An Exploration of the Role of African Traditional Health Practitioners in Treating Cancer Patients: A Case Study of Mzinti, Mpumalanga Province of South Africa

By

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Declaration

I, Lindelwa Veronicah Nkosi, hereby declare that the dissertation for the Master of Arts in African studies degree at the university of Venda hereby submitted by me has not been previously submitted for an attainment of a degree at this institution or any other university and that it is my own work in design and execution and that all reference materials contained therein have been duly acknowledge.

Signature …….. **Date**……..

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Abstract

The purpose of this study was to explore the role of African traditional health practitioners in treating cancer patients. Most countries in Africa have a limited number of cancer specialists and cancer treatments are very expensive, hence, most cancer patients cannot afford them due to low income. Alternatives to mainstream treatment are not readily available due to patients' lack of exploration and recognition of traditional health practitioners in treating cancer patients and the lack of clinical validation of traditional medicine. This study used a qualitative research design and perceptions were gathered through semi-structured interviews and focus group discussions. There were 16 participants who included 7 traditional health practitioners and 9 community members; data was analysed using thematic analysis. As indicated the study intended to provide an understanding of South African traditional health practices and the role of traditional health practitioners (THPs) in the treatment of cancer patients. This understanding is intended to benefit development policy makers in the formal acceptance of traditional health practitioners' roles and pave ways for possible integration of traditional and western health care. The study unveiled that THPs have a strong cultural background and knowledge of cancer, as well as treatment methods. Participants elucidated that THPs were involved with their patients beyond the use of medicine and that they play the role of nutritionists, counsellors and care givers in their treatment practices. The study also revealed that people have both negative and positive perceptions of the role played by THPs in treating cancer. This study recommends that further research be conducted that will be focus on cancer patients' beliefs and reasons for the preference of African traditional medicine as a treatment for cancer and the creation of social support groups for cancer patients and their families.

Key terms:

Traditional Health Practitioner, Traditional Healing, Traditional Medicine, Cancer, Indigenous Knowledge

List of Abbreviations

AIDS : Acquired Immune Deficiency Syndrome

ARVs : Antiretrovirals

ATPS : African Technology Policy Studies

CAM : Complementary Alternative Medicine

FGD : Focus Group Discussion

HBM : Health Belief Model

HIV : Human Immune Virus

IARC : International Agency Research on Cancer

IKS : Indigenous Knowledge Systems

NCR : National Cancer Registry

NIKSO : National Indigenous Knowledge Systems Office

PHC : Primary Health Care

SA : South Africa

TBA : Traditional Birth Attendant

THP : Traditional Health Practitioner

THPA : Traditional Health Practitioners Act

THPCSA : Traditional Health Practitioners Council of South Africa

TM : Traditional Medicine

WHO : World Health Organisations

WIPO : World Intellectual Property

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Chapter one

Introduction and Background

1.1 Introduction and Background

This research report provides an orientation on the roles of African traditional health care practitioners in treating cancer patients in Mzinti. Nkomazi Municipality, Mpumalanga Province. Cancer is one of the deadliest diseases in the world including South Africa. There are various proposed methods of treating cancer in the western health care system however, there has been few documentation on the role played by traditional health practitioners in treating cancer.

Cancer is one of the life threatening diseases especially for low and middle income countries. It ranks as the leading cause of deaths worldwide (Olsen, 2015). According to Ly (2016) Africa lacks reliable cancer registries, however, the International Agency for Research on Cancer (IARC) issues statistics worldwide. The International Agency Research on Cancer (IARC) reports that 8 million cancer cases (57%), 5.3 million cancer deaths (65%) and 15.6 million (48%) of the 5 common cancer cases, have occurred in developing countries.

Cancer causes worries, distress and millions of deaths. Ly (2016) states that in Africa cancer occurrences have been estimated at 847,000 new cancer cases and 591,000 patients died of cancer in 2016. This shows that cancer is a huge burden in African countries. Moreover, the author adds that cancer has negative consequences on the social and economic conditions of developing and developed countries. The leading causes of deaths for men diagnosed with cancer in Sub Saharan Africa are prostate, liver, Kaposi's sarcoma and oesophageal (IARC, 2013). The American cancer society (2011) states that the leading cause of cancer death in women in Sub Saharan Africa were breast and cervical. The National Cancer Registry (NCR, 2013) which is South Africa's main

source of cancer statistics reported that the most common cancers occurring in South Africa are prostate, lung, bladder and colorectal , breast and cervical.

Treatment for cancer such as chemotherapy, radiotherapy and surgery are not easily available or accessed by patients due to low income. Maher and Ford (2011) maintain that patients who often have the utmost health need have the slightest access to reasonable treatment alternatives, hence, cannot obtain care. Only five percent of all universal supply used up on cancer are distributed in developing countries, therefore, contributing to severe inequalities in cancer treatment globally. Daher (2012) states that cancer is stigmatized and perceived as a deadly illness; that there are myths associated with cancer, such as the belief that cancer is contagious and is seen as punishment. One of the reasons for the stigmatization of cancer is its presence in certain parts of the body that people often do not speak about. People in Africa consult with traditional health practitioners for almost all their health needs including cancer treatment.

Moreover, individuals' inclinations for traditional medicine in treating cervical cancer were identified by some studies in South Africa and Ethiopia. (Mwaka, Okello, & Orach, 2014), Birhanu (2012). The usage of traditional medicine amongst cancer patients is common in several countries, although, motives for the practise of traditional medicine differ between patients. Some cancer patients consult with traditional health practitioners because of their understanding, the background of the disease, as perceptions of cancer vary from culture to culture, hence, the terms used by traditional health practitioners to refer to cancer vary from culture to culture. In Malaysia traditional medicine used by some cancer patients is usually based on recommendations from friends or family and the credibility of the traditional health practitioners (Muhammad, Merriam, & Suhami, 2011).

Ly (2018) states that in most cases cancer patients use both healing methods therefore, traditional medicine can be used alone (monotherapy) or in combination with conventional medicine (polytherapy). In most patients suffering from cancer, the use of traditional

medicine together with conventional medicine may be guided by the level of pain or suffering. Traditional healing has been practised in Africa since time immemorial and THPs in South Africa are known to treat various ailments, ranging from minor diseases such as flue to chronic diseases such as diabetes; they are known to be reliable in the provision of primary health care (PHC) (Zuma, 2016). World Health Organization (2014) states that traditional remedy is an essential and frequently unappreciated fragment of health care, African remedies remain used broadly in most countries. WHO (2014) further recognised 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 and mental illness".*

Traditional health practitioners in South Africa are controlled under the Traditional Health Practitioners Act (THPA) 22 of 2007, which recognises a traditional health practitioner as someone registered in terms of section 21 of the Act or a person registered under this Act in one or more of the categories of traditional health practitioners. There are four categories of traditional health practitioners who can register under the THPA namely; diviners (*izangoma* or *amagqirha*), herbalists (*inyanga*), traditional birth attendants (*Ababelekisi*) and traditional surgeons. Mkgobi (2012) maintains that traditional health practitioners are resourceful and play a fundamental role in various spheres of people's lives and their services go far beyond the use of herbs in physical illnesses. Traditional healers have close relationships with the communities, thus, and exert much influence amongst its members (Latif, 2010). This study focused on two types of female cancer breast and cervical cancer, as they have been reported to be the greatest common cancer in women and the main cause of cancer deaths.

1.2 Problem Statement

There is an ongoing fight against cancer in African countries especially, in South Africa because of the limited number of cancer specialists (Ly, 2018). People are dying of cancer because they are unable to afford conventional medicines; cancer treatment is very costly and inaccessible to many patients especially the indigenous rural population of Mzinti due to their low income and other socio-economic challenges. To exacerbate this, the role of African traditional health practitioners is looked down upon thus, lacks exploration and recognition by health professionals in the treatment of cancer patients (Hlabano, 2013). This neglect of African traditional health practitioners who are arguably used by most rural indigenous peoples in the treatment of cancer is due to lack of understanding and respect for the African traditional health practices (Moreira, Teixeir, Helena, Monteiro, Oliveira & Francisco, 2014). A call for the THPA to formalise the indispensable work of African health practitioners, has not fully materialised hence, THPs' work is not in the spotlight or openly accepted in primary health care for indigenous cancer patients (Kugara, 2017).This neglect or side-lining of African traditional health practitioners who are revered by community members for their treatment of diseases such as cancer means that the scourge of illnesses will continue to escalate leading to a number of deaths. Poor recognition and acknowledgement of THPs by community members also means more people would suffer in silence as conventional treatments are costly and at times inaccessible.

1.3 Significance of the Study

The study aimed to provide an understanding of the African traditional health practices and the role of traditional health practitioners in treating cancer patients. This understanding has a potential to benefit development policy-makers in the formal acceptance of traditional health practitioners' roles and pave ways for possible integration of traditional with western health care. In addition, findings can help in the amendment of existing Acts or the passing of new laws that address treatment of cancer or other related illnesses.

In addition, the study envisages to produce information for healing cancer in a traditional way.There have been attempts by some scholars to document cancers' traditional healing processes and the obligations of traditional health practitioners in treating cancer patients (Zuma, Wight, Rochat and Moshabela, 2016), however, there is still a need to conduct this study as there is little literature available. This study therefore, intends to contribute to the body of knowledge that is available on African traditional healing for future researchers. The findings of the study will benefit the public by improving people's opinions of the role of traditional health care in treating cancer so that those diagnosed with it may also consider traditional healing as an option.

1.4 Aim of the study

The main aim of the study was to explore the role of traditional health practitioners in the treatment of cancer patients.

1.4.1 Objectives of the study

To achieve the main aim of the study the following objectives were examined;

1) To explore people's and THP's perceptions and knowledge of cancer in the traditional context.

2) To establish the THPs knowledge of African indigenous treatment and healing procedure of cancer.

3) To evaluate people's perceptions towards African traditional health practitioners' role in the treatment of cancer.

1.4.2 Research Questions

The following research questions were be probed to achieve the objectives of the study;

1) What are your perceptions of cancer in the traditional perspective?

2) What are the African indigenous treatment and healing procedures of cancer?

3) What are people's perceptions towards the role of African traditional health care practitioners in the treatment of cancer?

1.5 Definition of Terms

The process of definition is an essential aspect of the study, hence, clarification of the terms below make it easy for the reader to understand the study.

1.5.1 Traditional Health Practitioner (THP)

A traditional health practitioner is a person who is legally recognised in South Africa under the Health Practitioners Health Act 22 of 2007). Further included under this Act are diviners, traditional birth attendants, herbalists and traditional surgeons. In this study the terms *sangoma* and *inyanga* will also be used by the researcher to refer to traditional health practitioners.

1.5.2 Traditional Healing

Ventress (1991:242) defines 'traditional healing' as a technique used, separately or interactively by THPs to eliminate or prevent physical, psychological and spiritual problems of patients, by using special divine powers. For the purpose of this study traditional healing refers to the methods or approaches used by African traditional health practitioners in the treatment of cancer.

1.5.3 Traditional Medicine

The Traditional Health Practitioners Act defines traditional medicine as:

> *"an object or substance used in traditional health practice for the diagnosis, treatment or prevention of a physical or mental illness; or any curative or therapeutic purpose, including the maintenance or restoration of physical or mental health or well-being in human beings, but does not include a dependence-producing or dangerous substance or drug" (Traditional Health Practitioners Act 22 of 2007).*

For this study the researcher views traditional medicine as any concoctions, traditionally prepared and used for the improvement and treatment of cancer, which may be in powder or liquid form.

1.5.4 Cancer

Cancer is an illness where the cells grow out of control in the wrong place abnormally (Singh & Raymaker, 2010). In this study the terms *Inyamakazi* or cancer will be used interchangeably by the researcher.

1.5.5 Indigenous Knowledge

Dei (1994: 105) defines 'indigenous knowledge' as facts that "include the cultural traditions, values, beliefs, and worldviews of local peoples as distinguished from Western scientific knowledge".

1.6 Chapters' outline

The chapters in this study are arranged as follows;

1.6.1 Chapter One: Introduction and problem statement

This chapter covers the introduction and background, problem statement, the aim and objectives, significance of the study and the definition of terms.

1.6.2 Chapter Two: Literature review

This chapter outlined the theoretical framework of the study, wherein the health belief model and appreciative inquiry approach are discussed in detail. The chapter further provided a review of national and international literature relevant to the study.

1.6.3 Chapter Three: Research Methodology

Chapter three provides the methodology used to conduct the study. The chapter highlights the population, data collection and analysis methods and the ethical considerations taken into account when conducting the study.

1.6.4 Chapter Four: Data presentation and analysis

This chapter provides the presentation and analysis of the collected data.

1.6.5 Chapter Five: Conclusion and recommendations

This chapter summarises the findings of the study, makes a conclusion and come up with recommendations.

Chapter Two

Literature Review and Theoretical Framework

2.1 Introduction

The previous chapter provided the background of the study by highlighted aspects like the problem and the purpose of the study. This chapter is categorised into two sections, theoretical framework and literature review. The first part of the chapter introduces the theoretical framework of the study; in that regard, the health belief model and appreciative inquiry approach were adopted and interpreted in detail. The other fragment of the chapter is the literature review. The reviewed literature encompasses the following themes; African traditional healing, African cosmology and views of illness, other diseases treated by Traditional Health Practitioners, the utilisation of traditional health practitioners' services by cancer patients, the legislative framework which covers indigenous knowledge systems, Traditional Health Practitioners Act 22 of 2007, as well as the Protection, Promotion, Development and Management of Indigenous Knowledge Systems Act of 2019.

2.2 Theoretical Framework

Barker (2003; 434), defined a theory as a set of arranged thoughts, justifications, views and prepositions that provide a rational interpretation of occurrences focused on realities and explanations with the purpose of clarifying and envisaging an occurrence. Swanson and Holton (1997) argue that the aim of a theory is to examine, recognise and plan means to inspect connections in societal schemes. The study was grounded in the following theories; health belief model and appreciative inquiry model. These are discussed below.

2.2.1 Health Belief Model (HBM)

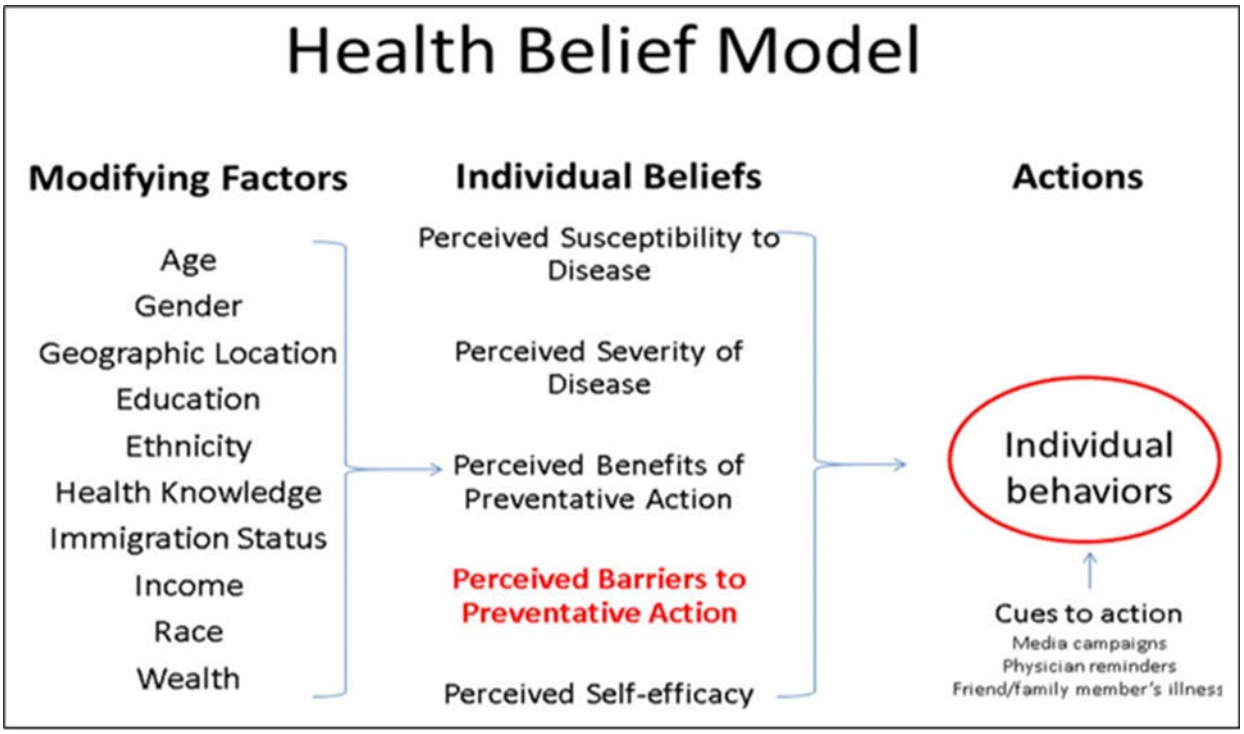
This study adopted the Health Belief Model (HBM) to explore the role of THPs in cancer treatment. Houchbaum, Rosenstock and Kegels (1952) established the HBM in an effort to explicate and envisage health conducts by concentrating on the approaches and

opinions of people. This study focused on the role played by THPs in offering remedies to individuals diagnosed with cancer. The HBM, was used to concentrate on cancer patients' health conducts to have a better understanding of their attitudes and beliefs concerning the practise of African traditional medicine in the process of treatment of cancer diseases.

Four main constructs of HBM are used to explicate health actions, perceived susceptibility, perceived severity, perceived benefits and perceived barriers. These are shown in Figure 2.1 and discussed in detail below;

Figure 2.1: Health belief Model

This diagram indicates factors that affect individuals' beliefs about their health and the cues that remind them to take action regarding their health or illness.



Source: (Oluwadamilola, Kraenzle, Drake and Goodman, 2014)

2.2.1.1 Perceived Susceptibility

Perceived susceptibility speaks of to the person's opinion of the danger or likelihoods of contracting a disease (Abrahams & Sheeran, 2015). This for example, suggests that the person thinks of the possibilities of them being diagnosed with a disease. The HBM therefore, proposes that perceived susceptibility encourages individuals to take part positive behaviours to avoid the danger of getting cancer or looking for treatments for its cure.

For instance, women who are vulnerable to breast cancer or cervical cancer and recognize it as a severe health risk are motivated to pursue helpful action. For instance self-breast examination or cervical cancer screening will be done in order to search for early cure if the illness exists. In addition, an individual could also look for health education on bodily indications as a way of avoiding the disease (Norman & Brain, 2010). Consequently, it is essential to identify cancer from the traditional context and know the kinds of cancers that exist in one's culture in order to find its prevention procedures and treatment approaches. Gender and age are major modifying factors in one's belief of susceptibility to either breast cancer or cervical cancer. The HBM was used to find out by what means people respond to opinions of the danger of acquiring cancer as well as predicting the actions taken by them in its treatment, hence, researcher assessed the participants' beliefs of the possibilities of contracting cancer.

