beginning. There are certain things that people do which can result in unfortunate events such as diseases and generational curses either on individuals or on the land. I therefore urge people to shun practices like witchcraft and ritual murders. Sometimes you find that in a whole family, all members are afflicted with mental illness. That is not normal. People should carry themselves uprightly so that they do not bequeath plagues to the next generation. If we do not promote that, dealing with the effects might result in expensive appeasements. So, as a traditional healer I encourage and promote healthy social behavior so that there are no spiritual ramifications. **Sibongile, 23.**

As a traditional leader, I am a cultural custodian in this area. Some of the diseases we deal with are associated with misfortune due to breaking of cultural norms. Part of my responsibilities is to spread awareness on appropriate traditional practices that are not taboo. These practices span across sexual relations, agricultural practices, observance of certain festivals and rituals. All these contribute to the holistic welfare of the area. Unnatural happenings such as still births, poor agricultural produce that

has dietary health implications and plagues can be avoided at a personal and societal level if people follow traditional norms. **Mbiza, 65.**

5.4.3.2 Preventive Traditional Medicinal Interventions

The preventive aspects of traditional medicine had to do with medicinal procedures to do with the prevention of illness to decrease the burden of disease and its associated risk factors. The participants indicated various forms of traditional medicine that are used for disease preventive as part of primary health care. The researcher learnt that there are numerous types of traditional medicine that are known of preventing diseases, witchcraft or bad spirits. Some of the preventive procedures included sprinkling of salt, water, and anointing with animal fat. Some of the responses were:

Certain diseases are caused by witchcraft. So, to prevent witchcraft attacks, I prescribe coarse salt and the sprinkling of water in the yard. In the process, the person can be making incantations and chants. This prevents against disease. 'I grew up with my grandfather, every season he will sprinkle some muthi at the yard where we were staying. He was saying the reason for him to sprinkle muthi was to prevent evil spirits. I have also continued with the practice. **Nyankwavi, 60.**

When a child is still young, it is important that the baby is protected from childhood diseases. Apart from a good diet, amulets made of animal skins and burnt incense is used to protect the baby. This prevents nightmares and having a sickly child. The other part is the fontanel, wherein special oils are applied so that it does the fontanel does not collapse. **Nyankwavi, 60.**

The preventive aspect of traditional medicine applies even to pregnant women. For example, a pregnant woman is not allowed to visit another ill person. One who is in the first trimester of the pregnancy is so dangerous

to the sick people. It was indicated that this person might even cause death to the sick person. It is believed that the person who is at the early stage of pregnancy is dangerous to the sick people. In other families when the person is pregnant is given some protective amulets so that she does not harm anyone who is sick. Women in their first trimester of their pregnancy are not allowed to see the new-born babies because they are believed to have shadows that can cause the babies to cry at night or even to excrete green substances. **Nyankwavi, 60.**

It is taboo to engage in sexual activities with someone who has just got miscarriage. It was highlighted by the participants that having sexual intercourse after one has viewed a corpse is a taboo. Failure to comply with such cultural restrictions is associated with defilement. Diseases such as stomach pains, headache, stomach swelling and vomiting of blood may occur. **Mbiza, 65.**

The preventive aspect of traditional medicine was also revealed on aspects of food. The participants reported that food was fortified with herbs such as *intolwane* and *moringa* to boost its nutritional and medicinal value to strengthen the body's immune system. Herbs and vegetables were an ever-present component of meals, which helped to boost health.

5.4.3.3 Curative traditional medical interventions

These interventions had to do with treatments and therapies provided to a patient with the goal of fully resolving an illness and bringing the patient to the status of health before the illness presented itself. Findings from the interviews revealed that there was a strong curative component to traditional medicine in Allandale. Conditions such as certain types of cancers and fevers were eliminated through herbs, rituals, animal extracts and other elements such as soils. Some of the responses were:

My child got sick and no one could get to the bottom of or treat the illness. After I consulted with the traditional practitioner, I was told that my ancestors were sad that I had turned my back on them. I was then told that I should slaughter a cow and call the whole family to do an appeasement ceremony. That night, the ancestors (in form of my late grandfather) also appeared in my dreams telling me the same thing. I did the ceremony accordingly and the following day my child was well. **Khensani, 58.**

For a range of routine illnesses such as headaches, fever, coughs, colds and so on, most of the people in the area to do go to clinics. There are leaves and roots that get the job done. If a child exhibits lethargic symptoms, we know how to use enema and empty the bowels. In no time you find the little one is happy. For most of the interventions, it has become common knowledge such that these are treated with home remedies. Most villagers no how to use the imbiza concoction, for example. It had no curative properties, people could have stopped using it a long time ago. But these traditional medicines cure and lots of people have testimonies about them in this area. **Mukhohlwisi, 60.**

5.4.3.4 Rehabilitative Traditional Medicinal Interventions

The rehabilitative aspect of traditional medicine involved helping patients to regain physical, mental and cognitive abilities that had been lost or impaired as a result of injury, disease or spiritual mischief such as witchcraft and magic. Findings from the study showed that traditional medical interventions were useful in rehabilitating patients to recover from depressions and musculo-skeletal problems such as back pain to a state where they could be functional members of society. Rituals, libations, sacrifices and rubbing of oils were some of the key elements suggested by participants as being useful in the rehabilitation process. Some of the responses which demonstrated the rehabilitative characteristics:

At my age I have chronic back pain. However, there are some pain management strategies that involve traditional medicine. I went to a traditionally healer who made incisions and applied some concoction which was a combination of animal extracts and herbs in the painful areas. I made significant improvements. **Mkhonza, 71.**

There was a young man who was afflicted with mental illness. The cause of the illness is spiritual. So, he sometimes comes and stays with me as a I conduct give him water and soils that I pray for. He is on the road to recovery as I speak and as long as his relatives provide continuous support and follow instructions, he will not relapse. **Nomsa, 40.**

One of the most common problems, especially among men that I deal with is erectile dysfunction and low sex drive. Although I do prescribe some quick fix aphrodisiacs to address the problem, some of the patients require long term care due to age and sicknesses such as diabetes. So, there are herbs which help I prescribe for them to manage. I also of course I advise on the types of foods they should eat so that the recovery process can be effective. **Mkhacani, 30.**

5.4.4 Factors Associated with the Uptake of Traditional Medicine in Allandale

This objective sought to determine the key influences which determine the uptake of traditional medicine in Allandale.