2.2.1.2 Perceived Severity

The construct perceived severity mentions the person's conviction of the severity of the illness, which can be built on the understanding or opinions of the problems and the effects that cancer has in a person's life. Heath belief model implies that individuals modify conduct focusing on their understanding of the risk of a deadly disease. The interpretation of cervical cancer as a deadly disease can encourage conduct which may lower the probabilities of getting it, this may include decreasing the number of sexual partners and eluding being involved in sexual activities at a younger age (Matsheta and Mulaudzi, 2008).

Taking part in informative platforms and alertness campaigns on cancer makes one sensitive of the risks of the illness hence, health knowledge is a crucial modifying factor in addressing the disease. Education opens canals of conduct which seeks to obviate one from getting the illness. Cervical cancer is assumed to be triggered by termination of pregnancy or coarse sex, Hence, HBM was selected as it stimulates healthy conducts that either lower the risk of acquiring an illness or encourage conduct that reduces the probabilities of the person from being infected with the illness (Chavez, McMullin, Mishra and Hubbell, 2001).

Zare, Ghodsbin, Jahanbin, Ariafar, Keshavarzi and Izadi (2016) explain perceived severity as sentiments of concern about not treating the disease as well as possible communal worries that the disease may carry. In addition, the model specifies that bearing in mind all the life changes that the illness might bring is important for behaviour change, such as changes to lifestyle and diet that is healthy. The use of HBM in this study was to envisage the health behaviours implemented by individuals in their wish to evade an illness or to look for treatment.

2.2.1.3 Perceived Benefits

This construct focuses on a person's conviction of the effectiveness of a different conduct in lowering the dangers of acquiring the disease. For instance for someone who smokes twenty- five cigarettes a day decreasing the quantity of cigarettes may possibly lessen the probabilities of him/her being diagnosed with lung cancer. Similarly frequent self-examination of breasts may result in early discovery and early treatment of the illness (Krombein & De Villiers, 2006). HBM submit that a person who desires to avoid cancer may possibly take part in informative platforms and acquire knowledge on ways to avoid or manage the illness.

Lewis (1994) explains that the HBM framework accepts health as a significantly treasured worry. A person's views concerning his/her vulnerability to a disease and the suspected seriousness of its concerns activates a behaviour encouraged by the effectiveness in decreasing the health risk. In that regard, the researcher used HBM to determine the participants' opinions of the efficacy of African traditional remedy in the treating cancer as a conduct adopted to decrease the health risk. Some perceived benefits may include the accessibility and affordability of THPs that treat cancer and the high level of privacy in THP consultations.

2.2.1.4 Perceived Barriers

This construct concentrates on a person's individual valuation of complications in taking on a fresh conduct. For example, women may not implement the breast examination behaviour due to terror of the results, such as finding out that they have been diagnosed with cancer. This suggests that some people might not adopt new health action in decreasing the dangers of getting rid of an illness because of terror of the result or severity of the illness. Barriers of taking action can consist of perceived side effects of medicinal processes, views that remedies may initiate more pain or emotional suffering and health costs. In this case one would consider their income especially when thinking of the treatment costs Consequently, HBM implies that the alleged benefits must be greater than the perceived barriers in order for behaviour change to take place. One of the perceived barriers may include social isolation or stigmatization from family members or community members after one has been diagnosed with cancer.

2.3. Critique of Health Belief Model

One of the criticism of the HBM is from LaMorte (2019) who maintains that the model does not consider actions that are performed for non-health related reasons such as social acceptability. Other researchers add that HBM is imaginative than clarifying, does not propose strategies for altering ill-health associated activities, does not directly spell

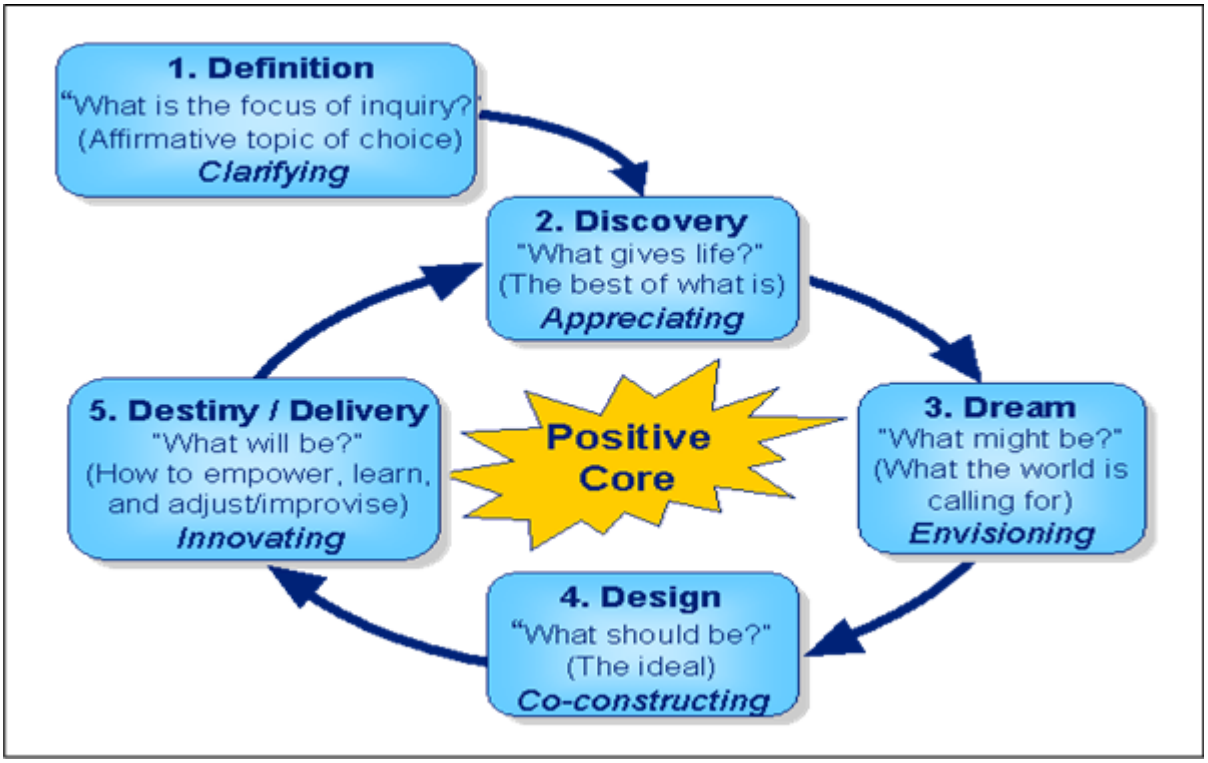
out the connection between the patterns and does not give direct instructions for integrating the created patterns (Orji, Vassileva, & Mandryk, 2012).

Conner (2010) states that the core strength of the HBM is the use of simplified health associated constructs that make it easy to test, apply and implement, therefore, the current researcher, although acknowledging the concerns, believes that the HBM is more suitable in explaining and predicting health behaviours of individuals. In addition HBM allows the researcher to assume and predict health behaviours which are to be adopted by individuals based on its constructs. Having no clear rules requiring the merging of the constructs provides flexibility and makes HBM more applicable to any health behaviour as well as to any social group (Orji *et al*, 2012). The researcher, thus, saw HBM as a suitable model for this study as it is also useful in preparing approaches to aid inspire healthy conducts and advance the avoidance and treatment of health circumstances. These benefits of the HBM are far greater than the indicated critiques.

2.4 Appreciative Inquiry Model

This model was developed by Cooperrider (1986) for reviewing and altering social systems. The model strive for development procedures of inquiry that effect in enhanced, more active, maintainable and vibrant social systems (Cooprrider, 1986). In this study, the researcher sought to inquire from African traditional health practitioners, procedures in treating cancer patients and also to appreciate their curative ways. This approach was chosen because African methods of curing must to be valued as a fragment of the health care systems in South Africa. Asante (1980) in the Afrocentricity theory Africans must see things from an African viewpoint. Hence, it is essential to study and appreciate African methods of curing. The appreciative inquiry approach uses five Ds; define, discover, dream, design and destiny, which were used throughout the process of inquiry. Below is a depict of the Appreciative Inquiry Approach and the 5Ds:

Figure 2.2 Appreciative Inquiry Approach



Source: Donnan (2005)

2.4.1 Define

In this phase the researcher defines the topic which is the main purpose of the investigation. Participants, therefore, have to agree that African means of curing must be utilised to address and develop health requirements of Africans in this instance cancer patients. In support of this, the Afrocentricity theory, developed by Asante (1980) states that African people must be in the forefront in resolving African difficulties, thus, Afrocentricity poses this main question "What would African people do if there were no white people?" (Asante, 1980). This inquiry would then be addressed through the inquiry process which seeks to bring African solutions to African problems and is also answered through the exploration of the role of THPs in treating cancer patients. Afrocentricity acknowledges the personal experiences of African people, hence, this study was centred on acknowledging the narratives of THPs in treating cancer patients using their African

intellectuality. With the appreciative inquiry approach, describing the challenge permits participants' thoughts to flow in what ways the problem can be resolved therefore, the phases below are used as a way of improving the health of cancer patients.

2.4.2 Discover

This phase includes appreciating practices, discussions and dialogues to facilitate the findings. According to Kessler (2013) the defined topic converts to an enquiry, in this case the enquiry was "What are the African indigenous knowledge of cancer healing stories and treating procedures?" The aim of this phase is to acknowledge the life experiences of the members and be mindful of what they consider to be the greatest technique to advance the health of cancer patients. Interviews were used in the investigation progression to find out what is known about African traditional healing and what is not known, this thus, assisted the investigator in learning what THPs know about cancer from the African context as well as the healing procedures as defined by the participants. In seeking to discover this, the investigator acknowledged that participants have their own belief systems which they want to maintain. The researcher observed that some of the THPs medications are well packed and labelled as to which disease they are meant to treat. In this phase it was also discovered that THPs have a close personal relationship with patients even after conclusion of the treatment and have trainees who are there to assist with their work

2.4.3 Dream

In this phase, members envision their community without cancer as a societal issue. This is completed to recognize mutual objectives of the members about the betterment of cancer patients. Members visualise the possibility of forming cancer alertness programmes and providing suitable helpful facts to different communities. The facts to be dispensed can be built on how to ameliorate the health of cancer patients or how to cure cancer by means of African methods. This phase aids in considering the views and dreams of members when it comes to the health system and their preferences in cancer

treatments. This model was utilised to appreciate that the members' vision is to use African methods of curing cancer as a reality for Africans rather than using the western practices in solving African problems (Asante, 1980).

2.4.4 Design

This phase focuses on change from dreaming to practicality or the implementation of the dream. This includes participants constructing their preferred world and exploring the diverse methods to curing. THPs designed methods of improving the lives of cancer patients by means of past knowledges and procedures. This may involve designing communication patterns that lead to improved understanding on what role THPs should play to better the well-being of cancer patients can. The investigator utilised this unique African -centred way to investigate the role played by THPs in treating cancer patients.

2.4.5 Destiny

This phase is centred on nourishing the progresses and inventions outlined in the preceding phases. This is where THPs act by cultivating their thoughts and plans into reality, hence, the purpose is to attain their goals. In this instance, the goal was to use African methods to better the wellbeing of cancer patients in their community.

2.5 Critique of Appreciative Inquiry model

Garavan (1999) states that the model is not, entirely fitting or beneficial. Appreciative inquiry may possibly in some situations encourage impractical and impaired insights, attitudes and actions. (Roger & Fraser, 2003). The model has been considered as a process of transformation that does not focus on a problem. The shared concern of Barge and Oliver (2003) was about the probability of concentrating on optimistic stories and experiences in the second phase (discovery); this will focus on unwanted structural experiences of members and cut off imaginable important and expressive discussions which should take place. It is because of this that the model has been critiqued for its

unstable, uncritical and any unfair consideration of the positive aspects (Patton, 2003 & Reed, 2007).

The above criticisms on the appreciative inquiry model are well intended, however, the current investigator perceives the model as an appropriate model that addresses shared, structural and communal difficulties. The purpose of appreciative inquiry is to bring transformation in societal systems, consequently, transformation can simply manifest itself once there is positivity and gratefulness of whatever is present and requires to be readdressed to an improved and more operative system. The methods of investigation are what carries operative and improved social systems by permitting THPs to construct fresh and meaningful concepts that deliver collective invention and achievement. The model uses collective reasoning and discourses to determine the best of what could be. The researcher thus dismisses Patton (2003) and Reed's (2007) sentiments of the theory being of unbalanced, uncritical and showing unfair consideration of the positive aspects. The stage of discovery as stipulated by Barge and Oliver (2003) invokes critical and rigorous application of the adopted dreams, therefore, it is the relevant model for the study.

2.6 Literature Review

Literature review speaks of the review of books, intellectual articles and additional sources that are fitting to a particular topic of investigation Fink (2014). A review of literature is planned to provide a summary of sources that the investigator learns while investigating a specific subject to disclose to the reader how the current study fits within a larger field of study. Ridley (2012) expressed that the importance of literature review as also to reveal the gaps that are present in the literature as well as to pinpoint the current study within the context of the topic. Below is the literature review of the exploration of the role of African traditional health practitioners in treating cancer patients.

2.6.1 African Traditional Healing

Traditional Health Practitioners Act (THPA 22 of 2007; Section 30) describes traditional healing practice as

> "*The performance of a function, activity, process or service based on a traditional philosophy that includes the utilisation of traditional medicine or traditional practice has as its object; the maintenance or restoration of physical or mental or function; or the diagnosis, treatment or prevention of a physical or mental illness and the rehabilitation of a person to enable that person to resume normal functioning within the family or community."*

In other words, this is a practice by African indigenous people as a method of getting a person to a state of health or completeness and is completed in numerous procedures by the diverse traditional health practitioners. African traditional healing was explored in the study to find the basics of the practices as it shows an indispensable role in the treatment of cancer patients by THPs (Zuma, Wight, Rochat and Moshabela, 2016). It is significant to have an inclusive background of the practice to better comprehend the roles of the practitioners involved in this practice.

2.6.1.1 History of Traditional Healing in South Africa

Intellectuals such as Abdullahi (2011) stated that practising traditional healing was initially prohibited by the South African Medical Association and stated illegal by the promulgation of the Witchcraft Suppression Act of 1957; this was established for the suppression of witchcraft and similar practices. The Witchcraft Suppression Amendment Act of 1970 made it an offence for a person who pretends to use supernatural powers, to impute the reason of certain occurrences or incidental matters to another person. There was no understanding of the notion of disease and illness being historically embedded in witchcraft (Abdulahi, 2011). Latif (2010) explains that western medicine was given legal prominence, while traditional remedies remained prohibited although the latter remained

practiced. This practice was forbidden built on the conviction that the idea of disease and illness in Africa was generally ingrained in bewitchment. Additionally, Latif (2010) states that there is distrust involved with the practice. This negativity is due to the fact that traditional healing is alleged to have no academic background and scientific knowledge. The current researcher dismisses the allegations on the basis that African traditional healing cannot be understood using western paradigms.

Latif (2010) dwells on the inequalities that prevailed in the health care system in South Africa which mostly affected the rural populations prior to the democratic elections in 1994. The apartheid system produced white doctors only who did not practise in rural areas and townships where there was a great need for medical care and where the majority of Black the population resided. Not only did this system marginalise and oppressed the rural population, it also oppressed the practice of traditional healing which most people in the rural areas depended on for their primary health needs due to the availability of traditional health practitioners, as white doctors did not offer health care services in rural areas.

Associations such as the Treatment Action Campaign (TAC) and the Traditional Healers Organisation (THO) existed to safeguard and support the presence of African traditional remedies to the South African people (McFarlane, 2015). Moreover, McFarlane indicates that in 2006 traditional medicine was officially recognised and legalised, which headed to the establishing of the Traditional Health Practitioners Act (22 of 2007). The Act offers the governing plan for the practice of traditional healing as well as safeguard the users of traditional practice against charlatans.

The declaration of the Traditional Health Practitioners Act (THPA, 22) was signed in 2007, despite this traditional healing still encounters some difficulties such as interrogations of the effectiveness of its remedies, questions of cleanliness and abuse of human rights through its practices. Even though the shortcomings have been partly addressed by some scholars the current study sought to bridge the gap by addressing

these shortcomings from an African perspective. Having detailed the history of traditional healing, the next theme focuses on traditional healing procedures.

2.6.1.2 Traditional Healing Procedures

Traditional health practitioners use various methods or procedures in treating various diseases. It is relevant to bring insight to the reader on the traditional healing procedure in order to have a comprehensive image of traditional health practices. Ndlovu (2010) argues that contrasting to western health care traditional healing drives past physical health; it follows different methods to curing which include herbal, inorganic and animal-based remedies. Struthers, Eschiti and Patchell (2004) clarify that ways and means of examination and cure differ from society to society and from healer to healer. Zimba (2014) states that THPs do not perform similar occupation and are not categorised in one group. Struthers *et al* (2004) further indicate that curing techniques consist of divination, steaming, isolation, natural features such as smoke or water, medicinal plants, creams, dance and prayer.

Puranwasi (2006) explains that curative techniques utilised by THPs consist of psychosocial counselling, simple surgical procedures, rituals and symbolism. Puranwasi adds that treatments are organised in various methods such as hot and cold mixtures, ashes, poultices and ointments, and a range of earthy creams that contain animal fat, clay and sometimes ashes, which are prepared into numerous mixtures known as *muthi* (medicine). These mixtures may either be consumed, smoked, inhaled, used for washing or steaming or smeared on the body, although these processes remain interrogated in terms of their effectiveness and scientific validation Latif (2010). WHO (2014) reports that traditional medicine is an essential and frequently underestimated fragment of the health care despite the fact that traditional medicine remains to be used broadly in most countries. With the extensive use of traditional medicine in most countries especially in Africa, the current study intended to assess the traditional health procedures performed by South African traditional health practitioners in the treatment of cancer patients.

Opposed to other scholars who looked at these procedures with Euro-western lens, an Afrocentric approach was adopted so that this study can a make a unique contribution to the body of knowledge.

Truter (2007), maintains that African traditional healing system is combined with traditional and spiritual beliefs. In support of this, Ndlovu (2010), states that THPs depend on strength or power passed on to them by their ancestors to engage in healing methods to regenerate health. This implies that the curative procedure also depends on patients' beliefs in their own and the healer's ancestors, thus, confirmation of this healing practice through scientific ways may be impossible since the practise is based on traditional philosophy as stated by the THPA (22 of 2007). Additionally, one can by no means confirm matters of spirituality as they are grounded on spiritual powers to heal which go beyond human understanding and validation by Western science (Ndlovu, 2010).

Traditional healing goes beyond physical health and includes several approaches for healing Latif (2010; p47) clarify that traditional healing is achieved by correcting the disorder or disproportion at the physical, psychological, mental and spiritual levels and these are some of the procedures used:

- "Herbal remedies (administered orally, vaginally, into the ear or nose, or subcutaneously); steaming (this penetrates through the pores of the skin for relaxation and healing and washes off bad luck and offers spiritual cleansing),
- Blood Cleansing (this provides circulation and detoxifies the blood),
- Incisions (these are made to introduce medicines into the blood) and;
- Dancing (this is a stress reliever and a communication tool for the ancestors)".