5.4.4.1 Socio-Economic Factors

With regards to socio-economic factors, the participants noted that issues to do with the high cost of conventional medicine resulted in more people using traditional medicine. Allandale is in a rural setting in which unemployment is relatively high. Traditional medicine provided an alternatively cheaper and accessible option compared to some

relatively higher prescriptions they received from western medical practitioners. Responses included the following:

> *Traditional medicine is relatively cheaper than western medicine. Besides, sometimes the traditional practitioners understand our financial situation since we live with among them. So, payment arrangements are easier to make for people who are unemployed like myself.* **Khensani, 58.**

> *Although I receive clients of various backgrounds, most of my clients here are from poor backgrounds. My medical prescriptions are relatively affordable. This is not to say traditional medicine is associated is associated with poor people, because from my experience, rich people come too. But I think we are more accessible to those who cannot afford western medicine.* **Mkhacani.**

> *When it comes to primary health care, I think traditional medicine usage is relevant because if we are to say health is for all, then people must afford it. And that is what I have observed as a community leader that traditional medicine has an important part to play. In fact, it is the oldest means of treatment anyway in Africa. How do you think people were surviving before western medicine came?* **Khensani.**

5.4.4.2 Cultural Factors

Regarding cultural factors, the participants observed that those that were more inclined to ancestral and traditional beliefs were more open to using traditional medicine. However, even some people who had adopted western religious beliefs also consulted, even if secretly sometimes. Traditional medicine was interwoven into the cultural animistic beliefs of various tribes and had been handed from generation to generation. There was a strong belief among some of the participants that some diseases were not natural, but they had spiritual and magical origins like witchcraft and there was no way that scientific

medicine could detect sicknesses that had transcendental origins. Responses included the following:

> *A significant number of our people and their households believe in indigenous worship systems. So, it is easy for them to come to us because their belief system resonates with the intake of traditional medicine and consulting ancestors. We know that there are certain diseases that cannot be treated through western methods. They need traditional methods and we have seen then work.* **Mukhohlwisi.**

> *I use traditional medicine because the practitioners are very respectful in administering traditional medicine. Some western practitioners do not speak to us properly. You find a nurse many years younger than me calling me in ways that are not culturally appropriate. I find it not only disrespectful, but also humiliating in my culture. On the other hand, the cultural and value-laden decorum associated with consulting traditional healers makes me feel accepted and respected. Besides, not every form of traditional medicine requires a diviner or trained herbalist. There are certain medicines that have been used by our predecessors whose knowledge has been culturally handed down to us.* **Mkhonza**

> *We have been using traditional medicine in my family as long as I can remember. I have seen it working with my grandfather who, after being almost on the verge of death, was saved by the concoctions of a medicine man when I was. That left a strong impression in me that our cultural medicines work. So, in fact, traditional medicine is usually my first and last option. From being a baby to being an adult, all our family members are sustained by it.*

5.4.4.3 Environmental Factors

Most of the traditional medicines were locally available. Practitioners simply had gone to a nearby forest and develop herbal or animal extract combinations for whatever medical interventions suited the situation. For some of the medicines, especially the herbal ones, one did not have to be a practitioner to use them. Some of the participants even had small gardens for growing them. However, the use of animal extracts was more feasible when it came to domestic animal items such as cows, goats, sheep and chickens. As for wild animals and birds, conversation and zoonotic disease concerns provided significant restrictions to their usage as a source of traditional medicine. Some of the responses included:

> *Most of the medicines, especially herbal ones are readily available in the nearby bushes. These give us access to roots, leaves and other herbal remedies for varieties of sicknesses. In some of my treatments, I use treat animal extracts such as blood, feathers and other related paraphernalia in my practice. These come in handy and are quite affordable if it means I have to source them from traders.* **Sibongile 23.**

> *Most of the herbs are part of the Allandale ecological natural system. So, we can pick them. Those that are in high demand have been commercialized and I have to buy some for treatments. The advantage is that the climate and soil conditions of this area allow for most of the herbs. This allows me to stock quite a variety of items and its only a few that I get from areas outside Allandale.* **Mkhacani, 50.**

5.4.4.4 Perceptional and Attitudinal Factors

The participants reported that in the main, attitudes towards traditional medicine were increasingly becoming positive. In particular, the stigma of traditional medicine being associated with demons was reducing. This was in part because prominent celebrities in South Africa were coming out as traditional healers which greatly changed perceptions and de-fanged the negative stigma associated with traditional medicinal usage. However,

influences of western belief systems and modern scientific thought caused some people to be suspicious and even antagonistic towards traditional medicine, which spoke to the need for further education and awareness on dealing with prejudices associated with traditional medicine. Responses included:

> *In my years of practice, I think the long-standing negative attitude towards herbal medicine has been religious. People of other faiths which are not indigenous to Africa belief that our practices are demonic inspired. But with time I have noticed there are changes to this attitude. We also try to demystify these kinds of notions by packaging our medicines and branding them to show that our medicines are not only safe and differentiated, but also comparable to western medicine. In any case, some of the ingredients in pills come from herbs.* **Mkhacani, 50.**

> *My view as a scientific practitioner is that traditional medicine is not always safe. It does not go through rigorous safety tests that conventional medicine is subjected to. Sometimes in my practice I have people who are brought in too late on the verge of death after trying traditional medicine. So, my reservations about traditional medicine are not grounded on superstition, but on safety. If at least they go through tests, maybe my view can change.* **Bongani, 50.**

5.4.4.5 Legal Factors

The participants noted that the laws governing traditional practitioners were progressive compared to apartheid laws and inspired confidence in the dispensing of traditional medicine. The participants were members of the traditional practitioner's association which operated under a policy framework that ensured that only legitimate practitioners practiced. The participants were aware of wayward charlatans who placed the traditional medical practice at odds with the legal framework. However, conservation laws placed

significant restrictions on the choices of herbs and animal extracts that could be used in making traditional medical concoctions and decoctions. Responses included:

> *My association keeps us abreast with current laws on traditional medicine in terms of what is acceptable or not. In fact, I have a certificate which I hang on the wall which puts my clients at ease to show that I am not only legitimate, but that my traditional prescriptions can be trusted. So, if there are any contraindications that may emerge in my clients of ant disorder that may arise due to the medicine I prescribe, I can be reported. I think this has earned me some credibility and widened my clientele base.* **Mkhacani, 50.**

> *I only fraternize with traditional medical practitioners that are legally recognized. I have heard of people who use unscrupulous means which promote ritual murder to supposedly solve people's problems. That is why I try to verify what I am dealing with because there are lots of crooks out there.* **Khensani, 58.**

> *It is not always easy to get all the ingredients that I need in my practice. For example, there are restrictions on animals that I can use to make medicine, so I must improvise in some situations. If for example I want a vulture or a python skin to help a client, those kinds of species are specially protected in this country, and we end up having to buy in the black market. I know that is illegal, but I hope there is a way the government can help us to strike a balance because the health and welfare of our people is very important.* **Nyankwavi, 60.**

Some traditional practitioners had no clear way of dealing with intellectual property theft. An awareness of legal recourses to protect their knowledge could prevent the stealing of knowledge as this undermined their efforts. One of the participants responded:

There are these fools from … (name withheld) who came, and I showed them my sacred medicine. They were saying they wanted to work with me and help me bottle my medication and have it sold in pharmacies. I was excited and believed that would bring financial breakthrough, but most importantly help our people. After disclosing all my secrets to them, they gave me a few thousand Rands as they indicated the funders would give us more. It's been a year now and they have disappeared in thick air. To my surprise, a friend of mine who is also a traditional practitioner told me there are some people selling bottled medication which was only unique from my area. I knew it was them because we are only a few people who had the privilege of knowing these medications through the help of our ancestors. **Mkhacani, 50.**

5.5 Conclusion

This chapter presented the findings of the study based on the qualitative methods used to obtain data. The findings showed that traditional medicine had a huge role to play in primary health care because of its unique medicinal characteristics and acceptance among villagers in Allandale. Traditional medicine in Allandale is rich in variety and its application cuts across all the components of primary health which entail promotive, preventive, curative and rehabilitative health. It also included notable aspects such as diet and nutrition, social behavior, sustainability and environmental factors which are key foundations for holistic health in rural contexts. The next chapter is a discussion which interprets and describes the significance of the findings considering what was already known about the research problem being investigated and to explain any new understanding or insights that emerged as a result of the study of the problem.

CHAPTER SIX

DISCUSSION

"You have to heal the wound before it ignores the medicine."

(African Proverb)

6.1 Introduction

The previous chapter presented the findings that emanated from the participants' responses. The key findings of the previous chapter showed that traditional medicine had a key role to play in primary health care due to its nuanced and holistic approach to health care that dovetailed with peoples' lived cultural and social experiences. Most components found in traditional medicine are meaningfully applicable to the thrust of primary health care as stipulated by the World Health Organisation (2014) and the South African health care system. The purpose of this qualitative explorative study was to determine the role of traditional medicine in primary health care. The chapter explains and evaluates the meaning of the results, showing how they relate to the research questions. It includes discussions on major findings as related to the literature on the inclusion of traditional medicine in primary health care, the promotive, preventive, curative, rehabilitative aspects of traditional medicine, factors influencing the uptake of traditional medicine and the challenges associated facing traditional medicine for it to be involved in primary health care.

6.2 Interpretation of the Findings

This section interprets the findings in the light of the themes that emerged from the study and the literature review.

6.2.1 The Inclusion of Traditional Medicine in Primary Health Care

The sub-themes that determined the inclusivity of traditional medicine in primary health care were suitability, acceptability, availability, usage and perceived healing/medicinal properties of traditional medicine.

Regarding the suitability of traditional medicine, the findings showed that, given the fact that traditional medicine has been used in South Africa even during pre-colonial times, it is a misnomer to its suitability in regard to its role in primary health care. According to Martin and Horowitz (2003), for the fact that traditional medicines have survived for millennia up to the present times and leaving behind trails of evidence not only for their historicity but also their potency, it should suffice that they can be a vital component of primary health care. The current findings reveal that traditional medicine is not some whimsical discovery that forbearers came across to solve their health problems. Rather, as Tosam (2019), observes, Africans are a resilient people who invented their own methods for preventing, diagnosing and treating diseases to allay human suffering as influenced by their cultural conception of the human body and their perception of the universe. Hence primary health care, by imperative, should be realistically related to the contextual conditions of the place in which it is delivered (McGuire, et al., 2012), an imperative that traditional medicine meets at the economic, social and cultural level in the findings of the current study.

The findings also revealed that apart from longevity, one of the key aspects that gave traditional medicine an edge over western medicine is that it also focused on diseases and conditions that Western medicine had no concept of in terms of in terms of prevention, diagnosis and treatment. According to scholarly views, this is informed by each worldview's conceptualisation of disease and perception of the universe (Tosam, 2019), wherein African worldviews place a greater emphasis of the spiritual component of disease whereas Western worldviews place higher premium on the metabolic and corporeal aspects of the individual. However, the fact that the African worldview places significant focus on the transcendental cause and nature of illness, as the current findings show, does not mean it cannot have practical significance in primary health care. On the

contrary, as Rankoana, et al. (2015), argue in line with the findings of the current study, the ability by traditional medicinal practitioners to decipher both the visible and invisible signs of spiritual and supernatural phenomena renders them indispensable in societies with strong cultural beliefs about the supernatural causation of most human afflictions, suffering and distress (Rankoana, et al., 2015). Mulemi (2016), further points out that any attempt to downplay the role of African indigenous medicine constitutes an onslaught on a strand of knowledge that is indispensable for survival in unique Afro-centric medicinal systems. The findings of the current study corroborate Obrist and Eeuwijk (2020)'s view that the practice of primary health care medical interventions should not only be confined to the narrow domain of scientists and medical personnel ensconced within modern places such as offices, hospitals, clinics and laboratories, but also other experts who delve into metaphysical concepts of health.

One of the key findings also revolved around the organic nature of traditional medicines in that they hardly contain synthetic or artificial substances or chemicals associated with health threatening toxicity. Such a finding resonates with Yuan, et al.'s (2016), postulation that, with its usage of natural products, traditional medicine merits over other forms of medicines. This was an indicator of the suitability of traditional medicine for primary health care. This finding resonates with the view that organic materials such as leaves, flowers, roots, bark, natural product, seed, stems as well as animal extracts such as hooves, skins, bones, quills and tusks form part of ubiquitous medicinal sources for curative, protective and preventive health (Baydoun, 2015).

Findings on the suitability of traditional medicine revealed that the practitioners were aware of the concerns and reservations that some people had concerning traditional medicine, particularly the existence of bogus traditional healers. The sentiment was however those malpractices by impostors should not be used to dismiss the effectiveness of other genuine traditional practitioners. Mulemi (2016), notes that such cursory dismissals of traditional medicine based on generalizations derived from machinations of charlatans who operate on the fringes, feeds into the deliberate mischaracterization of what constitutes traditional medicine, and who medical practitioners are. Western

practitioners in the current study held the same reservations on the efficacy of traditional medicine. The reservations by western medical practitioners could have stemmed not only from a genuine concern on the efficacy of traditional medicine, but also from the paradigmatic framework from which they operate, in which medical scientific knowledge is a function of instruments, nomenclature and buildings that are different from traditional practitioners. In a study in Malawi by Lampiao, et al., (2020), results showed that biomedical practitioners had several reservations about traditional healers and placed certain conditions on prospective collaboration. While traditional healers clearly had confidence in biomedical practitioners' competencies and respect for their practice, biomedical practitioners lacked trust in traditional healers and would not refer patients to them (Lampiao, et al., 2020). This sort of mistrust seems to persist even in the current findings.

The other key finding on the suitability of traditional medicine was the view by western medical practitioners who argued that traditional leaders somewhat overestimated their abilities and operated under vaunted pretenses that they could solve all problems. This concern emerged from a Western traditional doctor. This view however contrasts with the view of Chavunduka (1986), who avers that there is a rationality that characterizes traditional medicinal practices.

The other findings on the inclusion of traditional medicine in the current study were based on its acceptability. Based on the findings, affordability was the foremost key factor which rendered traditional medicine acceptable and therefore amenable to inclusion in the primary health care system. According to the World Health Organisation, embedded within the definition of primary health care is affordability (World Health Organisation, 2008). The findings on the affordability of traditional medicine in the current study dovetail with one of the basic requirements of primary health care. Most South Africans living in rural areas lack access to affordable health care (Gumede, et al., 2021; Trinter, 2017; Gavriilidis & Östergren, 2012), a situation which persists in the setting where the current study was conducted. This is in line with research findings by Burger and Christian (2020), who suggest that even though many pockets of health inequity remain in areas of

affordability for vulnerable subgroups such as the poor rural population, indigenous, cultural or local systems such as traditional medicine can play a vital role in bolstering the state of primary health care. The findings on affordability are also shared by Busia (2018), who notes that for most people in rural areas, traditional medicine is the most affordable health resource available to local communities, if not the only treatment option in those areas.