The above healing methods are also indicated by Truter (2007) who indicates that incense may be burnt to conciliate the ancestors and the use of amulets contrived from animal skin to ward off evil spirits. The healing methods detailed above do not stipulate

as to which diseases are treated by which method. This study merely focused on traditional health methods and procedures used for the treatment of cancer.

Ndlovu's (2010) study discovered that students or he younger generation were sometimes unhappy with some traits of South African traditional health practices and had undesirable attitudes which were motivated by education, urban living and loyalty to western spiritual beliefs. The current investigator is of the view that some individuals living in urban areas perceive traditional practices as a practice which belongs to a particular group of people mainly the less educated and rural residing group of people. Some of the practices specified may be perceived as manipulation of rights of the patients, as procedures utilised by some traditional health practitioners have been found to root extra damage than aid of pain and symptoms of the diseases (Ndlovu, 2010). The THPA safeguards that individuals who utilise the amenities of THPs will be safe and that the practice comply with universally recognised health care standards and ethics (THPA, 2007). The current study sought to elicit the THPs' knowledge of African indigenous cancer healing experiences and treating procedures to validate if there are any gross human rights violation in the treatment procedures. The treatment procedures will presumably differ depending on the category of traditional health practitioners consulted, thus, the next theme looks meticulously these categories.

2.7 Categories of Traditional Health Practitioners

Traditional healing practices have long been associated with witchcraft and some traditional health practitioners were called witch doctors. Schons (2011) defines a witch doctor as a person who uses magic to treat medical conditions. The author also states that the term witch doctor is commonly a derogatory term for traditional healer. According to Zimba and Tanga (2014), traditional healers is are recognised by the society in which they live as having the ability and necessary knowledge or skill to successfully provide health care using animal, plant and mineral products and methods based on the shared cultural, social and religious beliefs of the society.

The THPA 22 of 2007 describes a traditional health practitioner as “someone registered under this Act in one or more of the categories of traditional health practitioner”. These include diviner, herbalists, traditional birth attendants and traditional surgeons. The definition provided by the Act is very narrow as it excludes some important elements of the traditional healing practice as demonstrated in Zimba and Tanga’s (2014) definition. In that regard, the current researcher submits that a traditional health practitioner is someone who is registered in the THPA in any of the THP categories and uses natural products and supernatural abilities in the diagnosis, prevention and treatment of various diseases (THPA, 2007, Ndlovu, 2010 and Latif, 2010). These practitioners play numerous roles in providing health care according to their categories. The researcher however, submits that the categories of practitioners discussed by the THPA 22 of 2007 are unclear, undefined and are not apportioned to the roles they play. This is not only problematic but causes confusion as some categories are omitted and some are unknown ones added. It is essential to review the categories of THPs because this study aimed at exploring their role in treating cancer patients therefore, reviewing their categories provides a clear and deeper understanding of their practice, hence, in the following sections the categories of practitioners are elucidated.

2.7.1 Diviners

Diviners are identified as the extreme important intermediates between the living and the deceased (ancestors) (Health Systems Trust, 2011). According to Truter (2007) diviners are greatly respected in their societies and are known by different names in different cultures. They are known as *izangoma* in (Zulu), *Amagqirha* in (Xhosa), *mangome* in (Venda and Tsonga) and *ngaka* in (Northern Sotho). Diviners explain ambiguities of why a specific disease has happened in one’s life through examining and reading signs revealed to them by their ancestors through visions and dreams (Latif, 2010).

A person does not choose or decide to become a diviner. A person becomes a diviner through acceptance of ancestral calling (Latif, 2010; Puranwasi, 2006). The central concentration of a diviner is on divination and diagnosing the unexplainable. Truter (2007) states that diviners undertake preparation after accepting a call from the ancestors. Most diviners experience a procedure called *ukuthwasa* where they are taught divination and herbal treatment (Mpono, 2007).

This study delineated the participation of diviners in traditional healing practices and their role in the delivery of health care in their societies. Zimba (2014) argues that the role of a diviner in the society is to comprehend people's difficulties and illnesses for which the reason is mysterious. The current study sought to explore THP's knowledge of cancer from the traditional context.

2.7.2 Herbalists

Herbalists concentrate on the practise of herbal and additional therapeutic preparations for healing illness. They are known as *inyanga* in (Zulu) and *ixhwele* in (Xhosa); some herbalists are not called by the ancestors to heal and yet possess extensive understanding of curative herbs (Truter, 2007). According to Laitif (2010) herbalists acquire their knowledge by means of a traineeship with a more knowledgeable practitioner in herbal medicine and study the diagnosis and treatment procedure, as well as dig roots and prepare medicines. Herbalists as opposed to diviners, can only diagnose limited illnesses, this indicates that herbalists possess limited powers in relation to illnesses. However, this does not make them less significant in the traditional health practices as they also have their own role to play.

Truter (2007: 58) maintains that "the healing capabilities of herbalists includes preventative and prophylactic treatments, rituals and symbolism as well as preparations to ensure good luck and fidelity". Some herbalists cure only one illness and come to be

famous specialists on that disease. This study also sought to determine the category of traditional health practitioners who specialise in cancer treatment. Chavunduka (1994) states that some herbalists especially those who entered the profession through dreams have the ability to see the medicine and the place in the woods where the medicine is to be found. Unlike western medical doctors who use medicines that are readily available in the hospitals herbalists have a duty to go to the woods to seek for herbs and process them into medicine. This means herbalist are well conversant with different medicinal plants.

2.7.3 Traditional Birth Attendants (TBAs) or Mid wives

TBAs are usually women who are elderly and have been mid wives for a long time. Their concentration is on pregnancy issues and to help pregnant women during childbirth. TBAs mainly are accountable for training of certain behaviour practices amongst expecting women, ritual bathing of the mother, ritual disposal of the placentas, provision of healing medicine for after birth and traditional massage after delivery (Truter, 2007). Herbalists (*Inyanga*) and diviners (*sangoma*) acts as consultants in a situation where intricate labour or difficulty happens (Truter, 2007); this shows the mutual working bond between the THPs. The researcher recognises TBAs as individuals who are well knowledgeable about women's reproductive health even though their emphasis is on helping women during childbirth they may likewise be useful in early diagnosis of breast cancer due to the close relationship they have with women.

Aziato and Omenyo (2018) indicate that TBAs practices using both spiritual and physical approaches and their work is instituted on spiritual instructions, using spiritual artefacts, herbs and physical examination; this implies that the work of a TBA goes beyond focusing on pregnancy and childbirth. Chavunduka 1994) explains that in addition to focusing on the health of mother and child TBAs also deal with other issues such as assisting in solving marital problems. Some offer natal control prescriptions and guidance, whereas others are seen for infertility in men and women. It is in question as to whether TBAs are

able to diagnose symptoms of both breast and cervical cancer since their role in providing health care is more focused on women and one of their diagnostic methods includes physical examination.

2.7.4 Faith Healers/ Prophets

A faith healer/ prophet known as *umthandazi* in Nguni and *muProfiti* in Sotho is usually a professed Christian who belongs to either a Christian organisation or African independent churches (Truter, 2007). His/her curing procedures include prayers, laying of hands on patients and provision of holy water or ashes. Latif (2010) states that faith healers are usually not traditional health practitioners even though they have shared inclinations with traditional health practitioners. It is worth noting that both THPs and faith healers use spiritual powers to heal therefore, the work of a faith healer can be considered as part of traditional healing practices. They use a mixture of herbs, remedies and holy water in their healing and are favoured by some as their philosophies seem to mutually include Christianity and African traditional beliefs (Truter, 2007). It is still a heated debate as to which group faith healers/ prophets belong to, Christianity or African traditional beliefs.

This category of practitioners is generally consulted due to motives given by Truter (2007) above nonetheless, these practitioners are not acknowledged by the THPA. According to section 49 (g) of the Act a person who is not registered as a THP or student under the Act is guilty of an offence if he or she;

> *" (i) diagnoses, treats or offers to treat, or prescribes treatment or any cure for, cancer, HIV and AIDS or any other prescribed terminal disease;*
>
> *(ii) holds himself or herself out to be able to treat or cure cancer, HIV and AIDS or any other prescribed terminal disease or to prescribe treatment therefor; or*
>
> *(iii) holds out that any article, compound, traditional medicine or apparatus is or may be of value for the alleviation, curing or treatment of cancer, HIV and AIDS or any other prescribed terminal disease".*

For the purpose of this study it is critical to understand what is said by the Act in the above section. The Act authorises only registered practitioners to diagnose, treat or prescribe treatment for cancer, HIV and AIDS, among the listed is cancer. Extrapolating from the Act, it is a role of traditional practitioners to treat and prescribe medicines for patients in the treatment of cancer.

One of the shortcoming with Act 22 0f 2007 is that governing unlike the Protection, Promotion, Development and Management of Indigenous Knowledge Act 6 of (2019) is documented in English. This makes it difficult for some of the THPs to understand its contents as some are not well conversant in English the language. This follows up the first 2004 Act for which the traditional practitioners had not been consulted. This puts THPs in a position wherein stipulated rules and regulations may be overlooked. The current researcher opines that the Act should also be documented in languages that would be easily understood by the practitioners. The role of faith healers/ prophets in the provision of health in rural communities as indicated by Truter (2007) needs careful review in order to determine for example to which category of THPs they fall into or they need to be incorporated in the Act as a new category of traditional health practitioners.

THPs are broadly accessed in Africa. Cancer patients consult with THPs because of limited cancer specialists (Ly, 2018), although, Mwaka, Okello, and Orach (2014) stated some people's preference for traditional remedies in in curing cervical cancer. This shows the essential role played by THPs in the provision of health services, hence, the consultation of faith healers calls for further exploration of the whole concept of traditional health and their role in the delivery of primary health care (PHC). Faith healers are favoured by some patients, although they are not acknowledged in the regulatory Acts and that has negative impact on their practice, as this means that such people are guilty of an offence if they offer services while not registered.

This section revised the types of THPs because, as stated earlier, it is necessary to have details of the category of practitioners as the current investigation wanted to explore their different role in the treating cancer patients. This investigation, hence, wanted to determine the type of THP who specialise in the treatment of cancer. The above literature details that THPs use supernatural powers, plants, animals and minerals to diagnose and treat illnesses within the traditional context, therefore, following section focuses on African cosmology and how Africans view illnesses.

2.8 Medical Anthropology

Medical anthropology is a "field of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health and well-being, the experience and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems" (Jaiswal, 2018). According to Lewis (2018), medical anthropology concentrates on the connection among well-being, disease and culture. This study looked at medical anthropology to better understand how a society defines illness and how health is promoted, particularly how cancer is viewed in the Swati culture. According to Sikkink (2009),

> *"Anthropologists ask questions about the role of healers in a society; about when individuals treat themselves and when they seek help from outside specialists; what kinds of treatments they use; and what the general cultural context is of those beliefs and practices".*

An anthropological lens was used to explore the role played by THPs in treating cancer as an illness. This was done to comprehend the social, cultural and linguistic factors that are considered in the naming of diseases and the healing process.

Cancer is a global pandemic but this does not mean people's perceptions of it are homogenous, as Lewis (2018) states "medical anthropologists use anthropological theories and methods to generate unique insights into how different cultural groups around the world experience, interpret, and respond to questions of health, illness, and wellness" According to Sonowal (2018), in medical anthropology "perceptions of health and treatment seeking behaviour among the members of the society are influenced by their belief system." This suggests that patients seek treatment in ways they believe would work for them.

It was essential for this investigation to establish THPs knowledge of African indigenous cancer healing experiences and treating procedure in order to understand whether these healing approaches are influenced by culture or an understanding of the causes of the illness. Panter and Eggerman (2017) state that medical anthropologists produce transdisciplinary discussions on the mind, body person, community, environment, prevention and therapy in relation to illnesses. This means that the focus of this research is not only centred on one aspect but on multiple aspects that a person interacts with or is surrounded by. In this study, the researcher observed the environment in which THPs practice and the methods of healing. This was done to produce unique knowledge of the African communities' indigenous healing practices and understanding of health and cancer treatment. To achieve this, the researcher had to examine African cosmology.

2.9 African cosmology and African views of illness

According to Kanu (2013) African cosmology speak of the manner in which individuals in Africa interpret, comprehend and study their world. For this study, this speaks of the way Africans interpret and understand the source of illness which inspires means of looking for treatment. To most Africans, the cosmos encompasses the physical and spiritual dimensions (Edeh 1983, Abanuka, 1994, Ijiomah 2005, Unah 2009, & Chimakonam 2012). God signifies the Highest Being in the non-physical dominion, ancestors are at the intermediates and humans control and inhabit the dominant place in the kingdom of the

living (Kanu, 2013 & Onunwa, 1994). Nyang (1980) states that in the African understanding of cosmology man is in the intermediate of non-physical connections. This suggest that man are mystical beings therefore, all that occurs to them is initially experienced or planned in the mystical kingdom and manifests itself in the physical world. sTo add Juma (2011) argues that the natural and the supernatural are inseparable. This understanding has direct and indirect influence on how Africans view illness;

2.9.1 African views of illness

Building from the above introduction of African cosmology it is relevant to understand how Africans view and understand illness. The world has its own understanding and view of where and how illnesses originates. This section, therefore, discusses African views of illness.

For some Africans, illnesses do not just happen but it is a consequence of something or is caused by something (Ajima & Ubana, 2018). To African indigenous people, sometimes a disease can be triggered by disproportion in the body, a person's societal location or by people's actions such as witchcraft activities (Laher, 2014).

Benedict (2014) revealed that the leading source of illness or disease is people's defiance of natural laws which are dishonoured either in ignorance or intentionally. These laws may consist of being at peace with the environment and involves valuing and defending nature as a way of evading certain effects. Other reasons that cause disease are spiritual disturbance, sorcery breach of taboos, ghost of the dead and acts of the gods (Aja, 1999).

Foster and Anderson as cited in Benedict (2014) delivers three concepts of the reasons for illness personal, natural and emotional. The personal concept of illness blames sorcerers, witches or ancestral spirits for the causes of illnesses. According to Osemwenkha (2000) witchcraft comprises the practise of magical strength against other

people Kugara (2017) defines a witch as someone who uses mystical powers covertly for malevolent reasons. This denotes that witches and sorcerers have mystical powers which allow them to inflict illnesses on other human beings.

The natural concept clarifies illnesses as being triggered by nature, such as eating or drinking hot and cold substances or unstable body liquids. Lastly, the emotional concept indicates that disease or illnesses are triggered by emotional experience, such as mourning or heartache can root illnesses to a person's body, this might consist of thinking too much. Bernedict's (2014) conducted a study which concentrated on the view of illness and the development of traditional medical practice which only considered the African interpretation of disease in general not being specific to any disease, building from this the current researcher explored African indigenous people's traditional and current views of cancer.

White (2015) found that in the traditional African context illnesses are generally triggered by attacks from evil or malevolent spirits as well as spells and bewitchment, penalty from ancestors for defiance of prohibitions. This study investigates the importance of the spirit in African traditions, in accordance with belief that human being consist of the mind, body and spirit and functions in a normal situation Laher (2014). The environment consists natural noticeable beings, as well as a mystical part where intangible or unseen forces exist. These two studies show how one is vulnerable to disease as he or she functions in two worlds. Laher (2014) adds that that physical, mental and spiritual diseases are the consequences of bothered equilibrium of interrelating parts within the mystical setting.

The above points that people have no total control of what happens in the spiritual environment hence, all they can do is to uphold a good relationship with the invisible forces that exist in in the spiritual or mystical world; this may avert penalties from their ancestors and would then offer defence against witches. Kankpeyenga, Nkumbaana and Insoll (2011) elucidate that one becomes vulnerable to illness when the ancestral defence

is absent or weak. Kamwaria and Katola (2012) state that illnesses are seen as a health disorders which are the results of numerous connections of physical, spiritual, sociological and psychological influences. Healing, therefore, is attained various levels including repairing or mending of broken relations among individuals, deities, spirits and the environment.

Built on the above researchers' view of health and disease the current investigator notes that disease is seen from a wide perception which considers everything that the individual or patient is in interaction with or has a close connection with such as the surroundings, ancestors, individuals and God; `when these relationships are impaired one can be stricken with disease (Juma, 2011).

Daher (2012) discovered that patients with cancer are stigmatized and there are misconceptions and prohibitions associated with cancer, hence, traditional views and standards related to health are important reasons for cancer avoidance and control. This exhibits that traditional views as well as attitude concerning cancer play a fundamental role in a person's choice, whether to avoid or treat cancer and whether to consult western or traditional medical practitioners. Some patients diagnosed with cancer may fail to search treatment options due to the myths that are linked to the illness. One of the myths is that the disease inevitably lead to loss of life, even when taking cancer treatment, therefore, extending a person's feelings of powerlessness. A suggestion from Daher's (2012) research is that, sometimes people have to reflect on their own beliefs, opinions and feelings regarding their health and not reflect on either traditional or social beliefs. It is, however not an easy task for individuals to avoid cultural and societal beliefs for doing may bring some negative consequences and the possibility of being declared a social misfit.

Pakanj (2017) point out that misconceptions, prohibitions and irrational beliefs are prevailing in India and therefore, impact a person's feelings regarding the origin and cure

for cancer. When culture is applied to an illness an individual's attitudes, views and standards effect the implication of the illness, the type of remedies that are useful as well as the health actions that are associated with the avoidance and control of the illness. This shows that societies have traditional views of disease and may inform their view of the illness, what triggered it and what could be done either to prevent or control it.

For some cancer patients, the disease is perceived as penalty from the ancestors. Some of the misconceptions around cancer are that it is transmittable, surgical treatment for cancer will aggravate the illness, herbal products can treat it, and that one cannot contract the illness if there is no family history and one will contract the illness if there is a positive family history of it. Traditionally when a person is sick, numerous issues are considered as having influenced the disease. Issues such as sanitation, the surroundings in which the person lives in and the ancestors are determinants to be considered, as traditionally, it is believed that an individual is connected with his or her surroundings and his or her lineage

Pankaj's (2017) concentrated on the Indian community which represents a slightly altered worldview of illness from the Africans. This study explored the impact of different cultural milieu in the treatment of cancer patients as it emerged that beliefs and values of each society has influence when it comes to the cause and treatment of any disease. Pankaj's (2017) analysis offered a comparison with the African traditional health practices, views of illness, the cause of illnesses and the type of treatment to be used in the prevention or control of diseases.

The work of Chavez, McMullin, Mishra and Hubbell (2001) revealed that cervical cancer is regarded as an illness that is passed on sexually, caused by having numerous sexual partners or being involved in sexual activities at an early age. Additional beliefs outlined by the authors were that abortion, rough sex and not having good food post-natal may also trigger cervical cancer. The scholars also discovered that beliefs demonstrate to be

major impacts on actions; this involves that beliefs direct or lead one's actions into either following avoidance procedures or health seeking behaviour.