The current study findings also revealed that even though in some quarters traditional medicines were maligned, the increase in people's awareness towards organic foods and treatment regimens caused them to gravitate towards natural substances which are the hallmark of traditional medicine. Concerning this phenomenon, Wright (2012), lends support by indicating that the use of traditional medicine involves the use of substances and materials which form part of the ecological system such as plants, animal extracts and minerals. Disease resistance to synthetic and non-organic drugs and their toxicity has significantly contributed to the global buzz for people to go organic in terms of what they ingest into their bodies. Traditional medicines are not only organic, but also a hallmark of a culturally and ecologically friendly health care systems which is consistent with the tenets of primary health care (Kutesa, 2018).

The findings in the current study showed that the ease in the availability of traditional medicine placed it at an advantage in terms of accessibility compared to other medicinal systems. Yuan, et al. (2016), note that availability constitutes one of the most important reasons for its popularity and continued usage across Africa. One of the basic tenets of primary health care is self-care. Therefore, certain traditional medicines can be harvested and used by individuals without them having to consult a traditional medical practitioner to make concoctions and decoctions for treating and preventing various ailments (Frass, 2012). Participants were however alive to the fact that the sustained availability of traditional medicine was dependent on ecological friendly harvesting practices and planting of medicines. This finding is in line with the view that the risk posed by the ecological extinction of sources of traditional medicine is real (Camara-Leret & Bascompte, 2021). The rapid environmental changes and degradations occurring in many

areas inhabited by rural people negatively affect biodiversity leading to habitat destruction and unsustainable harvesting practices will cause some species to become extinct, threatening the availability of medicinal plants on a regional level. The traditional customs and beliefs associated with the use and taboos of plants and animals placed temporary or permanent restrictions on their potential over utilisation which proved to be an effective form of conservation (Magoro, et al., 2010). Hence, Rankoana (2015), argues that the sustainability consciousness of the environment is evident in traditional medicinal health practices. In the current study, the dominant sustainability method was the ability of individuals and practitioners to cultivate grow some of the plants necessary for traditional medicine. The current findings are consistent with the World Health Organisation (2008) stipulations that primary health care should be universally accessible to individuals and families in the community.

The findings in the study showed that the sustained, consistent and high usage of traditional medicine among villagers was a strong basis for its inclusion in primary health care practices. The findings resonate with Langton and Wiik's (2009), view that each societal group organizes itself communally to develop medicinal techniques that can be used to respond to illnesses. Although the effects of colonialism, as Obrist and Eeuwijk (2020), note, have made some attempts to totally 'bio-medicalise' or even eradicate traditional medicine, findings from this study show that the usage of traditional medicine continues.

The continued use of traditional medicine in the current study is not only out of reverence for its potency, but also occurs against the backdrop of failing or inadequate health infrastructure in the field of allopathic health care. The lamentation captured by La Porte (2016), in indicating that the South African formal public health sector is characterised by a poor infrastructure, skills shortages, poor staff attitudes, low levels of patient satisfaction, incompetent management, continuing human resources and financial crises demonstrates the need for an eclectic approach to primary health care. Yet on the other hand, as Isola (2013), notes, more than seventy percent of the Black South African by estimation uses traditional medicine, accounting for some 26.6 million consumers. It is

estimated that in South Africa some 128 million courses of traditional medicine treatments are prescribed per year, which speaks to a significantly high usage of traditional medicine. Hence in the current study findings, traditional medicine is a key option alongside allopathic medicine.

One of the key findings on the inclusion of traditional medicine in primary health care was based on the perception and experience that traditional medicine works and is efficacious. These results link with Mander, et al.'s (2007), findings that for many people in South Africa, traditional medicine is not considered an inferior alternative to western medicine or a last resort crutch when all else fails, but is regarded to be efficacious in the treatment of a range of health problems that western medicine does not always do. Regarding this finding, Mulemi (2016), further posits that the historicity of traditional medicine usage because of its efficacy is in no doubt. It has been handed down from generation to generation and has resiliently endured epochs of sustained assault from the colonial enterprise (Mulemi, 2016). What seems to stand out in the current is study is that the efficacy of traditional medicine lies in being able to address mysterious illnesses that are disregarded or cannot be diagnosed through Western ways of treatment. This agrees with Adu-Gyamfi and Anderson (2019), who posits that the spiritual causation and treatment forms a significant conceptual part of traditional medicine, and it is a domain that western medicine does not exploit. On the basis that there are existential domains that western medicine does not treat; the use of traditional medicine can be an essential component in primary health care.

6.2.2 Types of Traditional Medicine

The findings in the study showed that the main types of traditional medicine included herbs, animal products, mineral elements and socio-spiritual practices. Such diversity in the range of traditional medicine conforms to Busia's (2018), assertion, who argues that African traditional medicine is possibly the most diverse of all the world's indigenous medical systems and practices. Concerning herbal medicines, the medicinal preparations consisted of whole plants, parts of plants, or other plant materials, including leaves, bark, berries, flowers, and roots, and/or their extracts as active ingredients intended for human

therapeutic use or for other benefits in humans and sometimes animals. A detail of plant parts used in traditional medicine include roots, bulbs, rhizomes, tubers, bark, tubers, leaves and fruits (Ozioma & Chinwe, 2019). These were the same plants that were part of traditional medicines in the current study, and herbs were the most popular of them all. According to Okaiyeto and Oguntibeju (2021), the gravitating towards herbs is informed, *inter alia*, factors such as cost-effectiveness, perceived superior efficacy, confidentiality in treatment regimens compared to allopathic systems of medication as well as the fear of wrong diagnoses from western medical systems.

Regarding animal products, the findings revealed that animal extracts such as blood, horns, feathers, fat, dung and skins formed part of the items sued in traditional medicines. According to Williams and Whiting (2016), animal products constitute a vital ingredient in the preparation of curative, protective and preventative medicines for purposes such as immunity from disease, protection against bad luck and witches, aphrodisiacs, potency, and good health to communities. In the current study, animal products were used for such medicinal purposes as outlined by Williams and Whiting (2016). A study by Nieman, et al. (2019), showed that the use of animal species is predicated on the cultural recognition of certain traits in animal species as expressed in folktales and tables. Their study in South Africa, for example, found that animals such as lions possess elements of strength, hence people who wanted to embed elements of courage and strength used extracts from lions. The current study, however did, not delve into the link between animal traits and the usage of their extracts as forms of traditional medicine.

The usage of animal species is however arguably the most controversial aspect in traditional medicine in modern times in relation to legal issues, as it should be balanced against the use of endangered species. For example, some of the species used in traditional medicines include but are not limited to pythons, vultures and pangolin (Nieman, et al., 2019). Apart from the endangerment of species, the other concern that emerged from the study was the possible transfer of diseases from animal species to humans, leading to what are called zoonotic diseases. Because of that, the findings show that the use of wild animals was particularly restricted, and in some instances, some of

these extracts had to be bought from the black market. The current study however did not delve into the possibilities or implications o\f using substitutes or alternatives to animal extracts as forms of traditional medicine. What emerged however from the findings is that the use of animal extracts was more feasible when it came to domestic animal extracts such from cows, goats, sheep and chickens. Findings revealed that the usage of animal extracts seemed to be dominantly the province of diviners who dwelt significantly and ritualistically on the metaphysics or spirituality of traditional medicine.

Findings from the study also showed that non-biotic mineral and natural inanimate elements such as water, salt, candles, stones and soil formed part of traditional medicines. Concerning these, a study by Sheraj, et al. (2011), showed that as an example, materials such as stones have been valued from time immemorial for healing properties and the ability to bring good luck, if worn properly.

Mineral materials include rocks, minerals, fossils, earths. Each of these classes of material has enjoyed much popularity as supposedly therapeutic medicinal ingredients in the history of pharmacy; many have an unbroken record of use since ancient and classical times. The most rudimentary use of mineral materials was in a magico-medicinal way as amulets worn for protection against harmful influences which might be expressed in the body as loss of health, and as prophylactics against specific diseases and poisons. Amulets were often worn as pendants, necklaces and rings, or appended to the clothing in some way (Duffin, 2018).

The findings of the study also reveal that apart from material substances, traditional medicine practitioners used spiritual activities or practices that had implications on health. Most of these practices are used though with the aid of substances. The key practices included the use of rituals, appeasements and the use of initiation schools. The use of such practices, according to Essien (2013), is predicated on the belief that for Africans, their healing systems are divinely orchestrated to aid human health. In line with the findings of the current study, the principal spiritual activity in African traditional medicine is divination which is conducted by a diviner (Mokgobi, 2014). Although the current

findings revealed that African traditional practitioners do believe in natural causes of disease, for conditions that were diagnosed to have an unexplainable or spiritual source and manifesting in misfortunes, diseases, mishaps, and sicknesses, these were often attributed to ancestral spirits, witchcraft or spells (Essien, 2013). According to Ozioma and Chinwe (2019), spiritual rites are used to drive off evil and dangerous powers, spirits, or elements to eliminate the evils or dangers that may have befallen a family or community. Hence the remedy to certain maladies would only be obtained if the individual or community paid proper observance of the rituals, festivals, and worship of the deities (Onongha, 2015). This view dovetails with the findings of the current study in that for diviners, spiritual practices were seen to work against health problems that Western practitioners could not diagnose, detect or cure. The relevance of such spiritual practices to primary health care has be supported by Dhar, *et al.* (2013), who posit that the scientific community in the allopathic medicine field has successfully established the positive role of spiritual practices and spirituality concerning the treatment of cancer, hypertension, depression and curing smoking addictions.

6.2.3 Primary Health Aspects of Traditional Medicine

The sub-themes that emerged in relation to the aspects of traditional medicine were promotive, preventive, curative and rehabilitative traditional interventions. The findings of this study showed that traditional medicine spanned across all the aspects of primary health care for ensuring promotive, preventive, curative and rehabilitative health outcomes. According to the World Health Organisation (2018), one of the cardinal pillars of primary health care is meeting people's health needs through comprehensive promotive, protective, preventive, curative, and rehabilitative care throughout the life course, an objective which the current findings on traditional medicine seem to agree with. The findings further affirm Meissner (2004)'s view that Traditional healers as part of the primary health care team have an enormous potential in treating many prevailing illnesses, educating people in various aspects of preventable conditions and at the same time bridging the cultural gap in the concept of health and disease, thus making healing more culturally appropriate.

On the promotive aspect, the current study findings showed that traditional medicinal practices promoted health through observance of taboos, traditional education activities and even promoting conservation by ensuring that people followed certain farming and harvesting practices for protection from the wrath of the gods and the ancestors in the form of sicknesses and ill-health. According to Bailey, et al. (2012), part of traditional health includes having relationships and behaving appropriately within them and maintaining socially acceptable standards. This means harmony and integration with the individual, between each individual and members of society, and between individuals and the world in which they live (Jaber, 2016).

On the preventive aspect, the findings showed that traditional medicine. Some participants noted that in was part of their culture that some people who have some disease ought to be put in quarantine or isolation. This information confirms Koening's (2015), findings that quarantine has been used to prevent the introduction, transmission and spread of new diseases that were not well understood or were contagious. Infectious diseases that are contagious such as, diarrhoea, leprosy, measles, chicken pox and scabies were mainly controlled through quarantining the exposed individuals.

Findings show that the curative domain was the most dominant aspect of traditional medicine and the most noticeable element that the practitioners were consulted for. According to Mahomoodally (2013), traditional healers occupy a key space where there is a lack of effective and modern treatment for ailments such as tuberculosis, which, affect Africa more than other areas in the world. According to Adu-Gyamfi and Anderson (2019), the curative treatment of an ill persons involves not only aiding their physical being but may also involves the spiritual, moral, and social components of being as well. Several traditional medical practitioners are good psychotherapists, proficient in faith healing (spiritual healing), treatment of snake bites, treatment of whitlow, removal of tuberculosis lymphadenitis in the neck, cutting the umbilical cord, piercing ear lobes, removal of the uvula, extracting a carious tooth, abdominal surgery, infections and midwifery. The

findings in the current study showed that there was a strong component of traditional medicine.

6.2.4 Factors Influencing the Uptake of Traditional Medicine

In the findings, the sub-themes that emerged relating to the factors that influence the uptake traditional medicine included socio-economic factors, cultural factors, attitudinal factors and legal factors.

In terms of socio-economic factors, it emerged that affordability was the key element that influenced the uptake of traditional medicine. These findings are a confirmation of studies by Burger and Christian (2020), suggest that despite reforms since 1994 intended to promote equal access to health care, many pockets of inequity remain particularly in areas of availability and affordability especially for vulnerable subgroups such as the poor rural population consisting mainly of Black South Africans. Therefore, people from these areas have had to resort to using cheaper and more affordable treatments in the form of traditional medicine. Cheaper however does not necessarily translate to lesser quality, its associated with the advantage that traditional medicine provides compared to allopathic medicine. It is on that score that De la Porte (2016), reasons that traditional healers are still firmly established health care providers in their communities, regardless of whether they are recognized or not at institutional level.

In terms of cultural factors, the findings in the current study showed that community members who believed in African traditional belief systems were more likely to use traditional medicine. These findings confirm Waldon's (2005), view, that the influence of 'religious practices and ceremonies' amongst African communities is argued to play a pivotal role in African people seeking healing. According to De la Porte (2016), traditional medicine usage is entrenched in the cultural, context of a people in which values, customs, rituals, religious convictions and belief systems play a key role in the administration of treatment (De la Porte, 2016). In the findings, one key factor was on the importance of language and deportment, in which those who were uncomfortable with the

treatment in clinics used traditional practitioners because of the culturally appropriate conduct exhibited by the practitioners. Sandes, et al. (2018), in line with the current findings, observes that language and illustrations in the health education booklets that are inappropriate for the indigenous context as it creates barriers.