Cervical cancer is very scary and may incite several queries as to how one acquired the illness. As shown in the study above, occasionally cervical cancer is traditionally believed to be caused by having multiple partners; the negative implications of this may force a women to be silent about it, which may delay an individual from receiving appropriate cancer care or cure. This, therefore, takes us back to the stigma around cancer. An individual suffering from cervical cancer may fear to divulge or look for treatment, since the part of body affected by cancer is regularly not spoken about (Daher, 2012). These beliefs may be said to have some positive aspect because it ensures good conduct among women, hence, reducing the risk of being affected by cancer of the cervix.

Matsheta and Mulaudzi (2008) reported that THPs of Ga Mothapo in South Africa have their own views and practices of how to avert, name, identify and treat illnesses together with cervical cancer. Individuals have diverse opinions that are connected to their beliefs, therefore, what is experienced at Ga Mothapo village can be a completely different situation to what is experienced in other parts of South Africa.

The findings of Matsheta and Mulaudzi (2008) emphasised that the practitioners at Ga Mothapo also linked cancer with early sexual intercourse, infections transmitted sexually, having multiple sexual associates and genetics, the most shared opinion was that cancer of the cervix is an illness that is passed on sexually, which could be driven either by observations or people's own experiences. These perceptions, however, do not guarantee that the views are accurate as people construct their own views regarding the cause of any illness. The authors noted that THPs use different kinds of herbs and that the treatment's success relies on the capability of the practitioner and the willingness of the ancestors.

This study sought to determine the category of traditional health practitioners who specialize in cancer treatment since they are divided into four categories and each perform or offer different healing methods. The study conducted by Matsheta and Mulaudzi (2008) may have provided restricted information as the topic proved to be culturally sensitive. Robb, Simon, Miles and Wardle (2014) reported that individuals seem to be binary inclined about cancer and they seem fearful and fatalistic about cancer. Their results also discovered that people regarded cancer as a stressful disease and its cure was considered more shocking than the disease itself.

These results propose that death is the first thing that comes to mind when people are diagnosed with cancer. Some cancer patients succumb the illness due to unaffordability of treatments obtainable in western health care without seeking for other healing methods such as African traditional healing. The researcher, thus, intended to explore the insights of cancer from a traditional point of view. This exploration was critical as there could, perhaps be cultural factors that contribute to the development of cancer which are not known by people or patients and the medical professionals.

2.10 Disease Etiology

The world has ways of viewing and understanding diseases and their origins. As opposed to the above points which only focused on how African people view illness, this section discusses the origin of a disease from a broad perspective. For one to undertake treatment it is crucial to determine the source of the illness. According to Ahmed and Kolker (1979) etiology refers to the cause of disease; similarly, Ross (2018) states that etiology refers to causal factors that produce disease. The researcher, however submits that etiology does not examine at the causes of diseases but also considers the factors that contribute to these causes. Ahmed *et al* (1979) explain that causes of disease can be endogenous (meaning that the disease originates from within the body) or exogenous

(meaning that it originates from outside the body). Diseases are perceived to be caused by various factors, supernatural, natural and social.

2.10.1 Supernatural Causes

Most studies have studied cancer from the western perspective, this study, however, is focused on the African way of understanding its causes, symptoms and treatment. Kahissay, Fenta and Boon (2017) maintain that some communities see diseases as caused by supernatural for instance, the almighty God/ Allah, nature spirits, and human agents of the supernatural. Bases on the above point, the researcher asserts that a disease caused by the supernatural requires a spiritually guided treatment.

2.10.1.2. Natural Causes

According to Kahissay, Fenta and Boon (2017) some diseases are perceived to arise from ordinary sources such as deprived ecological cleanliness and personal sanitation, poverty, as well as biological and psychological factors. Morse (2014) adds that environmental variations, such as those due to agricultural or economic development or irregularities in climate, technology and industry, microbial adaptation and change as well as human demographic change and behaviour, are responsible for the emergence of some diseases. Panellatore (2008) explains that a disease is capable of advancement and adaptation. One such disease is cancer which is known to advance from one stage to another, hence, it is necessary to have an insight of its etiology. An understanding of the causes of diseases is a deciding factor into the kind of treatment to be taken. Ross (2018) reports that in some Greek communities, for instance diseases are seen as the results of an imbalance of the four humors of the body, blood, phlegm, black bile, and yellow bile.

2.10.1.3 Social Causes

Social causes of disease include aspects like absence of social trust, lack of family support and harmony, as well as violation of social taboos. Good health is said to be the outcome of proper conduct, living in accordance with the values and norms of the traditions of society; this means that once the social values and norms have been broken one is susceptible to illness White (2015)

2.11 Other Diseases Treated by THPs

Traditional health practitioners (THPs) are identified to offer primary health care in indigenous societies and/or to rural based local people and they offer treatments for several diseases. These practitioners offer reasonably priced treatments making them affordable, hence, available to poor people (African Technology Policy Studies, 2013). The variety of diseases treated by THPs shows their capabilities in healing and why rural local societies turn to them rather than western medical practitioners. In following sections, the researcher discusses some of these diseases THPs treat, such as mental illness, to indicate to the reader the capabilities of THPs in treating illnesses that are allegedly untreatable and to demonstrate the role African traditional medicine can play in health care system

2.11.1 Mental Illness

Mental illness (also called mental disorder) affects emotions, cognition and behavioural control which considerably interferes with an individual's ability to function at work, in the family and in the wider community (Hyman, Chisholm, Kessler Patel & Whiteford, 2009).

A study conducted in Kenya by the African Technology Policy Studies (ATPS, 2013) discovered that THPs make diagnosis of mental illness by inspecting the patient holistically. They do that by noticing the patients' behaviour and their way of talking as a standard way of obtaining the history of the patient. The most common diagnoses are psychosis and depression, though in the African setting there is no term for depression.

The ATP study (2013) revealed the diagnosis procedure, however, it failed to disclose the origin of mental illness; this is a shortcoming as Finding the cause of mental illness is the basis of how to go about with the treatment.

A similar study conducted by Mbwayo, Ndetei, Mutiso and Khasakhala (2013) unearthed that according to the THPs' belief mental illness has various causes which include being bewitched, possessed by evil spirits, displeasing ancestors, inheriting it from the family or being involved in an accident. Mbwayo *et al* (2013) indicated that methods used by THPs to treat mental illness include counselling, the use of various herbs which are taken orally, inhaled or used for washing by the patients. The methods used for treatment depended on the patient's age, gender and the cause of the illness. This study was similar to the research by ATPS (2013) in stating the symptoms of mental illness, however, it provided richer information on the causes and treatments of mental illness than the latter. These studies established that the essential aspect of traditional healing is in the clear identification of the cause of the disease together with its treatment methods or procedures. Some of the diagnosis processes, such as a consideration of the patients' history, used by THPs, are similar to those exploited by medical health practitioners

The 2013 ATPS study also revealed that traditional health services are not essentially less expensive than western treatments. THPs, however allow their patients to in small portions and do not send their patients away due to lack of money, which usually happens in western medical health world. For cancer patients, treatment in the western health practice is too expensive, unfortunately individuals in the rural areas, at times, cannot pay for such treatments therefore, they consult THPs.

Ngobe (2015) discovered that mental illness is triggered by several issues. These include mystical forces such as sorcery, spirit possession, inappropriate use of traditional medicine, ignoring ancestors and traditional customs, substance abuse, genetics, jealousy, life stressors and other social disorders. The study showed that several

treatment procedures are presented centred on the nature of the diseases, patients are being treated and what instigated the disease. From the causes described above, treatments could include cleansing the patient of evil spirits through washing, steaming, induced vomiting, inhaling herbs, incising to remove dirty blood, performing certain rituals as well as herbal medication, additionally the findings showed that traditional healing procedures are in dissimilarity with medical methods which recognises mental illness to be mainly natural in origin; this approach links mental illness to an individual's philosophy, hence, is treated as something purely individualist in origin and treatment. THPs on the other hand, use a holistic approach, dealing with the whole person, therefore, they provide treatment for physical, psychological, spiritual and social symptoms.

In the Ngobe's study (2015) the sources and cures of mental illness are discussed unlike the ATP study (2013) which delivered partial facts, thereby generating some gaps regarding how the illness is treated. Ngobe's 2015 study also showed that THPs heal holistically bearing in mind the body, soul and mind of the patients. This shows that THPs are more bothered by removing the illness while medical practitioners are worried about lessening the signs of the illness. To relate this to the current study, the researcher views medical treatments such as chemotherapy are only used to numb the pain and has been reported to be having side effects which are worse than the disease itself (Robb *et al,* 2014).

A study conducted in Zimbabwe by Samuriwo (2018) indicated that Shona speaking THPs often define the causes of the mental illness, instead of providing types of the disease in the study, THPs in Zimbabwe used shared ways of averting mental illness, these involved strengthening the individual (*Kutsigira*), *kutema nyora* (making cuts on the patient's body and applying herbs) as well as taking the patient's shadow and hiding it from malicious spirits. Finally the study found culture to be central in influencing how Zimbabwean THPs understand and avert mental illness.

From these discussions, the most significant part of the identification process are to recognise the illness then its cause. The above scholars studied mental illness in diverse surroundings, therefore, the treatment approaches may differ due to the different cultural group. The culture may have an influence on the treatments for mental illness as the availability of certain herbs influences the treatment. These studies have indicated that beliefs plays an essential role in the curing process, therefore, making the healing processes and methods different. The results of the studies conducted indicate that THPs are skilled in treating many diseases ranging from minor diseases to severe and chronic illnesses. These studies also pointed out the diverse procedures that THPs in Africa use to manage challenging diseases such as mental health. This study also explored hypertension which is also a chronic disease that has been recognised as one of leading risk factors for deaths (Hughes, Aboyade, Clark & Puoane, 2013). This was done to indicate THPs role in the provision of health care for chronic illnesses. Like hypertension which is discussed in the next section.

2.11.2 Hypertension

Hughes *et al*, (2013) describe hypertension as blood pressure that is ≥ 140/ 90 mmHg.. To simplify this the WHO (2019) defines hypertension as “blood pressure that is too high” or a condition in which the blood vessels have persistently raised pressure.

Goma, Prashar, Kalungia, Bwalya, Hamachilla, Mutati, Zingani, Mwila and Musoke (2016) found that most THPs had inadequate basic knowledge of the source of hypertension as some THPs identified bewitchment as one of the sources. Their study also emphasised that some of the sources involve unhealthy foods, mental stress, and social issues such as grief, while some THPs acknowledge that hypertension may possibly be genetic (Goma *et al,* 2016). This displays that THPs consider a lot of issues when identifying or searching for the source of the illness, although It seems that bewitchment is considered as the main source of illnesses in the traditional health context the by THPs

The researchers concluded that THPs used local herbal medicines in their practice to treat hypertension, hence, there is a necessity to subject these medicines to scientific assessment to determine their potential effectiveness and welfare for treating hypertension on a larger scale (Goma et al, 2016). Traditional treatment processes calls for a deeper consideration of people's lives, beliefs, practices and what is in line with their cultures, this is done to ensure there are no mistakes in the process. The thoroughness of the procedures means that African treatment methodologies ought not to be side-lined in this. This implies that not everything African or traditional should be subjected to scientific authentication, which if they fail would mean traditional medicines would be undervalued and seen as less effective than scientific remedies or treatments.

Meli, Nkeh-Chungag, Tatou, Mope and Kingue (2009) found that the majority of THPs assumed that hypertension was linked to specific body parts such as the heart, brain, liver and kidneys. These researchers state that there were varied potential sources of hypertension; some being negative emotional state, genes, excess work, ageing, witchcraft, displeasure of the ancestors and non-respect of traditional rites. Meli *et al*, (2009) explain that THPs send their patients to be examined in hospitals before introducing treatment, an indication that some THPs do not have all the appropriate and necessary tools for detecting some illnesses, although, they cure those diseases through ancestral powers. One most common diagnostic tool used by THPs is the throwing of bones, showing that although THPs have the knowledge of curing disease, their diagnosis process seems to be limited, due to how they practice and the diagnostic tools used.

Peltzer, Khoza, Lekhuleni, Madu, Cherian and Cherian (2001) perceived hypertension to be triggered by food, genetics, mystical and mental factors. As such, the treatment may include adjustment of diet, bloodletting and rituals. The broad knowledge that THPs have concerning illnesses which affect majority of individuals universally which may need costly treatment from the western health care system, indicates the importance of THPs in the health care system. Some individuals in rural societies could not meet the expense of treatment, therefore, they choose traditional healing. According to Mojalefa (2014), THPs

appear to play an essential health role in most societies and in the nation's health care system, this may be due to their availability and affordability.

The above authors have presented the capabilities of THPs in curing chronic diseases and that THPs permit their patients to consult from both traditional and western health care, although it is not all THPs who allow. Mojalefa (2014) asserts that patients look for both western and African traditional healing for their diseases without any fear of war, as doctors treat the pathology while THPs detect the core reason, consider the body and mind as well as what or who caused the person to be ill. In all the studies above, the most shared source of disease has been linked with bewitchment or mystical forces. As some scholars have indicated that THPs use different methods of diagnosis it is essential at this point to know what processes are used by THPs in diagnosing cancer.

2.12 Factors Influencing the Usage of Traditional Medicine

Traditional medicine is an essential part of the health care system (WHO, 2014) and its use in African countries cannot be ignored. WHO (2010) define traditional medicine (TM) 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 illness". In addition the

Traditional Health Practitioners Act explains traditional medicine as:

> *"… an object or substance used in traditional health practice for the diagnosis, treatment or prevention of a physical or mental illness; or any curative or therapeutic purpose, including the maintenance or restoration of physical or mental health or well-being in human beings, but does not include a dependence-producing or dangerous substance or drug".*

These definitions indicate that TM is not only about the treatment but it is also about the experiences, beliefs and skills that are applied to prevent, maintain treat and restore health to affected individuals. Traditional medicine plays a major role in the health care system of many African countries especially the rural based population. WHO (2010) "estimated that 80% of the population in developing countries still rely on TM for their health care needs". The researcher discusses TM in the next section to indicate its use in African communities and why most African people prefer TM over allopathic medicine.

2.12.1 Influence of Cultural beliefs

Asuzu, Kupoluyi, Asuzu, Campbell, Odanye and Lounsbury (2015) revealed that cancer patients turn to THPs due to their desire to be entirely cured. This suggest that THPs offer a holistic approach to healing as also noted by Ndlovu (2010). Asuzu *et al* (2015) continued that the use of TM was associated with a belief system that cancer is instigated by malevolent spirits which western practitioners were incapable of curing, hence THPs were the only source of hope as they practise based on spirituality and belief systems. Similar findings are noted in Mandizadze (2016) showing that TMs used in cancer patients are influenced by cultural beliefs or myths, as some patients believe that cancer is only meant to be treated by traditional healing alone and that hospital treatments are unsuccessful. These findings do not only point out the subjective understanding of patients about TM but also indicate the role played by cultural beliefs in one's decision to seeking health treatment.

According to Erku (2016), the Ethiopian culture inspires the practice of TM due to the fact that Ethiopia is gifted with rich and several plants that contribute to primary health care. In addition, the study revealed that TM was used due to the view that it is natural and may not root any unsafe effects though they have not been scientifically supported or verified. It can, therefore, be deduced that cultural beliefs in TM are not affected sby scientific verification or toxicity of the medicine. A different study conducted in Ethiopia by Birhanu, Abdissa, Belachew, Deribew, Segni, Tsu, Mulholland and Russell (2012) discovered that

traditional remedies were chosen at the early stage of the illness due to the alleged root of the illness being related to socio-cultural and religious behaviours such as abuse of normal sexual conduct or violating social restrictions. This incites queries as to how people would become mindful that they have violated normal sexual behaviour or how one would know the precise normal sexual behaviour because culturally people do not discuss about sexual interactions.

Sayed, Anthony, Ngugi, Megan, Mahoney, Kurji, Zohray, Talib, Sarah, Macfarlane, Theresa, Wynn, Saleh, Lakhani, Nderitu, Agoi, Premji, Zujewski and Moloo (2019) revealed that traditional medicine (TM) was preferred due to the fact that breast cancer was assumed to be caused by bewitchment or it is a curse, showing that most Africans interpret disease as either a spiritual activity or attack as mentioned by Bernedict (2014) who has a personalistic view of illness which connects a disease with sorcerers or witchcraft. The influence of culture and the view of the cause of the disease seem to motivate patients' decision to use TM.

2.12.2 Accessibility and Affordability

Maher and Ford (2011) indicated that patients who frequently have the greatest medical need have the slightest means of accessing such care. In the case of cancer Ly (2018) maintains that there is a limited number of cancer specialists, and this may motivate some cancer patients to turn to THPs. Birhanu *et al* (2012) discovered that limited health care services has become an obstacle to people's health seeking behaviour. The same findings are noted in Mwako,Okello and Orach (2014) who showed that the unavailability of medications in health amenities and the lengthy distances to health amenities motivated the use of traditional medicine in cervical cancer patients. Sayed *et a,l* (2019) concur that unaffordability, proximity of THPs, lack of health professionals, health facilities and the necessary health equipment are contributing factors for patients opting for THPs in the treatment of cancer.

The inaccessibility of conventional health treatments has proven to be a serious challenge in African countries and promoted the use of TM. Motope (2014) discovered that there were inadequate cancer treatment facilities in the country, hence, THPs have become an alternative for some cancer patients in Lesotho. THPs are manly consulted because of their accessibility and affordability, patients can even pay later (Asuzu et al, 2015). In most rural areas, THPs are seen as guardians of the communities and form part of the traditional leadership hence they are frequently consulted when there is an outbreak of disease (Mkgobi, 2012 &Latif, 2010). From these analysis, it is clear that THPs play a significant role in the provision of primary health care, due to their accessibility across the continent.

Individuals in rural areas are more susceptible to cancer as they have little or no means to medical cancer treatments such as chemotherapy or surgery (Sloan, 2007). It should be noted, however, that not all patients who use traditional health practices essentially preferred to be treated in this way, however, traditional healing became their one chance for survival due to the factors stated by the scholars above. Societies have numerous views over TM and THPs hence, the current investigator sought to evaluate people's perceptions towards African traditional health practitioners' role in the treatment of cancer.

2.13 Names of Cancer and its Signs and Symptoms

Cancer is understood and known differently in several cultures. The investigator reviewed names of cancer along with the signs and symptoms to reveal that every area has got its own ways of naming a disease which is connected to the culture of the people in that area.

Mugivhi, Maree and Wright (2009) discovered that there is little knowledge of the signs and symptoms of breast cancer. The study delivered some symptoms of breast cancer such as change in the breast size, and persistent rash around the nipples' area.