In relation to attitudinal factors, the main findings showed that there was a positive attitude towards traditional medicine. Although vestiges of negative attitudes and skepticism showed, most people still used traditional medicine. The World Health Organisation (2013) estimates that up to 80% of people in Africa use traditional medicine, while in sub-Saharan Africa, the ratio of traditional healers to the population is approximately 1:500. Biomedical doctors on the other hand have a 1:40 000 ratio to the rest of the population. This means that there are 80 times more traditional healers than biomedical doctors. The numerical advantage enjoyed by traditional medical practitioners potentially augurs well for addressing some of the challenges faced in the health sector, particularly the problem of staffing in primary health care (Vergunst, 2018).

In relation to legal factors, practitioners were cautious in the usage of certain medicines, particularly those extracted from animals. This was due to legislative constraints associated with conservation of natural resources. However, inadequate knowledge on laws governing traditional practitioners such as the Protection, Promotion, Development and Management of Indigenous Knowledge Act 6 of 2019 and the Traditional Health Practitioners Act, 22 of 2007 resulted in practitioners now being fully aware on their operating rights and responsibilities.

6.3 Conclusion

This chapter discussed the findings concerning the role of traditional medicine in primary health care. This chapter outlined that traditional medicine is always available and accessible, these does not mean that traditional medicine is only afford by poor people and it is accompanied by lesser quality. Although, this study pointed out that there is positive attitude towards traditional medicine. The influence of ‘religious practices and ceremonies’ amongst African communities is argued to play a pivotal role in African

people seeking healing. These show that most people still use traditional medicine and due to the growth in population, western hospitals are unable to accommodate everyone. Hence everyone should have equal access to health care. The next chapter provides conclusions and recommendations.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

"Let thy food be thy medicine and thy medicine be thy food"

Hippocrates (460-377 B.C.E)

7.1 Introduction

The previous chapter discussed the findings of the study. This chapter provides the summary of key findings by presenting key conclusions on the findings, provides recommendations for best practices and proposes a framework for the role of traditional medicine in primary health care.

7.2 Conclusions

The purpose of this study was to examine the role of traditional medicine in primary health care in Allandale, Bushbuckridge, and develop a framework for systematically optimizing the role and usage of traditional medicine in primary health care. The first chapter introduced the study by setting the background and orientation of the study. An overview on traditional medicine and primary health was highlighted, and the argument for conducting this study was presented. The second chapter provided an extensive review of the literature in relation to the topic under investigation. Numerous sources indicated that traditional medicine carries many advantages for the African and South African health systems. However, the formal and institutional role of traditional medicine was still low. Hence the need to develop a structured and systematic indigenous traditional medicine primary health care framework that could stand on equal footing with other medicinal systems for effective integration. The third chapter provided a methodological framework for the study, which involved adopting the qualitative approach. The fourth chapter presented the findings of the study in thematic narratives that were supported by *ad verbatim* quotations. The fifth chapter discussed the findings to provide meaning, context

and analytical explanations to the results. The main conclusions to the findings are as follows:

7.2.1 Perceptions on the Inclusion of Traditional Medicine in Primary Health Care in Allandale

The findings revealed that there was a favorable view of traditional medicine in terms of its role in primary health care. Traditional medicine was regarded as acceptable, suitable, easily available and medicinally potent; hence it deserved a more visible and significant role in the primary health care system.

7.2.2 Types and Characteristics of Traditional Medicine and Procedures in Allandale

The findings revealed that a variety of traditional medicinal procedures were used in the treatment of patients. These included the use of herbs, animal parts/extracts, spiritual procedures and minerals in providing health care. The types of medicines and practices were unique in that they do not form part of the allopathic health care system, a gap that traditional medicine can fill in primary health care.

7.2.3 Primary Health Framework (Promotive, Preventive, Curative, Rehabilitative) Characteristics of Traditional Medicine)

The findings of the study showed that traditional medicine possessed qualities that were an imperative in the primary healthcare scope. Traditional medicine has used to promote health, prevent disease, cure ailments and rehabilitate long term health challenges. This finding further augmented the significance of traditional medicine, as effective primary health care should span across all the elements within the framework.

7.2.4 Factors Which Influence the Uptake of Traditional Medicine for Primary Health Care in Allandale

Various factors influenced the uptake of traditional medicine. These included affordability, cultural relevance, holistic approach and availability of traditional medicine. Traditional medicine provided conveniences that allopathic systems of medical care did not present. The factors which cause people to take traditional medicine pose as advantages associated with the usage of traditional medicine. Based on the findings of the study, there emerged a framework which shows the various components through which the role of traditional medicine in primary health care is fore-grounded. Table 7.1 illustrates the conceptualization of the framework that emerged from the study.

Table 7.1 The Traditional Medicine Primary Health Care Framework

Context	***Inputs***	***Activities***	***Outputs***	***Outcomes***	***Impact***
National Legislative and governance Framework on Traditional Medicine Local community cultural Systems and Norms	Herbal, animal extracted, mineral-based and spiritual-practice-based medicinal products. Service providers (herbalists; diviners; faith healers; birth attendants; interpreters; cleaners). Natural and built infrastructure. Funds	Monitoring harvesting of traditional medicine. Preparation of traditional medicine. Assessment, diagnosis, management and treatment of diseases using traditional medical practices. Storage mechanisms Maintenance and expansion of facilities on local health care centre. Provision of affordable and timely services within a reduced distance. Referrals among traditional practitioners. Provision of ancillary culturally-based health activities such as indigenous games, indigenous foods, education on rituals and African hygienic practices.	Holistic health (spiritual, social, mental and physical) health.	Equitable access to health. Efficient and coordinated delivery traditional medical health care Improved status of African traditional medicine. Resilient indigenous medicine primary health care system.	Sustainable indigenous primary health delivery system. Basis for integration with Western and other health care system. Improved basis for further Afro-centric research in self-contained indigenous primary health care centres.

		Use of *imbizos* to raise health awareness.			

7.3 The Traditional Medicine Primary Health Care Framework

The framework is anchored on six interrelated domains which are context, inputs, activities, outputs, outcomes and impact.

7.3.1 Context

The context domain refers to the existence of an over-arching legislative and policy framework that governs the operations of traditional medical practitioners within the indigenous traditional primary health care system. It also focuses on the cultural and religious beliefs within which the traditional medical practitioners operate in and how this informs their practice. The key pieces of legislation which govern the operations of traditional medical practitioners in South Africa are the Constitution of South Africa Act 108 of 1996, the Traditional Health Practitioners Act 22 of 1997 and the Protection, Promotion, Development and Management of Indigenous Knowledge Act 6 of 2019. Legislation provides regulations on the rights of traditional practitioners to use traditional medicine as well as regulate their operations so that traditional practitioners do not engage on illegal, harmful and nefarious activities, and that the rights of traditional practitioners are protected.