Mdondolo, de Villiers and Ehlers (2003) in their study reported that participants discovered breast lumps and attached different meanings to them although some considered the possibilities of breast cancer since lumps are associated with abscess (*ithumba*); some of the participants did not know what the presence of a lump in the breast meant. These symptoms require health care professionals such as THPs and medical doctors to create ways of engaging the public regarding topics of breast self-examination as well as the signs that can be observed personally or by family members. In short, the study showed that there is a need for awareness about the signs and symptoms of cancer.

Steyn and Muller (2000) provided the traditional names for cancer used by THPs such as "*sefola, sesepidi, umdlavuza lethala, thosola, seso, fokozani, emfokozane, umhlavosi, imvelase* and *thlagala."* The authors also stated that the language origin of some of the names could not established, this shows that THPs from various backgrounds are knowledgeable about cancer, which, however, However, is anticipated to differ from the knowledge that western medical practitioners possess. This is because THPs' practices are more rooted in social and cultural beliefs of both the practitioners and the users of TM. Shabrina and Iskandarsyah (2018) state that THPs' view of illness and belief in treatment can be different based on the information available to them, suggesting that understanding the illness either through the name or its symptoms contributes to the patient's treatment decision. According to Steyn and Muller (2000) treatment for cancer depends on the position of the diseases, although the THPs do not reveal the methods of preparing treatment.

This could have been a way of to protecting THPs' inventions and knowledge and to avoid loss of clients as individuals might use the information to their advantage. The results also showed that the THP were conscious of health training initiatives and take part in these initiatives which allowed them to obtain knowledge of the signs and symptoms of cancer. Steyn and Muller's (2000) study showed more facts on the names used by THPs to identify cancer which is something other studies or scholars failed to provide. The fact that some of the languages from which some of the traditional names for cancer originated

from was not effectively established, may instigate queries regarding the accuracy and existence of the terms.

Matsheta and Mulaudzi (2008) showed that identifying the diseases was based on the physical appearances and explanation of the disease. THPs in Ga Mothapo used the terms *sesepedi* which the authors described as “something that moves” together with the term *tlhagala* to refer to cervical cancer. The researchers discovered that THPs have respectable understanding of cervical cancer care and this was demonstrated by their naming of disease showing causes, signs of diseases, as well as the diagnostic processes and ways of healing. Mfuh, Hellandendu, Ejembi and Oluwabamide (2018) also discovered that THPs are aware of cervical cancer. The authors indicated that the THPs’ knowledge was confirmed by naming of the disease, mentioning its signs and treatment method. Mfuh et al (2018) indicated that THPs in northern Nigeria referred to cervical cancer as *Cutar Daji ta mahaifa*”. This study indicated the immense knowledge that THPs hold, hence, some consider them to be custodians of local knowledge which has been passed on orally from generation to generation. In this study the researcher sought to ascertain THPs’ in-depth of understanding of cancer from perspectives in different contexts.

Matsheta and Mulaudzi’s (2008) study links to Steyn and Muller’s (2000) study which demonstrated THPs’ vast knowledge and view of cervical cancer. The fact that THPs in the above investigations were able to discover the indications of cancer which ultimately headed to the identifying of the illness shows the practitioner’s beliefs as well as their cultural interpretation of the disease. These investigations were piloted in different sceneries, however, it is obvious that THPs play a crucial role in curing of fatal diseases such as cancer especially cancer of the cervix, which is one of the problematic cancer in women.

This study focused on exploring the role that THPs play in treating cancer patients. This investigation anticipated to provide fresh perceptions of THPs' experiences and knowledge of cancer, unlike western medicine which has a fixed treatment for cancer traditional healing is centred on spirituality and cultural beliefs.

An exploration piloted in Ghana by Asobayire and Barley (2014) revealed there is no local translation of a term for breast cancer, however, phrases used describe signs of cancer as painful breasts which are challenging to cure and used the term *yil'le ngwoom dwongo* as an operational phrase for breast cancer. This indicates that cancer is recognised or observed focusing on either its signs or the social knowledge of the illness. The study also discovered that *yil'le fusem* (swollen breast) was also used for a common breast illness which usually follows after giving birth. Furthermore the name *ngwoom pongwa* (a boil in the breast), was known be triggered by accrual extra milk in the breast. African THPs such as TBAs are likely to be experts in these matters. This is because their focus is on women issues such as child delivery, although most women no longer turn to TBAs. The existing investigator submits the view that African traditional health practitioners should alert their indigenous societies of the signs of both cervical and breast cancer. The two diseases are stated since this study focused on breast and cervical cancer.

The existing investigator sought to establish THPs' knowledge of African indigenous cancer healing stories and treating procedure. Therefore, as specified by the authors above, the names, signs and symptoms of cancer are main features in curing procedure. Breast and cervical cancers can be identified and recognised in a different way by THPs, hence, the investigator provided several interpretations from various regions to establish that cancer is viewed in various ways by dissimilar cultures and is named based on the signs or symptoms noticed, as shown in the study conducted in Ghana by Asobayire and Barley (2014).

2.14. Legislative Framework

In South Africa there is a legislative framework (THPA) of the laws that govern traditional health practitioners and indigenous knowledge systems (IKS). The study assessed the protection of IKS and its practitioners as the researcher sought to unearth unethical and unlawful practices of practitioners and those who seek their help. Individuals and pharmaceutical industries have also been noted to be on rampage approaching THPs in exchange of nothing or useless tokens to expropriate their knowledge (Mposhi, Manyeruke and Hamauswa, 2013), as currently traditional medicines are at risk of exploitation. To get to the bottom of this, The THPA and the Protection, Promotion, Development and Management of Indigenous Knowledge Act 6 of 2019 are assessed below with the aim evaluating how they have been the protecting IKS (including cancer medicine) and its practitioners.

2.14.1 Traditional Health Practitioners Act 22 0f 2007 (THPA)

It has been a long time since THPs were unstandardized and their practice was linked with witchcraft, however in 2007, the government accepted the THPA as a governing structure for traditional health practice. The aim of the Act is:

- “to establish the THPs council of South Africa,
- to provide for the registration, training and practice of THPs in the republic
- and to serve and protect the interest of the public who use the services of THPs”.

The Act maintains that THPs ought to be trained in all spheres of health and healing to best serve the interest of the public. Regular monitoring systems have to be put in place by the Council in order to keep record of all the registered THPs and those that wish to register. This will promote regulation of the practice and promote the registration process for all THPs. Mothibe and Sibanda (2019) note that non registration of THPs is usually caused by their lack of understanding and knowledge of how the Act works and the registration process.

The Act correspondingly aids as a guideline to the services delivered by the practitioners over registration and licensing; this process also avert operating by frauds by plainly declaring that a THP is one verified in the Act in one or more of the types of traditional health practitioners. Should anyone practice without registering in the THPA that is perceived as a violation carrying a punishment of a fine or incarceration of up to a year as stipulated in section 49, 1 (g) of the Act. Academics such as Truter (2007) have commented on the presence of practitioners (faith healers/ prophets) who are not recognised in any category of the THPs specified in the Act although; these still exist in societies the same way acknowledged practitioners do. Section 49 of the Act stipulates the offences

"(i) A person who is not registered as a traditional health practitioner or as a student in terms of this Act is guilty of an offence if he or she (i) diagnoses, treats or offers to treat, or prescribes treatment or any cure for, cancer, HIV and AIDS or any other prescribed terminal disease;

(ii) holds himself or herself out to be able to treat or cure cancer, HIV and AIDS or any other prescribed terminal disease or to prescribe treatment; or

(iii) holds out that any article, compound, traditional medicine or apparatus is or may be of value for the alleviation, curing or treatment of cancer, HIV and AIDS or any other prescribed terminal disease" (THPA 22 of 2007; p55).

These articulated offences necessitate that the Act be reviewed to define who traditional health practitioners are and to what extent they are suitable to provide medications to patients, particularly those suffering from chronic illnesses such as cancer; this is an indication that the Act should clearly state the roles of traditional health practitioners. The roles of each category of practitioners should be stipulated to prevent such offences as stated above and because of this point, this investigation wanted to find the type of THPs focusing on the treatment of cancer. One the aims of the THPA committee is increasing awareness in traditional health practice by inspiring research, education and training. This can be attained by investigation of the traditional health practice for the provision of

compulsory teaching to the practitioners specifically in cases of treating cancer, to avert transgressions indicated in section 49 (g) of the Act above. According to Mothibe and Sibanda (2019) the Act has no existing code of conduct. Therefore, there are no means of differentiating authentic practitioners from charlatans for the purpose of registration. The lack of an existing code of conduct leaves THPs unaware of the acceptable conduct in the treatment process. This also opens up room for bogus THPs to manipulate and violate the rights of patients.

2.14.2 Protection, Promotion, Development and Management of Indigenous knowledge Act 6 of 2019

This Act has been established for the protection, promotion, development and management of indigenous knowledge, for the purpose of this study this Act will be regarded as the Indigenous Knowledge Systems (IKS) Act.

African traditional healing is a fragment of indigenous knowledge systems. The researcher gives a brief review of the term, IKS as this study is centred in African studies. Abbott (2014) acknowledges that indigenous knowledge which some refer to as traditional knowledge encompasses diversity and that there is no generally accepted definition for the term at international level however, in a narrow sense the author defines indigenous knowledge as

> *"Knowledge as such, in specific the knowledge emanating from intellectual activity in a traditional setting, and comprises know-how, practices, expertise, and inventions. Traditional knowledge can be found in a broad range of settings, containing: farming knowledge; scientific knowledge; technical knowledge; environmental knowledge; medicinal knowledge, including related medicines and remedies; and biodiversity-related knowledge*".

Chapter 1 section 20 of the Protection, Promotion, Development and Management of Indigenous Knowledge Act 6 of 2019 Act explains indigenous knowledge as:

"Knowledge which has been developed within an indigenous community and has been assimilated into the cultural make up or essential character of that community and includes knowledge of scientific or technical nature, knowledge of natural resources and indigenous cultural expressions".

IKS, therefore, refers to the intricate set of knowledge, abilities and tools existing and established around specific environments of inhabitants and societies local to a specific geographic area; in other words it encompasses the knowledge that people have developed within their communities (Tharakan, 2017). These definitions indicate that indigenous knowledge is not limited to one aspect of indigenous life, but covers a range of aspects. The application of this knowledge which includes African traditional healing requires cautious consideration and appropriate administration for the use of indigenous societies and the custodians of the knowledge. The study in progress wanted to discover the role of African traditional health practitioners in the treatment cancer patients, this is comprised in the conservation and enhancement of IKS. African traditional healing practices are an essential fragment of indigenous societies, hence, THPs' knowledge of healing techniques particularly for chronic diseases such as cancer should to be appropriately preserved, supported and well managed for the improvement of public health specifically in rural populations.

The IKS Act (6 of 2019; p1) intends to offer protection, promotion, development and management of indigenous knowledge systems to offer for the establishment and functions of the National Indigenous Knowledge Systems Office (NIKSO); for the management of rights of indigenous knowledge communities; for the establishment and functions of the Advisory Panel on indigenous knowledge; for access and conditions of access to knowledge of indigenous communities; for the recognition of prior learning; for the facilitation and coordination of indigenous knowledge-based innovation; and to provide for matters incidental thereto. Traditional curative procedures need be secured against frauds, the practice also necessitates protection from bio piracy and bio prospecting and be supported for use as one of the healing systems in South Africa. The

practice needs to be improved and maintained for the benefit of both practitioners and the community. Section 11 in Chapter 4 of the Act describes the eligibility criteria for protection under the Act, this states that the protection of IKS continues for as long as the knowledge;

• has been passed on from generation to generation within an indigenous community;

• has been developed within an indigenous community and

• is associated with the cultural make up and social identity of that indigenous community (IKS Act 6 of 2019; p14).

This means that if any knowledge meets the above criteria, the information it is to be considered for protection in terms of the Act. Traditional health practices meets the stipulated criteria above as it is has been long practiced and passed on from generation to generation and has been developed within communities or regions. To support this Ngang and Ageh (2019) argue that the survival of African traditional medicine is mainly due to the fact that it has been handed over orally from generation to generation, hence, local knowledge of cancer treatment which has been developed by THPs is to be protected under the intellectual property laws. Traditional healing practices ought to be protected under the Act for the prevention of bio piracy and bioprospecting. One of the objectives of the Act stated in Chapter 4, section 3(e) is to promote the commercial use of indigenous knowledge in the development of new products, services and processes. In that regard proper management and development of TM may create opportunities for the THPs to grow their practices and publicly dispense their medicines through proper packaging as well as through registered traditional pharmacies.

The last objective in Section 3(h) is to recognise indigenous knowledge as a prior art under intellectual property laws. It is essential to recognise indigenous knowledge as part of the intellectual property of either individuals or a particular group of people. THPs hold medicinal knowledge, therefore, their indigenous knowledge of cancer treatment

approaches or processes ought to be patented in order to prevent any illegal behaviour that it might fall prey to. Mposhi *at al* (2013) mentions that according to the World Intellectual Property (WIPO, 2012) a patent is an exclusive right granted for an invention, that is, a product or process that provides a new way of doing something, THPs provide new ways of treating cancer which are rooted in the social and cultural identities of their community.

2.15 Chapter Conclusion

This chapter discussed and reviewed literature that was related to the study. The following themes were reviewed, history of traditional healing in South Africa, the categories of THPs and the treatment procedures used by THPs. African people have their own way of understanding the world, hence, in this chapter was outlined African views of illness, diseases treated by THPs and the use of traditional medicine by cancer patients. Lastly the chapter discussed the legislative framework of the traditional health practice, which covered the THPA and the Protection, Promotion, Development and Management of Indigenous Knowledge Systems Act 6 of 2019 to show some of the gaps in the THP environment. The next chapter discusses the methodology of the study,

Chapter Three

Methodology

3.1 Introduction

Building from the previous chapter which discussed the review of literature of the study, this chapter provides details of the applied research methodology in this study. The study adopted the qualitative approach to allow the researcher to fully explain the role played

by the traditional health practitioners in the treatment of cancer patients. The design of the study, the study area, the research paradigm, data collection methods, population, sampling and delimitations of the study are discussed in this chapter.

3.2 Research Methodology

Research methodology provides the principles for organising, planning, designing and conducting an ethical scientific research (Legesse, 2014). Van Wyk (2012) states that a research methodology focuses on the research process, the kind of tools and procedures to be used in conducting the study, in an endeavour to narrate how a study was carried out.

3.3 Research Design

A research design is the scaffold upon which research is conducted Akhtar (2016), in other words, it is a blueprint for the collection, measurement and analysis of data. Van Wyk (2012) defines research design as the plan for articulating what is the desired data and what methods are going to be used for its collecting and analysing, To achieve this the study employed a qualitative research design.

3.3.1. Qualitative Research Design

Creswell (2014), posits that a qualitative research design is a method used for exploring and understanding the meaning individuals or groups assign to a social or human problem. The researcher selected the qualitative research design to explore the role of traditional health practitioners in treating cancer patients. Qualitative research focuses on words rather than numbers and perceives the world in its natural setting, interpreting situations to understand the meanings that people make of their day to day life (Walia, 2015). This design, hence, was exploited to study the natural setting of traditional health practice and was used to interpret the traditional health practitioners' role and experience

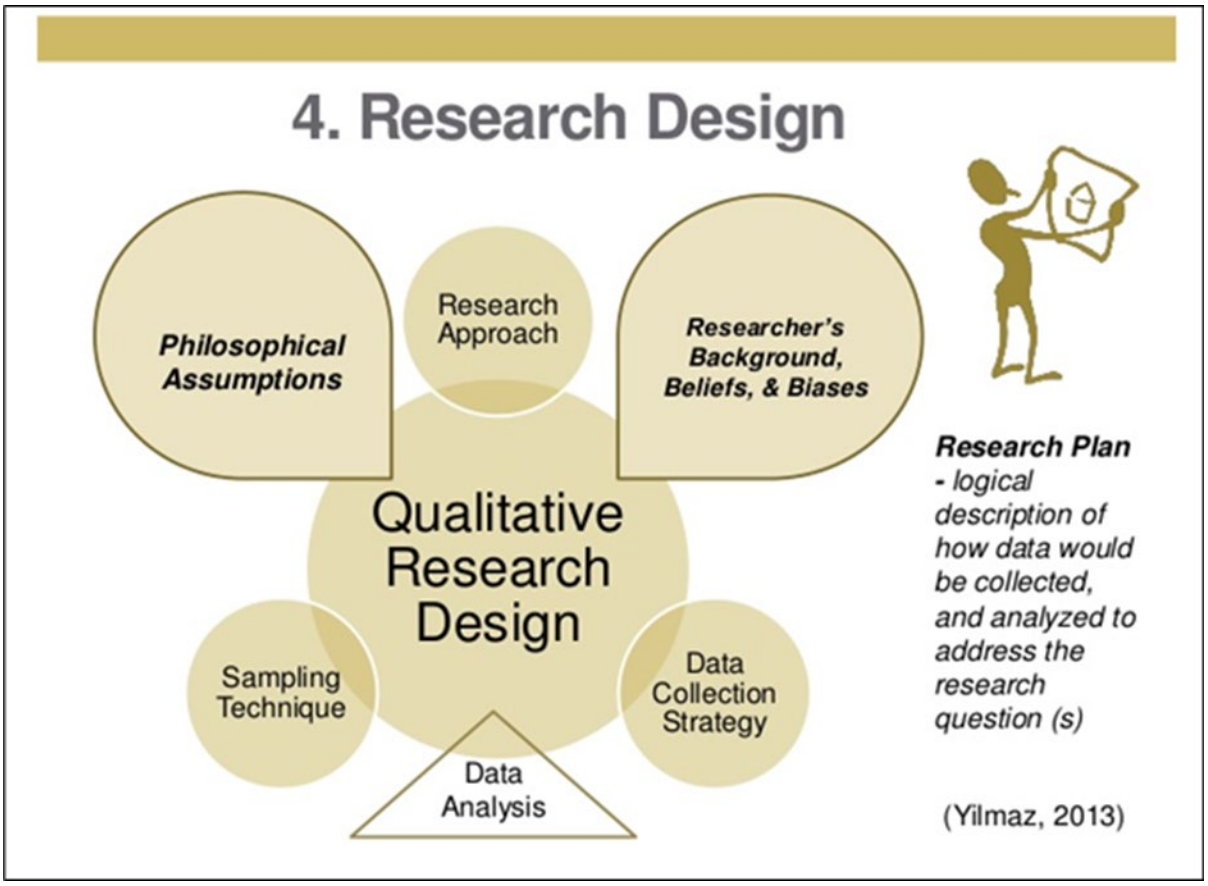
in treating cancer as a social and human problem. Haradhan (2018; 2) opines, that a qualitative research makes it possible to

“Investigates local knowledge and understanding of a given program, people’s experiences, meanings and relationships, and social processes and contextual factors that marginalize a group of people”.

For this research project the local knowledge or the traditional knowledge and experiences of traditional health practitioners were carefully investigated with regards to cancer treatment procedures. As conceptualised by Mohajan (2018); a qualitative research created an opportunity for the researcher to study the relationship between the patients and the practitioners. In addition, the study sought to determine the beliefs and experiences of cancer patients in the use of traditional medicine, hence, a qualitative exploratory research design emerged as the most appropriate design to use rather than quantitative design that is more concerned with the numbers and causality.

Yilmaz (2013) proposes the following diagram (figure 1) in elucidating research design.

Figure 1: Qualitative Research Design Diagram



Source: Yilmaz (2013)

This diagram depicts what a qualitative research design entails. As shown in the diagram this includes the researcher approach, researcher's background and beliefs, philosophical assumptions, the sapling technique, the data collection strategy and the data analysis; the diagram, therefore, shows how the study was carried out.

The diagram gives a brief insight into the reasons a qualitative research design was chosen for this study. This design was deemed appropriate for this study because it accommodated the researcher's background and beliefs, enabling a comprehensive empirical investigation into the given topic rather than accepting the personal beliefs and opinions about the topic under investigation. The qualitative research design also guided

the researcher's philosophical assumptions about the nature of traditional health practice, what needed to be known about the practice, its values and how it had to be studied.

The researcher adopted qualitative research design because of its unique aspect of being descriptive. The descriptive element of the design provides a comprehensive perspective in describing what "we see over and beyond". What is also indispensable as shown in Figure 1 above is that the descriptive element in the design is concerned with "circumstances or relationship that occur, practices that exist, beliefs, prevailing attitudes, processes that are happening, experienced effects or developing trends". A qualitative design, thus, was chosen since the study aimed to explore the role of THPs in treating cancer patients.

3.3.1. 1 Exploratory Research Design

An exploratory qualitative research design aimed at generating and understanding a phenomenon through a detailed description of processes, mechanisms or environments (Kumar, 2011). According to Kakulu (2014), this category of research is concerned with feelings, opinions and experiences of individuals thus, generating subjective data. The study was explorative in design because it sought to explore the meanings, experiences and perceptions of people on the role played by traditional health practitioners in treating cancer patients. This design was considered germane for this study as it was useful in interpreting the attitudes, knowledge and perceptions of participants which cannot be quantified.

Figure 2 below sheds more light on the researcher's rationale for choosing an exploratory design.

Figure 2: <u>Why Exploratory design?</u>

As depicted by the diagram above (Figure 2), this type of research design produces initial insights into the nature of a problem and develops questions to be investigated by more extensive studies (Strydom, 2013 & Akhtar,2016). The diagram, thus, shows why and when an exploratory design is used.

According to Engel and Schutt (2013), exploratory research enquires, mainly into situations in a community, how people get along in their setting; what meanings they give to their actions and what concerns them. Using this framework, the researcher probed how traditional health practitioners get along with their patients and how community members view the role played by THPs in treating the cancer patients. This design, therefore, allowed the researcher to explore and gain an understanding of cancer from a

traditional perspective; of the type of traditional health practitioners who specialise in treating cancer; of the treatment procedures for cancer and for, Participantsto fully explain their experiences of treating cancer.

3.4 Research Paradigm

A research paradigm is a common worldview that embodies the values and beliefs in a discipline it also guides how problems are solved (Schwandt, 2001).

In addition, Rehman & Alharthi (2016) define a paradigm as a way of studying and understanding the reality of the world with assumptions about ontology, epistemology and methodology. Chilisa and Kawulich (2015) are of the view that ontology is what people believe about the nature of reality whilst epistemology is how they know what they know and methodology is how a phenomenon should be studied. This study was guided by the interpretivist or constructivist paradigm which is discussed below;

3.4.1 Interpretivist/ Constructivist Paradigm

The interpretivist paradigm is aimed at understanding and describing the human nature (Chilisa, 2011). An interpretivist paradigm was selected to study the role of THPs in treating cancer patients Cresswell (2003) opines that interpretivists believe that reality is constructed socially and is mind dependent and/ or a personally constructed. Rehman and Alharthi (2016) add that interpretivists believe in multiple realities that are socially constructed. Against this background, this study focused on cancer patients to understand their beliefs in the use of traditional medicine for the treatment of their cancer. The realities of most African people are socially constructed with regards to their cultural beliefs and values. According to Chilisa and Kawulich (2015) interpretivists believe that the truth lies within the human experience; people construct their own reality based on their personal encounters, social interactions and lived experiences. This study, hence, sought to determine what meaning people have constructed on the role played by THPs in treating cancer patients. Interpretivist argues that truth and knowledge are subjective,

as well as culturally and historically situated, based on people's experiences and their understanding of them Gemma (2018).

The researcher explored the role of African traditional health practitioners to understand and interpret their experiences in the treatment of cancer patients as well as what they have socially constructed about the disease. It was relevant for the researcher to understand the social realities of cancer patients in the use of traditional medicine as a treatment for cancer. Realities such as accessibility and affordability of traditional medicine were considered by cancer patients as a push factor for cancer traditional treatments. Some cancer patients live is highly populated communities with traditional health practitioners and it is a social norm to consult to such people; it is culturally acceptable, as some families value the use of traditional medicine as compared to the western. The interpretivist paradigm enabled the researcher to obtain THPs' knowledge of how they perceive cancer traditionally and what procedures are used as treatment methods.

This study explored various realities of traditional health practitioners and community members on the topic under investigation. From the THPs' point of view, treating cancer patients is a challenging duty to execute, as medicines are collected from various areas and sometimes even have to be grown within the THPs' household yard, some have to be obtained from neighbouring villages, which forces THPs to seek for permission from the village leaders in order to obtain the medicines. Factors such as affordability and proximity of THPs were considered and analysed as the realities of the community members who use TM and consult with THPs. The environment in which THPs practice were studied in order to understand their day to day challenges in dealing with patients.

3.4.2 Reflexivity

Patnaik (2013; 3) states that reflexivity is

“The constant awareness, assessment, and reassessment by the researcher of the researcher's own contribution / influence / shaping of inter-subjective research and the consequent research findings.”

Similar to this understanding Martina, deVries-Erich, Helmich, Dornan & King (2017) construct reflexivity as self-reflection of how the background, assumptions, positioning and behaviour of the researcher impact the research process. This suggests that throughout the research process researcher have to be aware of their position and roles. Patnaik (2013) asserts that in ensuring that the focus remains on the research and its participants, an understanding of a researcher’s own attitudes, values and biases is a useful tool in gaining deeper insight into a topic. The researcher resides in the area where the data was collected and speaks the same language as the participants, however, when collecting data, the researcher acted as an outsider to prevent biased attitude and the imposing of her own beliefs upon the participants. With a religious background which is sometimes different to THPs, the researcher had to adhere to all the necessary THPs protocols in order to get an accurate comprehensive insight of the traditional health practice without being biased or showing negative attitude towards some of the THP processes.

Having Christian beliefs and background the researcher had to carefully choose the right words to say when addressing participants especially THPs. This was done to guard against being judgemental of the belief system in the traditional practices. The researcher also had to reflect on the topic under investigation in relation to her gender and how the male THPs regarded and responded to the research topic. In addition, being a female interviewing male participants about women issues was a bit uncomfortable, however, the researcher had to put aside personal feelings and focus on the issues at hand such as obtaining the views or stories of the participants without showing any attitude, being judgemental or uncertainties. During the interviews the researcher had to interact at the same level as the participants, especially when it came to the level of literacy. The researcher had to be respectful of participants’ views and opinions. Being female and

discussing female issues with male participants the researcher had to focus on self-knowledge and the sensitivity of the topic being discussed in order to understand her role in the creation of knowledge while carefully monitoring the impact of personal knowledge and beliefs on the study.

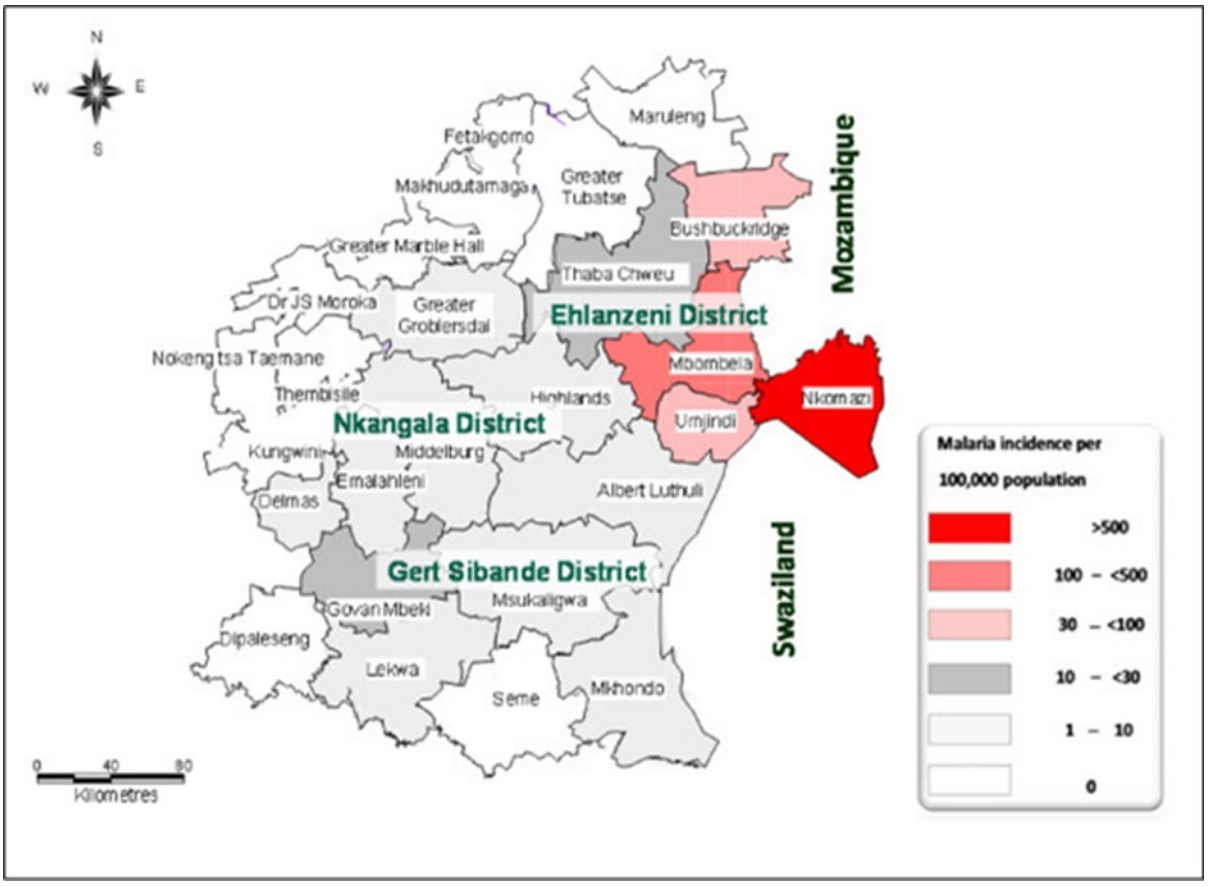
3.5 Study Area

The study area is the location chosen to conduct the study (Given 2008). The study was conducted in Mzinti, Nkomazi municipality, Mpumalanga Province, South Africa.

3.5.1 Mpumalanga Province

Mpumalanga means “a place where the sun rises”. The Province is bordered by Mozambique and Swaziland in the east, and Gauteng in the west and is situated mainly on the high plateau grasslands of the Middleveld. The Province has a network of excellent roads and railway connections, making it highly accessible and a popular tourist destination. People are drawn to the Province by its magnificent scenery, fauna and flora. It is the second-smallest Province after Gauteng, yet has the fourth-largest economy in South Africa. The Province has three districts namely Gert Sibande, Nkangala and Ehlanzeni district. The principal languages in the province are siSwati, isiZulu, Xitsonga and isiNdebele. Ehlanzeni District Municipality was selected because it covers Nkomazi Local Municipality which has a high number of cancer patients. Below is a map of the Province (Figure 3):

Figure 3: Map showing Study Area (Nkomazi)



Source: Ngomane and de Jager (2012)

3.5.1.1 Mzinti (Nkomazi Municipality)

The Nkomazi Local Municipality (highlighted in red in the map) is located in the eastern part of the Ehlanzeni District Municipality of the Mpumalanga Province. The Municipality is located between Swaziland (North of Swaziland) and Mozambique (east of Mozambique). It is linked with Swaziland by two provincial roads and with Mozambique by a railway line and the main national road (N4), which forms the Maputo Corridor. It is the smallest of four municipalities and the study was conducted in this area because the area is rich with traditional health practitioners (King, 2012). In addition the researcher resides in the area and is well conversant with one of the languages spoken in the area is siSwati. This area was also chosen because it links Mozambique and Swaziland; this creates a great opportunity for collaboration and sharing of knowledge about cancer

treatment among traditional health practitioners from three countries- Mozambique, Swaziland and South Africa.

3.6 Population

The population refers to all the individuals or units of interest (Hanlon & Larget, 2011). Alvi (2016) adds that the population is the set of members who meet the criteria specified for a research investigation. This study was comprised of the following categories;

• Traditional health practitioners

• Community members

The researcher had a total of sixteen (16) participants, seven THPs and nine community members. The study had more THPs than community members as the former hold more knowledge than the patients and the researcher was more interested on their cancer treatment approaches. Table 1 below shows the category of participants and their respective justification; for their selection.

Table 1: Number of Participants and Justification

The Table below briefly details the participants and reason they were relevant for this study.

Participants	Justification	Number of participants
Traditional health practitioners • Diviners • Herbalists • Faith healers/ Prophets this group possessed profound	This group was chosen because the researcher was interested in capturing their views with regards to THPs role in the treatment of cancer.	3 3 1

indigenous knowledge on treating of cancer patients.		
Community members	Participants were chosen because the researcher was interested in capturing their views with regards to THPs role in the treatment of cancer.	9

Having outlined the population above. Table 2 below shows the inclusion and exclusion criteria for the election of these participants who are shown above;

Table 2: Inclusion and Exclusion Criteria for Participants

Category	Inclusion	Exclusion
Traditional Health Practitioners	Those who are registered under the Act and specialise in treating cancer patients	Those not registered under the Act and do not specialise in treating cancer patients
Community Members	Those that are above 18 years and once had cancer or had experience in caring for a cancer patient	Those that are below 18 years, and never had any experience in caring for a cancer patient

3.7 Sampling

Sampling is the process through which the targeted participants are extracted from a population Alvi (2016). Sixteen participants were selected to respond to this inquiry. Purposive sampling was used in the selection of participants with knowledge and experience in treating cancer patients in Mzinti. This sampling procedure was deemed relevant for this study because it enabled an examination, within a cultural domain, of various sectors' of the communities knowledge and experiences in the treating of cancer patients. This study used non-probability sampling procedures

3.7.1 Non- Probability Sampling

Alvi (2016) categories non- probability sampling as the type of sample in which each unit of the population does not get an equal chance of participation in the study. This sampling [procedure was used in the study because it is relevantly less laborious to execute and is well suited for exploratory research intended to produce new ideas. The two sub-types of non-probability sampling were used

3.7.1.1 Purposive Sampling

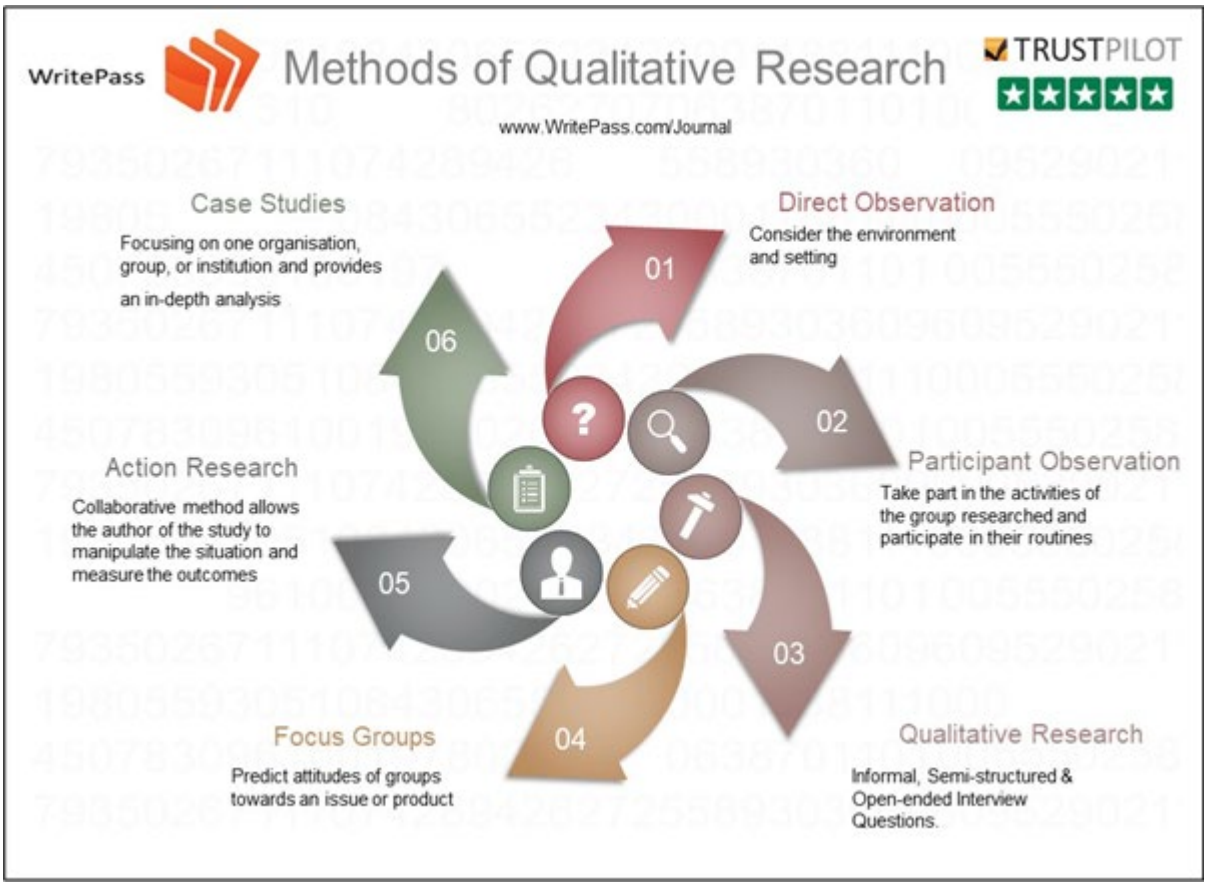
Purposive sampling is the deliberate selection of participants due to qualities they possess Etikan, Musa and Alkassim (2016). The category was used as it allowed the researcher to purposively select respondents based on their experiences and knowledge of cancer as well as ways of treating it. The researcher purposively selected THPs who had knowledge of treating cancer and some community members who were above the age of 18 had to experiences with cancer, to understand their views on the role played by THPs in treating cancer patients. This type of sampling process allowed the researcher to purposively select THPs who were known for their treatment of cancer, within the community.