The cultural aspect of the domain recognises that the operations of traditional medical practitioners are underpinned by African cultural values in line with the Afro-centricity theory. This means that the traditional medicine practitioners should conform to the local community culture(s) wherein they may exist in their craft in the traditional indigenous primary health care system. Cultural systems determine the healing methods and substances used to re-invigorate the physical, emotional, mental and psychological well-being of communities. Traditional knowledge about phenomena, elements and conditions that may predispose community members to disease, as well as knowledge mechanisms to prevent or diffuse such calamities is all culturally-based and context bound.

7.3.2 The Inputs Domain

This refers to the existence of raw resources such as raw materials, funds and personnel to ensure that the indigenous traditional primary health care is administered smoothly. Without inputs, primary health care delivery is impossibility. Within an indigenous traditional primary health care system, the main medical inputs are herbs, animal extracts and mineral substances. These are the main materials required to form concoctions, decoctions, amulets and other material needed to prevent disease and treat patients.

In terms of human resources, the key inputs are the traditional practitioners who are experts in traditional medicine. They are the key cog and primary service providers who treat patients. The indigenous medical centre should have a section for herbalists, a section for birth attendants, a section for diviners and a section for faith healers. In addition to traditional practitioners, traditional leaders are the custodians of culture. They play a key oversight role to ensure that the practices by traditional practitioners are in line with the cultural values. They also play a key role in the allocation of land resources and organizing strategic traditional meetings as a link between traditional practitioners and the general population. They also influence policy to ensure that the health care interests of the population are served in a culturally sensitive and responsive manner. Other strategic human personnel include interpreters who may assist in bridging the linguistic gap between traditional practitioners and patients or even between traditional practitioners and researchers. Renderers of services such as cleaning, ushers, gardening and maintenance of the indigenous medicine primary health care centres are also necessary to ensure that the centers' activities are well organized.

In relation to natural infrastructure, commodities such as land, water and access to forests provide a key sub-stratum for traditional medicine. Access to land provides a spacious environment upon which various sections of practitioners can be located to ensure that a substantial number of people are accommodated without causing undue congestion. Access to water resources ensures that hygienic practices and the making of certain medicines as well as herbal gardens are well taken of as they form a key part of traditional medical health care. Forests provide the raw materials that are important to make a wide

variety of medicinal substances. The built environment consists of culturally appropriate rooms for consultation and treatments. The provision of traditional medicine means that infrastructure must be designed in specific ways, particularly using mud and thatch. Additionally, security features such as a hedge boundary also forms part of key infrastructure.

Funds are a vital component as an input. The indigenous medicine primary health care framework may require funds from the Ministry of Health and other key stakeholders to fund its operations such as maintenance, purchasing of raw materials, travels, hospitality services and paying key staff. In addition, the funds may be raised through payments from patients for services rendered by the practitioners.

7.3.3 The Activities Domain

This domain relates to activities associated with service delivery within the proposed traditional medicine primary health care system. The monitoring and harvesting of traditional medicine are a key part of service delivery. There are indigenous safety and cultural procedures that must be followed to ensure the efficacy of the medicine, and to ensure that the substances harvested for use are truly medicinal in nature.

The preparation of traditional medicine is also a vital component of traditional medicine. African medical practitioners have their own ways of determining dosage in a person-centred way. It is a vital component of providing indigenous medicine. Storage mechanisms of the medicines should also be expertly handled to ensure that they remain suitable for use and are done in hygienic conditions.

The assessment, diagnosis and treatment of patients is one of the key aspects of primary health care. Afro-centric methods should be used in the centres, and each group of practitioners should follow the procedures that are culturally appropriate. Traditional practitioners are organically linked to their communities hence there are hardly any cultural barriers in the treatment of people from their communities.

Traditional medicinal services are typically affordable and timely. The proposed framework involves a variety of practitioners in a single centre which provides options and flexibility. Distance to access primary medical care is also reduced as the centres are located within the communities in consultation with traditional leaders who are in touch with the medicinal needs of their people.

Referrals among traditional practitioners are possible. The proposed framework provides a convenient basis for collaboration, peer review and learning from each other to ensure that the health interests of patients are catered for. The African concept of *ubuntu* recognizes that no man is an island, hence even among traditional practitioners, cross referencing is made easier within a self-contained system.

The framework provides for the health centres to be cultural hubs for disseminating information on health based on indigenous perspectives. This may include information on taboos, indigenous foods, dietary practices, hygienic practices and reproductive health that can prevent diseases. Traditional leaders can also play key roles in ensuring that they use African communication methods such as *imbizo* and *indaba* to communicate health issues to the community while working together with traditional medical practitioners.

7.3.4 Outputs

The outputs are the immediate results that show the results of traditional medicine within an indigenous primary health care system. Traditional medicine is holistic in nature and therefore the outputs involve spiritual, physical, social, emotional and mental well-being among the patients.

7.3.5 Outcomes

The outcomes are the effects which occur after the output and usually take more time to achieve. In the proposed framework, the outcomes include equitable access to primary health care. This means that more people, including the disadvantaged, have access to primary health care as various barriers such as distance are removed.

In terms of efficient and coordinated delivery system, it means that there is a harmonious link between traditional medical practitioners which enhances communication about trends in health, disease innovation and about patients. This reduces the time taken for patients to be treated and promotes that sharing of resources and ideas.

Within a coordinated framework, the role of traditional African medicine is more appreciated, and its status grows, which provides room for greater influence and acceptability. This in turn may lead to more resilient Africa indigenous medical systems that can push back the colonially inspired onslaught against indigenous knowledge systems of traditional medicine.

7.3.6 Impact

This refers to the ultimate result of traditional medicine within the framework. In the framework, the impact is that it may yield sustainable models and templates of indigenous medical primary health care which are unapologetically Afro-centric, environmentally sensitive, and legally astute and person centred.

The other impact is improved awareness on traditional medicine that may lead to equitable integration with other medical systems such as the Western system, as opposed to the subsidiary status that African medicine occupies in most integration frameworks. This may also lead to improved research on African traditional medicine.

7.4 Application of The Framework: Indigenous Traditional Primary Health Care Centres

The practical application of the frameworks is the proposal to establish Indigenous medicine primary health care centres. The centre will be within the village on land allocated by traditional leaders who are the key custodians of culture and values. The centre will be having sections comprising of different types of traditional practitioners who will be doing consultations and practicing within a collaborative framework. Apart from consultations, the centre will also be a sustainable promotive and educational hub on indigenous ways of promoting health care through:

- Promoting and selling Traditional food,
- Promoting and selling Amulets,
- Cultivation of botanical gardens and rearing of livestock, and
- Consultation for initiation and traditional schools.

The above listed activities will be key to meet the diverse indigenous health determinants which include:

- Dietary regimes,
- Hygienic Measures,
- African values and norms,
- Taboos,
- Storage mechanisms, and
- Disease Etiologies.