3.7.1.2 Snowball Sampling

Snowball sampling also called chain sampling; and is where one element of the population is approached and then refers the researcher to other elements of the with similar characteristics (Alvi, 2016). Snowball sampling was used in this study as the researcher did not know relevant participants, hence, had to approach some few appropriate participants whom the researcher knew, these then referred to others who were also familiar with ways of treating cancer who were unknown to the researcher. The researcher approached four THPs who were selected from the THPs local council. These were purposefully sampled as the researcher knew them and after interviewing them, they referred the researcher to other THPs who were identified as possessing the relevant information or experience. The THPs were helpful, therefore, facilitated appointments with the other THPs on the researcher's behalf. The researcher's work became relatively easy as the participants selected through the snowball strategy were partially briefed about the study.

3.8 Data Collection Methods

James, McMillan, Laura & Gogia (2017) explicate the term 'data collection' as a wide range of procedures such as instruments, tests, structured observations and interviewing to gather information during the conducting of a research . Following the qualitative research design, the researcher had a plethora of methods to choose to collect data. Figure 4 below shows the various methods that were available.



An examination of Figure 4 above, the researcher concurs with Neuman (2011) who argues that,

"One method of data collection is not inherently better than another, and the data collection method to be used would depend upon the research goals and the advantages and disadvantages of each method".

In preparation for the data collection stage, the researcher had to first build rapport even though she was known in the village. Alejo (2003), opines that "researching on a local issue is an added advantage of studying the unheard and marginalised voices of the community". From the onset of rapport building up to the end of data collection, the researcher maintained constant contact with the supervisors through e-mails where they discussed day-to-day experiences and progresses of the fieldwork. Before discussing the

data collection methods and the fieldwork experiences, the building up of rapport is discussed first.

• **Building up of Rapport**

Kielmann, Cataldo and Seeley (2012; 48) state that

"how you present yourself to the respondent is critical to the success of the research project". The nature of the data you can collect will be influenced by practical issues such as:

• The relationship you develop in the field, and levels of trust you develop in the community and with respondents.

• Your 'position' as the researcher (who you are in terms of your age, gender, ethnic group, socio- economic status) in relation to the 'position' of the research participants (male, female, ethnic group, socio-economic status)".

Before the data collection process began, the researcher acquainted herself with community member. This was done to learn more about the study area, find out the type of traditional health practitioners found in the area and to get an understanding of the participants' cultural subscriptions. The researcher further familiarised herself with the selected community members (participant), by visiting them in their homes and having brief conversations about the topic under investigation; this was done to have an initial understanding of their feelings towards the investigation.

This was followed by the researcher visiting the traditional leader (*induna*) of the village to seek for permission to conduct the study in the area. In respect of African indigenous protocols the researcher was accompanied by an elder to introduce her to the traditional leader and to speak on her behalf. This was because the traditional leader is a highly revered person in the community and the researcher wanted to show respect by having an elder talk on her behalf rather than to personally talk to the traditional leader (*induna*). Culturally, traditional leaders should be addressed by elders. It was very advantageous

that the researcher belongs to the same ethnic group as the participants therefore, they speak the same language and for that reason the researcher was granted permission and given blessings for the success of the study. This made it easy for the researcher to explain her intentions about conducting the study and reasons for choosing the selected participants to be part of the study.

In building rapport, the researcher had to be conscious about how she presented herself and relate to people in the field (Kielmann, Cataldo and Seeley, 2012). The researcher, for example, had to wear appropriate clothes and speak in a respectful manner when interviewing the participants. The researcher visited various people (traditional health practitioners and community members) elucidating the aim of the study and how it would benefit the researcher as well as the participants. This helped the researcher to develop trust and a positive relationship with the participants. Upon explaining the study aim and the researcher's intentions, most of the participants showed interest and were motivated to participate. They were delighted to see a young female researcher studying about women issues; they felt the study would uplift the community by focusing on issues of relevance and significance to the community to which, they (elders and leaders) felt some young people in the community paid no attention.

Some targeted participants, especially traditional health practitioners were not welcoming to the idea of a researcher interrogating them about their medicines and manner of tratment. As asserted by Kielmann, Cataldo and Seeley (2012) above the nature of the data to be collected would be influenced by practical issues, such as gender, hence, the researcher had some difficulties introducing the topic, as well as interviewing male THPs about breast and cervical cancer. Discussing issues that affect women with men seemed culturally inappropriate to the researcher, however, the researcher acknowledged that these practitioners are consulted by various people, including women on a daily basis.

The researcher started the interview process by firstly engaging in rapport-creating conversations with the male participants before asking the research questions. This was done, mainly to help the researcher build confidence, confirm the participant's willingness to be involved in the study as well as to establish whether participants were comfortable being interviewed by a young woman about their practices or talking about their experiences with cancer. The researcher observed the indigenous protocol of THPs by removing her shoes when entering the *indumba* (a room where THPs practice); this is the sacred room used for consultation with their patients. The researcher had to show respect to THPs and not disregard any of the protocol they had to execute when consulting with their clients (patients). The researcher gathered information using semi-structured interviews, focus group discussions and observations.

3.8.1. Semi-Structured Interviews

An interview is a form of consultation in which the researcher seeks to learn more about an issue such as an opinion expressed by the interviewee (Adhabi & Anozie, 2017). A semi- structured interview is an interaction in which there is no strictly formalised list of questions that the interviewer follows although they are outlined topics is organised by the research questions (Doyle, 2019; Stuckey (2013). This type of interview was used because of the flexibility of the arranged questions (see Appendix B); the order can be altered based upon the circumstances of each participants. (Van Teijlingen, 2014). Semi-structured interviews have no strict procedure it depends on how the participants respond to questions and the desire of the researcher to explore deeper into certain issues (Adhabi & Anozie, 2017). The interviews were with traditional health practitioners.

3.8.1.1 Field Work Experience

The interview process began with the researcher introducing herself to the participants by stating that she is a university student who is studying about African culture and practices. All participants were informed about the purpose and were assured that all participants would remain anonymous and all the provided information will not be shared

with any other person, except in a report on the study .Notions of voluntary participation and the right to withdraw by those who did not feel comfortable were made known to the participants. Consent forms were given to each participant and explained; participants were given two consent forms the first form sought the participants' consent to participate in the study and the second form sought their permission to be audio recorded during the interviews. All interviews, therefore, were conducted with participants who were comfortable with the process and they were conducted in Swati, the native language spoken in the study area.

Seven semi-structured individual interviews were conducted with THPs, five females and two males aged 35 to 70 years. A tape recorder was used to record all interviews ensure the transcribing of accurate data as provided by the participants. The tape recorder was also used to allow the researcher to make eye contact with the participants, instead of facing down all the time if taking down notes. Semi-structured interviews were used in this study because they provided one-on-one guided sessions with participants thus proving comprehensive data generated to answer the research questions.

The interviews took place in participants' homes at times convenient for them. As noted earlier semi-structured interview was used because it had prearranged questions (interview guide attached) although the order was flexible based on the researcher's desire for elaboration of certain responses and the necessity of establishing their connection with the aim of the study (Van Teijlingen, 2014).

The interviews were conducted during the Covid lockdown period, therefore, the researcher had to make sure that all rules and regulations were followed, these included; wearing of face masks, social distancing and avoiding handshakes. The interview process began with friendly greetings and a brief introduction of the researcher and the THP. To make the THPs comfortable the researcher usually initiated the process by giving compliments on the significant work done by THPs in the community. The researcher

then explained the reasons for conducting the study then produced the ethical clearance certificate from the University of Venda to prove that the researcher is a student and that the study has been approved. After explaining the purpose of the study the researcher explained all the ethical issues that will guide the interview process; these included informed consent, right to privacy confidentiality and the right to withdraw from the study if the participant no longer felt comfortable to continue with the interview. Before giving the participants the informed consent forms the researcher asked if the participant had any questions before proceeding to the next step. Some of the participants wanted to know if they would be paid for providing the needed information, hence, the researcher had to explain that they would not be paid as participation in the study was voluntarily.

When all this was clear the researcher produced an informed consent for the participants to sign, thereby, formally agreeing to be involved in the study; next before the interview began the researcher also asked for permission to audio record the interview in order to make things easy when analysing the data. All the participants gave consent and signed the audio recording consent forms and the interview began.

3.8.2 Focus Group Discussion (FGD)

Herd (2016) states that FGD is a qualitative data collection method which involve gathering people who share similar backgrounds or experiences to discuss a topic of interest, such discussions can focus on ascertaining participants'' perceptions, attitudes, beliefs and opinion (Eeuwjik & Angerhn, 2017). The researcher conducted one focus group discussions which comprised of nine community members.

3.8.2.1 Field Work Experience

Before the discussion, the researcher introduced herself to the participants. The purpose of the study was clearly stated to the participants. The researcher also explained the ethics to be adhered to and each participant was given a consent form to sign. The

researcher used this data collection technique because it did not limit the researcher to a detailed set of questions and allowed the researcher to obtain knowledge that was difficult to obtain from an individual interview.

The focus group discussion was held at a school by the homes of the participants, the school is often used for community meetings. Nine community members participated in the focus-group discussion. The researcher fully elucidated the aim of the study, after which all participants were given two consent forms, one to show willingness to participate in the research and the other to agree to the audio-recording of the discussion. The researcher set ground rules to allow the data collection to be smooth

• Participants should respect each other

• No participant should dominate the discussion, and

• All participants should try to stay on topic

The focus-group discussion, similarly investigated the participants' perceptions on the role played by THPs in treating cancer patients, their evaluation of THPs as healers of a problematic disease like cancer in the community.

This method of collecting data was used because Participants become more open and comfortable in a group than in individual interviews. Sometimes participants do not speak freely in individual interviews as they feel intimidated by the researcher/interviewer, therefore, a focus-group discussion allows them to speak freely about their experiences, opinions and beliefs as they become motivated by other participants. A tape recorder was also used in recording the discussions, so that the researcher would not miss valuable information while facilitating the flow of the discussion. One disadvantage with this method of data generation is, although participants are free to voice their opinions, they would sometimes bring in other issues that were irrelevant to the topic being discussed.

This became challenging to the researcher as she had to, repeatedly redirect their focus to the initial topic. It was very encouraging to hear the participants commending the bravery of the researcher in doing a study on such a sensitive and demanding topic. During the discussion the researcher carefully paid attention to how participants responded to the questions asked; this was done to monitor the discussion so that a situation did not arise where participants no longer felt comfortable to speak because the question asked was either too sensitive or personal.

3.8.3 Observation

Kawulich (2012) states that in social sciences research, an observation can be used as a way of gathering data about people, processes, and cultures. Mason (2002) says there are advantages why an observation is a viable option for data collection in qualitative research. First, sometimes it becomes essential to witness interactions, actions and behaviours and the way people interpret them as these may be central to a study. Secondly, the researcher may be interested in ways in which social phenomena occur or are performed in context. Thirdly, some researchers may be interested in the setting itself to capture naturally occurring phenomena. Also, some researchers, according to Silverman (2013), see the need to answer certain research questions through first-hand information about the topic. The researcher used this method of data collection to observe and understand the details of where and how THPs practice, in order to interpret processes involved in the traditional healing practices. According to Kielmann, Cataldo and Seeley (2012) the purpose is to physically observe the information on human behaviour and the environment around. The researcher used non- participant observation.

3.8.3.1 Non- Participant Observation

William (2014) explains non-participant observation as a relatively discreet qualitative research design for collecting primary data about some aspects of the social world, without directly interacting with its participants. Esiri, Ajasa, Okidu and Edomi (2017) state

that with non-participant observation, there is no risk of the researcher interfering in the dynamics of the groups being observed.

This data collection method was essential in studying the behaviour of traditional health practitioners towards people who only seek information from them and not their services. In some instances the THPs referred to such people as “intruders”, therefore, the researcher felt the need to observe such interactions. Traditional health practitioners, as mentioned earlier, are categorised differently and each has its own way of doing things, therefore, the researcher observed how each category of is approached by their clients (patients).

The researcher observed the environment in which THPs practice in order to understand the social interactions between the THPs and the patients, how patients greet or state their problems; how patients take instructions, as well as how THPs respond. These social actions, behaviours, interaction, relationships and events recorded can be descriptive or narrative (Kumar, 2014).

Overt non-participant observation was employed as the researcher alerted the THP participants of her presence (Kumar, 2014). During the session the researcher was dressed as a novice THP to carefully observe all the processes involved when treating cancer patients. Details such, as the interactions, body cues, and general conduct of parties (THPs and patients) were observed to verify perceptions on the role played by traditional health practitioners in treating cancer patients. The researcher was also given an opportunity to see some of the herbs used as medication for the treatment and other packaged medicines, although the researcher was uncertain which medicines were specifically used for cancer treatment. From a distance and without interference, the researcher observed the following:

- How THPs were approached by patients during the consulting process;

- How traditional health practitioners interact with their patients
- How THPs sort their medicines and how patients respond when taking instructions on medication dosage or measurement.
- What happens during consultation, diagnosing and establishing a treatment routine

3.9 Data Analysis

Data analysis is the processes of understanding the large amounts of data collected, summarising the amount of information, identifying significant trends and creatinfg a framework that communicates most of what the data reveals (Best & Kahn (2006). According to Flick (2014), data analysis consists of grouping and clarifying verbal or visual material in order to formulate statements about the implicit and explicit dimensions and structures of meaning-making in the data and its presentation. Data were analysed using thematic analysis.

3.9.1 Thematic Data Analysis

Thematic analysis is a type of qualitative method used to analyse classifications and present themes (patterns) that related to the collected data (Ibrahim, 2012). Nowell, Norris, White, and Moules (2017) refer to thematic analysis as a way of identifying, organising, analysing and reporting themes found within data. The data was recorded, transcribed and analysed into themes which were derived from the objectives of the study and other sub- topics that emerged during the data analysis.

The collected data was recorded as abstracts, showing their density and complexity Gibbs (2009). When data processing is complete, the data analysis process begins. In a bid to achieve the goal of the research. Open-coding was the second step in determining the meaning of the data, that is, emerging themes were noted. The themes were derived

from the research questions, and other themes were formulated based on the responses of the participants.

3.10 Measures to Ensure Trustworthiness

This study was measure on its credibility and confirmability and these are discussed below;

3.10.1 Credibility

Korstjens and Moser (2018) explain credibility as 'the reliance that can be placed in the accuracy of the results, it establishes whether the study results signify plausible information drawn from the participants' original data and is a accurate interpretation of the participants' original views'. The researcher ensured credibility by ensuring that all questions asked were simplified or translated into the local language of the participants so that they could answer truthfully; this helped the researcher not to misrepresent the participants' views.

3.10.2 Confirmability

Confirmability is concerned with establishing that data and interpretations of the findings are not creations of the researcher's imagination, but clearly derived from the data (Korstjens & Moser, 2018). In other words, this refers to the objectivity of the researcher in the research process. The researcher ensured that the findings of the study are t the true reflections of the participants' responses and not reflections of the researcher. To overcome misrepresentation of findings and to confirm the reported data, the researcher read the interview notes repeatedly to ensure that the reported findings are true interpretations of the interactions with the participants.

3.11 Ethical Considerations

Ethics refer to an aspect of research that deals with the behaviour of the people involved; it monitors the norms or morals of conduct of people and relationships with each other (Akaranga & Makau, 2016). Shah (2011) explains it as societal standards of behaviour which differentiates between acceptable and unacceptable behaviour. These definitions simply imply that when dealing with people one must conduct oneself or behave in a manner that is accepted by society. The researcher in this study was guided by these ethics. Informed consent, voluntary participation, anonymity/confidentiality and privacy.

3.11.1 Informed Consent

As noted by Karanga and Makau (2016) informed consent is one of the significant issues when conducting research, stating that informed consent means a person knowingly, willingly and in a clear mind give his or her consent to participate in the study. After the researcher had explained to the participants the purpose of the study. Edwards (2005) states that a statement on the procedure for withdrawal from participation should be included in an informed consent form. The researcher provided the participants with these consent forms to sign after reading, as a formal way of agreeing to be part of the study. The researcher further explained that participants have the right to withdraw from the study in case they no longer feel comfortable and they can even withdraw without giving reasons. The researcher also provided a consent form to allow for the recording of the interviews with the participants. The need for the tape recorder was clearly explained by the researcher to make participants see its importance during the interviews.

3.11.2 Anonymity/Right to privacy and Confidentiality

Fouka and Mantzorou (2011) note that the issue of anonymity and confidentiality is closely connected. Anonymity is ensured when participants' identities cannot be linked with their personal responses. Mugeda (2011) maintain that anonymity and confidentiality are achieved when the researcher refrains from referring to participants by their names or exposing any other sensitive information about them, therefore, the researcher used pseudo-names so as to protect the participants from being identified even after the study

had been conducted. In addition, the researcher respected the privacy of participants by refraining from taking pictures of the participants' places of practice.

3.11.3 Ethical Clearance from the University

The researcher sought permission and ethical clearance from the University of Venda's ethics committee to conduct the study. The researcher presented her research proposal to a panel in Department of African Studies and the School of Human and Social Sciences, who gave comments and corrections. The proposal was further submitted to the University Higher Degrees Committee (UHDC) which also reviewed the proposal and approved because it met all the requirements for conducting a research with human participants.

3.11.4 Plagiarism

According to Helgesson and Eriksson (2014) plagiarism is understood as a person using another person's intellectual products such as texts, ideas or results, without acknowledging them, thereby suggesting that they are his/her own. The researcher avoided plagiarism by appropriately acknowledging all the sources where information was obtained. The researcher also paraphrased direct quotes of other scholars when appropriate, although acknowledging them at the same time.

3.11.5 African Indigenous Protocols

The researcher firstly asked permission from the indigenous leader (*induna*) to conduct the study in the village before collecting data from the selected participants. The researcher wore appropriate clothes when interviewing all participants to show respect, which is key in any culture. The researcher observed indigenous protocols of THPs which included removing shoes when entering *indumba* (a room where THPs practice); this is considered a sacred room used for consultation with patients. The researcher had to

assure the traditional leader that all Covid 19 rules and regulations would be adhered to during the interview process.

3.12 Delimitation

The researcher limited her research to two types of cancers breast and cervical cancer as these are the most common cancers in the study area. Some THPs felt that they were being robbed off of their knowledge and saw the researcher as an intruder and would not reveal some of the procedures and medicines they use to treat cancer. The topic under investigation was a sensitive topic inducing emotions, hence at some point the researcher had to pause the interview to allow some participants time to bring themselves to a calm state again.

The researcher was constantly asked if she worked with medical doctors or was sent by them to gather information. To overcome this issue the researcher produced the ethical clearance letter to indicate that she was not working with anyone but was conducting the study as a student from the University. Some of the THPs diverted from the topic under investigation and started telling the researcher about other diseases that they had successfully treated over the years and how they have helped a lot of people in the area. In a respectful manner the researcher would appreciate the works of the practitioners the reminded them of the focus of the study. Collecting data at a time when everyone is expected to put on a mask at all times proved to be challenging because questions had to be repeated all the time to ensure that participants heard correctly similarly; at some points it was hard to hear participants' responses because of the masks. Observing social distance was a difficult task because some of the interviews were conducted indoors.