7.5 Recommendations

Based on the findings of this study, this section provides the following recommendations:

7.5.1 Support the Development of Indigenous Medicine Health Care Systems

The study has shown that the majority of Allandale communities rely largely on the expertise of traditional health care practitioners for primary health care. As such, the government, through the Department of Health and Traditional Governance must financially and administratively support the development of indigenous health care systems in indigenous communities. Thus, the minister of Health through the departments of Health and local governments should fund non-governmental organisations (NGOs) and universities to explore the medicinal properties of the indigenous plants that are applied for primary health care by means of inventorying and documenting the medicinal plants which are used to treat common diseases. This should be done in a way that empowers and promotes the indigenous health care system. Other than merely combining the two health care systems, the indigenous health care system must be established to be self-sustainable so that any form of eventual integration must be based on equity. These should be developed within the framework of the two Acts that are operational:

- The Traditional Health Practitioners' Act 22 of 2007, and
- The Protection, Promotion, Development and Management of Indigenous Knowledge Act 6 of 2019.

7.5.2 Promoting Cultural Norms and Values That Promote Health

The Ministry of Health should promote observance of the cultural determinants of health for the maintenance of good health through adverts, billboards and roadshows in communities through all media platforms. Furthermore, the cultural beliefs, norms and practices relating to ill health should prescribed also by biomedical practitioners in the development and implementation of primary health care programs. Like some institutions have already started making amulets, these belief systems and practices ought to include the following:

- A set of beliefs about health maintenance,
- Guidelines about correct behaviour for prevention of disease,
- Embracing other practices promoting prevention of disease attack, and
- Promoting indigenous dietary foods which act as food and medicine.

7.5.3 Further research

Further research should:

- Incorporate pharmacists who specialize in medicine,
- Involve a bigger sample,
- Incorporate key stakeholders such as policy makers in the ministry of Health, and
- Investigate and establish an inventory of medicinal plants, animal parts and minerals for primary health care through quantitative studies.

7.5.4 Awareness Campaigns and Education

It is recommended that state institutions and non-governmental organisations should organise awareness campaigns to familiarise the populace (this knowledge is not for everyone, that is why the traditional health practitioners have to train the initiates with regards to the traditional medicine) with the laws that protect indigenous knowledge theft. These awareness programmes should be conducted mainly in indigenous communities. Furthermore, such campaigns should be designed to make people aware of the laws relating to the following:

- Bio-piracy,
- Bio-prospecting,
- How to protect their knowledge and plants from misappropriation, and
- Registration of indigenous knowledge.

The distribution of educational materials like books and leaflets (which should be in vernacular) along with awareness campaigns will be of importance in preventing or minimising misappropriation of indigenous knowledge Moreover, the production and performance of drama plays on the issue of indigenous knowledge theft can act as an extremely effective awareness raising tools at a community level.

These awareness-raising activities must focus also on the production and dissemination of standardised television, telephone, Facebook, 'WhatsApp', radio and billboard advertisements. These adverts appear directly to the general public and are particularly effective as many people today spend a great deal of their time on such media. In addition, the government should ensure that such initiatives reach all areas of the country.

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APPENDICIES

Appendix 1: Letter of Information

RESEARCH ETHICS COMMITTEE

LETTER OF INFORMATION

Title of the Research Study: An Examination of the Role of Traditional Medicine in Primary Health Care in Bushbuckridge Region, Mpumalanga Province of South Africa.

Principal Investigator/s/ researcher: Mdhluli, T.D.

PROMOTER: Prof V.O. Netshandama

CO - PROMOTER: Adv. Dr P.E. Matshidze

Brief Introduction and Purpose of the Study:

I am **Mdhluli, T.D.** I am studying for PhD in African Studies at the University of Venda. My thesis title is An Examination of the Role of Traditional Medicine in Primary Health Care in Bushbuckridge Region, Mpumalanga Province of South Africa." During your participation, your voices will be recorded and where possible pictures on some of the demonstration will be captured.

Outline of the Procedures:

I will be asking you questions and expecting you to respond to the question asked, in a case where I will be in need of more clarity, I will ask further questions. Please feel free to respond in any way. Participation in this research is voluntarily and you have the right to withdraw participation at any time. You may be sometimes asked to answer questions that are in this interview guide or some may be probed from that. We will also have focus

group discussion wherein you will also be asked to participate fully but voluntarily. In most cases our discussions and interviews may take one to two hours during our meetings. Every visit will be communicated in time for you to prepare yourself for availability. Follow-up visits will be there and will be communicated in time.

Risks or Discomforts to the Participant: If you feel uncomfortable about the continuation of this procedures you are allowed to withdraw from this research project.

Benefits: This research will benefit the University of Venda all, especially the department of African Studies.

Reason/s why the Participant May Be Withdrawn from the Study: There will be no reasons expected from the participant if he or she does not want to continue with the research.

Remuneration: No Remuneration

Costs of the Study: (*Will the participant be expected to cover any costs towards the study?)* **NO**

Confidentiality: All information obtained in this research activities will be kept private and confidential and will only be used for the purpose of this study only. Pseudo names will be used instead of their real name.

(**Research-related Injury**: (*What will happen should there be a research-related injury or adverse reaction? Will there be any compensation*?) **No compensation reserved for the injury that is related to this research project**

Persons to Contact in the Event of Any Problems or Queries:
Prof V.O. Netshandama (Vhonani.Netshandama@uvien.ac.za) and Adv. Dr P.E. Matshidze (Pfarelo.Matshidze@univen.ac.za.) Please contact the researcher (072 444 1875), my supervisors (0159628131) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population

Appendix 2: Informed Consent

RESEARCH ETHICS COMMITTEE

UNIVEN Informed Consent Form

CONSENT:

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, (**Mdhluli, T.D.**), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number:
- I have also received, read and understood the above written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature

I, …… …… …… ……..

(**Mdhluli, T.D.**) herewith confirm that the above participant has been fully

Informed about the nature, conduct and risks of the above study.

Full Name of Researcher

…… Date…….
Signature……

Full Name of Witness (If applicable)

…… Date …….
Signature……..

Full Name of Legal Guardian (If applicable)

…… Date……
Signature……

Please note the following:

Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting of a nonthreatening environment for interaction and the availability of peer counseling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g. a wrong date or spelling mistake, a new document has to be completed. The incomplete original document has to be kept in the participant's file and not thrown away, and copies thereof must be issued to the participant.

Appendix 3: Ethical Clearance

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms TD Mdhluli

Student No:
11594904

PROJECT TITLE: **An investigation of the role of traditional medicine in Primary health care in Bushbuckridge Region, Mpumalanga Province of South Africa.**

PROJECT NO: **SHSS/19/AS/01/1503**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof VO Netshandama	University of Venda	Promoter
Dr Adv. PE Matshidze	University of Venda	Co - Promoter
Ms TD Mdhluli	University of Venda	Investigator – Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: March 2019
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Senior Prof. G.E. Ekosse

UNIVERSITY OF VENDA
DIRECTOR
RESEARCH AND INNOVATION
2019 -03- 25
Private Bag X5050
Thohoyandou 0950

University of Venda
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