3.13 Chapter Conclusion

This chapter outlined the methodology used to conduct the investigation, by discussing the qualitative research design, research paradigm, the methods of data collection and

how the data was analysed. Ethical issues were highlighted in detail and what limitations were put on the study. In the next chapter there is presentation of the analysed data and their interpretations.

Chapter Four

Data Presentation and Analysis

4.1 Introduction

The previous chapter indicated the methodology used to carry out the study while this chapter presents the analysed data and their interpretations. The findings of this study are categorised into themes derived from the research questions articulated in the first chapter. The aim of this study was to explore the role of traditional health practitioners in treating cancer patients. The chapter firstly presents the demographic profile of the participants and secondly presents and analyses the data collected during the field work.

4.2 Demographic profiles of the participants who participated in the semi-structured interviews

The researcher used semi -structured interviews, focus-group discussions and observations to collect the data. Participants preferred using their home language during the interviews, thus, all interviews were conducted in SiSwati for effective communication between the researcher and the participants. Pseudo-names were used for the anonymity of the participants. The cancer patients were not interviewed because the topic was too sensitive for them, therefore, they did not consent to be interviewed, however, part of the problem was solved by including community members (some being family members of cancer patients) who knowledgeable and had experience about the topic; this made it possible to obtain their views on the role played by THPs in treating cancer patients. Below is Figure 4.1 that gives details of participants who took part in the semi-structured interviews,

Figure 4.1 Participants who Took Part in the Semi-structured Interviews

Participant's Name	**Participant's Age**	**Gender**	**Description of participants**	**Number of years in practice**
Gogo Beauty	70	Female	Diviner (*sangoma/ inyanga*)	25
Zwelo	35	Female	Diviner	11
Phumelele	52	Female	Diviner	10
Thembeni	49	Female	Herbalist	11
Tanzile	42	Female	Herbalist (*Lugedla*)	15
Mabaso	55	Male	Prophet / faith healer (*umthandazi*)	5
Babe Ndlela	69	Male	Herbalist	12
Nomalanga	55	Female	Community member	
Senteni	65	Female	Community member	
Thandiwe	45	Female	Community member	
Nokwanda	52	Female	Community member	
Nomathemba	60	Female	Community member	
Nomsa	28	Female	Community member	
Khulile	36	Female	Community member	

Nomasonto	44	Female	Community member	
Jabulile	25	Female	Community member	

Figure 4.1 indicates the demographic profile of the participants. This included theirs names (not real names), age, gender and years of practice, in the case of THPs. The total number of participants in the semi -structured interviews was 16. Seven of the participants were traditional health practitioners (THPs) and nine of them were community members. The community members who participated in the study were all female because the study focused on two types of cancers breast and cervical. It was relevant to interview female community members as they are more likely to have knowledge on such issues, as compared to men. The study made use of focus-group discussion. Figure 4.2 below shows the demographic profiles of the participants who participated in the focus group discussion.

Figure 4.2. Profiles of Community Members who Took Part in the Focus Group Discussion

Participant's Name	**Participant's Age**	**Gender**	**Description**
Nomalanga	55	Female	Family member of a cancer patient
Senteni	40	Female	Family member of a cancer patient
Thandiwe	45	Female	Family member of a cancer patient
Nokwanda	52	Female	Family member of a cancer patient
Nomsa	28	Female	Community member

Khulile	36	Female	Community member
Nomasonto	44	Female	Community member
Jabulile	25	Female	Community member
Welile	30	Female	Community member

The total number of participants who participated in the focus-group discussion was nine. The discussion involved some community members who either had family members who were cancer patients or had interacted with family members who had been treated or succumbed to cancer. Five of the participants were ordinary community members and four were family members of cancer patients. Each participant provided the researcher with general information including their gender, age and their status in the community. The focus group discussion was held once with a total number of nine participants.

4.3 Data Presentation and Analysis

The presented data was categorised into themes which were derived from the research questions, although, some of the themes emanated from the participants' responses. Participants were asked the following questions as the initial questions of the study:

1. What are your perceptions of cancer in the traditional context?
2. What are some of the African indigenous knowledge on cancer and its treatment procedures?
3. What are people's perceptions of the role of African traditional health practitioners in the treatment of cancer?

The study findings are mainly narratives and were collected through using semi-structured interviews, focus-group discussion and observations. The theme below emerged from the background of the traditional health practitioners in the study area.

4.3.1 A Brief Background of THPs in the Area

Before presenting and analysing the data, it is prudent to have an understanding of the THPs who operate in the study area. This entailed the researcher exploring their categories, cultural subscriptions and other related issues. This exploration, therefore, was done for the researcher to have a picture of how THPs understand and have invested their efforts in fighting health challenges, cancer in particular. The next section covers the categories of THPs available in the study area.

4.3.1.1 Categories of THPs

The researcher explored the categories of THPs available in the area. This was done to find out if the categories of THPs available in the area are the same as stated in the THPA (22 of 2007). The categories of THPs available in the area were diviners (*izangoma/ inyanga*), herbalists (*lugedla)* and faith healers or prophets (*bathandazi*). The researcher found that the categories of THPs available in the area which are also stated in the THPA are only diviners and herbalists; faith healers or prophets are not included in the Act. This suggests that there is a need for a review of the categories of THPs recognised by the THPA. The study found that the THPs mentioned above, do not belong to the same cultural group of the participants, however, they speak the same language *Swati* , as they reside in an area that is dominated by the *Swati* -speaking group. These THPs do not perform the same function nor fall into the same category, however, they have similar knowledge, in some instances.

The THPs practice in their own homes, in their private backrooms. The next section looks into the registration of THPs.

4.3.1.2 Registration of THPs

In South Africa THPs are governed by the THPA (22 of 2007). This Act stipulates the guidelines that govern the practice of traditional healing. The registration of THPs was explored in this study to have a detailed understanding of the regulations stipulated in the Act and also to check whether the THPs in the area adhere to the stipulated regulations. An article published by the South African Medical Journal, SAMJ (2016) indicated that it is mandatory for all South African THPs to be registered under the THPA. Section 21 of the Act states that "no person may practise as a traditional health practitioner within the Republic unless he or she is registered in terms of this Act''.

Section 21 of the Act clearly states that an application must be accompanied by proof that the applicant is a South African citizen. The South African Medical Journal (2016) states that apart from the South African identity document further required documents include proof of qualification as a THP and highest grade passed or the elders in the community can testify that the person is recognised by the community as a diviner, herbalist, traditional birth attendant or traditional surgeon. One of the regulations in the Act is that all THPs must undergo education or training at any accredited training institution or educational authority or with any traditional tutor.

The above suggests that anyone practising traditional healing must be registered and recognised by the THPA. Having understood the categories of THPs and the registration process the next section presents the data, looking at the nature and meaning of cancer as perceived by THPs.

4.3.2 The Nature and Meaning and of cancer as perceived by THPs.

The researcher interviewed THPs to gather their understanding of the nature of cancer as a disease. This exploration was done with THPs because they are regarded as

knowledge-holders of cancer treatment. Other people's perceptions shall later be discussed in comparison with the selected THPs as the researcher assumed that the former might have limited or no little understanding of the nature and meaning of cancer. During the interviews, THPs were asked to give their understanding of cancer. The diverse categories of traditional health practitioners in the study gave different responses that were guided by their cultural understanding, their social life and life experiences. Amongst the responses given, the main points that emerged covered issues of the name, description and symptoms of the disease, breast and cervical cancer. These responses are comprehensively discussed below.

4.3.2.1 The Name

In THPs' description of the meaning and nature of cancer, the issue of the "name"' emerged as one of the ways used to identify the disease. The researcher discovered that the traditional practitioners within this study area had ways in which they identify or name cancer. The researcher probed into these names to understand why one disease is given different names.

a. Sihambi

The first name that emerged from the participants was *sihambi* (literally, meaning something that moves). One of the participants gave her explanation of the name as well as why the disease is named as such.

> **Gogo Beauty** (Diviner) stated, *"we know this disease as "sihambi" (something that moves) in our culture or tradition. We call it "sihambi" because it moves from one part of the body to another while seeking for a suitable place where it can fully develop or mature. It is hard to diagnose because as it moves from one body part to another it does not show any signs or symptoms in the body. Sometimes it appears in the armpit and when you just think there is something wrong it moves to another part and now you find that it is in the breast or it has developed*

in the front part (genital area). Some people suffering from cancer would feel a lot of heat in their body even when it is cold".

The above narrative indicates that cancer is a complicated disease to diagnose as it may take time for it to be noticed by the patient. The name correlates with the description of the disease, something that moves around in the various parts of the body. The term '*hamba'* in Swati means to move or 'to go' hence, the illness was termed *sihambi,* therefore, the exact meaning of the term is 'something that moves'.

b. Inyamakazi

Another name that emerged was *Inyamakazi.* One the participants explains cancer as;

Tanzile (Herbalist), "*Yes white people call it cancer, but traditionally cancer is known as "inyamakazi" or "umdlopha", however, the most common name is inyamakazi. Cancer attacks any part of the body, but it can take years to be noticeable. It is so because when one is suffering from it, one cannot tell what is really wrong in their body because it takes time to manifest itself. It usually moves from various parts in the body searching for the right place where it can grow or become fully matured".*

Three (3) participants shared their knowledge and understanding of the disease and credited their knowledge to their cultural background and life experiences. One participant said, "Inyamakazi *ivame kutiveta langembili nase mabeleni"* (the most common parts where it is likely to manifest itself is the front part of women, in the female genital area and the breast). Cancer attacks in two ways, it attacks the front part (genital area) and the backside. When the disease attacks the front part it develops in the cervix or the breast and when it attacks from the back it usually affects the kidneys and would move through the spinal cord, although only attacking one side of the body. It is known to attack the flesh, however it is very rare for the disease to attack the bones; wherever it attacked,

there will be a sharp pain. **Tanzile** (Diviner), **Babe Ndlela** (Herbalist) and **Phumelele** (Diviner) shared this view.

The researcher further discovered that the term *inyamakazi* was also used by people coming from Mozambique who have relocated to South Africa and settled in the Nkomazi municipality area as it is closer to Mozambique. The THPs could not explain the rationale for the name *inyamakazi* being given to cancer, however, one of the THPs attempted to justify why the disease is termed *inyamakazi.* The THP stated that from her assumption the term is used because i*nyama* means 'flesh' or 'meat'. Subsequently, in this case the disease might have been termed i*nyamakazi* because it attacks the flesh.

The THPs also indicated that sometimes patients go to the clinic or the hospital when they have breast cancer (*inyamakazi yemabele*). At the hospital, doctors remove the breast yet the cancer still persists as the disease may have moved to the other breast or another part of the body; it is the same behaviour with cervical cancer (*inyamakazi yesinye*). These patients go to the clinics where they usually undergo surgery and doctors remove the womb, or 'burn' the cancer. In both case, the cancer will not be eliminated because what doctors do in the hospital is to give medications that will only deal with the pain and not the root cause of disease. The THPs added that this is reason they often advise people that what is needed is traditional medicine which can deal with the root cause of the disease. These issues shall be addressed below. Some THPs believe that the disease moves around the different parts of the body, hence, if patients take western treatments, they may, mistakenly think they are cured, only to find the disease reappearing.

c. Umdlopha

Some THPs used the term *umdlopha* but could not give a clear or precise reason as to, the name choice *umdlopha* some indicated that they named it *umdlopha* because the disease creates boils (*madlala*) or lumps (*tigadla*) in the areas where it develops.

As noted there are various names given to cancer, however, most THPs agreed on certain common characteristics regarding the name. One reason for the variety was due to the cultural group to which some THPs belonged to which may have an influence on the naming of the disease. Some participants agreed that the name *sihambi* was the most descriptive for cancer as its meaning precisely relates to the characteristics or description of the disease. The researcher, however, posits that a name alone could mean different things as some of the names given have different meanings. The name "*umdlopha*" for example, fundamentally, seemed to mean something different and can only be associated with some of the symptoms of cancer. The researcher wanted to find out if the name and what participants referred to as 'symptoms' were one and the same thing. The researcher found the two names, *inyamakazi* and *sihambi* captured both the description and some of the symptoms of the disease. The researcher, hence, probed to see if a description of the symptoms would tally with the names given above, therefore, in the next section the researcher focused on the descriptions of cancer and its causes.

4.3.2.2 Causes of Cancer

Upon giving the name of the disease, the THPs were also asked what causes the disease, as the researcher wanted to find out if the name and their meaning, showed participants' understanding of cancer in general and to breast and cervical cancers in particular, as mentioned earlier the researcher focus on all cancers but limited her attention to breast and cervical cancer as these are the most common cancers in women in the research site. The causes of cancer are, thus, categorised under breast and cervical cancers.

a. **Breast Cancer**

Relating to breast cancer, the following emerged as causes:

i. Heredity

One (1) of the THPs noted the causes of breast cancer in her response.

> *According to our belief and understanding of this disease, it is an ancestral disease. You may find out that your great grandmother or grandmother had*

the disease. Sometimes when a person has cancer (sihambi), it is usually because the person has an ancestral calling but they refuse it or ignore it then this disease is brought by her ancestors as punishment for her disobedience.
Phumelele (Diviner)

In view of the above sentiments, the researcher submits that African view of cancer is very broad but can be pinned down to people's personal opinion and beliefs as well as cultural beliefs or myths. Phumelele's understanding of the cause of cancer can be associated to the study conducted by White (2015) which discovered that the manifestation of some illnesses in one's life is due to punishment from ancestors or disobeying taboos. Similar findings are noted in Laher (2014) who indicated that a human being consist of the mind, body and spirit and functions within a natural environment that consist of tangible beings as well as a supernatural environment wherein intangible or unseen forces exist. This means the individual has no total control over what happens in the spiritual world and may sometimes be unaware that certain actions may cause them to be sick.

In addition as indicated in the Phumelele's response above, some people get sick because they have an ancestral calling and their sickness is a result of them not accepting or ignoring their call. The ancestral calling means the person must undergo a process called *ukuthwasa* which is a training process for THPs and failing to accept the calling may cause sickness.

Three (3) participants shared the same view of the cause of cancer. Babe Ndlela (Herbalist), Thembeni (Diviner) and Gogo Beauty (Diviner**)** also responded that, cancer is a hereditary or generational disease. The THPs believed that if a woman's mother suffered from the disease, especially breast cancer, it can be transferred from mother to child, if the latter did not take any treatment for it, although it will take time for the disease to show itself. The THPs continued that when a woman is pregnant, they encourage them

to drink "*imbita"* (traditional mixture of various plants) so that all the diseases that she has cannot be inherited by her child.

> **Mabaso** (Prophet/faith healer); "*Culturally as THPs we consider a disease to be caused by many things, such as witchcraft, spirit possession or some imbalances in the body. However in this case none of those things can be attributed to the cause of this disease".*

ii. Choice of Food or Diet Eaten

Three (3) THPs indicated that cancer is a natural disease. It occurs naturally since some of its cause may be associated life-style, for example, the type of food one eats can contribute to the emergence of this disease. THPs shared that there are certain types of food that are detrimental to one's health, as such eating these types of food, for a long period may result in one acquiring cancer. Three (3) THPs mentioned that eating food that is incompatible with one's blood type/ group may also result in cancer.

iii. Putting Coins in the Breast

THPs mentioned that putting coins around the breasts may cause breast cancer. It is believed that the constant reaction of normal sweating and coins may in the long run cause the development of breast cancer.

The researcher submits that this view of the origins of breast cancer can be understood in two ways: firstly, this cause could be understood as a myth. Secondly; it can be understood as a way of preventing woman from putting money in their breast as it may have serious health effects on their breasts not necessarily breast cancer, however, some people may be in support of Mabaso's view.

b. Causes of Cervical Cancer

The researcher also investigated the THPs' understanding and knowledge of the causes of cervical cancer. Various responses emanated.

i. Sexual Intercourse with an Unclean Person

One the causes of cervical cancer mentioned was, having sexual intercourse with an unclean person. THPs stated:

> *"This I know and I have seen it. A woman came to me asking for some medicine because she had an unusual discharge. This is because she had sexual intercourse with a man who was not clean. You find that this man had an infection and during sexual intercourse it is possible for the men to deposit dirt into the woman and she can become sick. When a woman has sexual intercourse with a man who is affected by cancer there are possibilities that the woman can also get cancer. Although the woman would not notice that she is sick immediately after having sex, it will take time then when she has her periods she will have her periods for longer than she normally does. For example you may find that her normal period length is three days, one of the cancer symptoms is that she will have her periods maybe for seven days or eight days. This will be followed by severe pain in the womb. Let me put it this way, if a man who has cancer has sexual intercourse with a woman who is having her periods, it is possible for the man to contract cancer. In some cases, if a woman suffers from cervical cancer, she may have contracted it from the unclean man, for the cancer cell is like a sperm and the man can easily transfer it during sexual intercourse"* (**Babe Ndlela, Herbalist**)

The narration of one of the causes of cervical cancer has been disputed since this type of cancer can be acquired through sexual intercourse have not been explicated fully. (Matsheta and Mulaudzi's, 2008)

ii. Contraceptives

One (1) THPs indicated that the use of contraceptives also causes cervical cancer; this is narrated in the quotation below.

> **Phumelele** (Diviner) said; "*I think this problem started when women started taking contraceptive pills and injections. These pills and injections cause the blood to get stuck in the womb for a period of time and that is what causes woman to get sick. Naturally women are supposed to have periods every month so now imagine not having your periods for more than three months where does the blood go? The blood gets stuck there and then gets rotten and creates this illness that people call cancer which we as traditional health practitioners call inyamakazi, umdlopha or sihambi*"

This THP in her response has demonstrated a rare deep understanding and interpretation of cervical cancer based on how they view its origin. The narration of this cause of cervical cancer reflects the African worldview of illness, as stated by Bernedict (2014) that the main cause of illness is disobedience of natural laws which are violated either in ignorance or deliberately. Most women who take contraceptives may not be aware that these practices may be detrimental as they cause illnesses to their bodies. In addition, the fact that some of the THPs view contraceptives as a cause of cervical cancer indicates that this is an area that needs more research on. The above understanding further indicates how Africans view the world and what results to illness.

In the literature, Ajima and Ubana (2018) indicate that for many African people diseases do not just occur but are a results of something or they are triggered by something. Phumelele's narrative, therefore, suggests that taking contraceptives may result in one acquiring cervical cancer.

The responses of the participants regarding breast and cervical cancer suggest that the names of the disease are derived from the characteristics of the disease as for example, Matsheta and Mulaudzi (2008) used the term *sesepedi* (something that moves) to refer to cancer. There seems to be some similarities or rather common knowledge when it comes to how cancer is known traditionally by THPs.

Some of the differences that prevail among the traditional practitioners practice are the influences from their various ethnic groups or cultures, so although the names of the disease differ, yet the descriptions are the same. It was noted that what THPs described as symptoms of breast cancer tallied with some of the names given for the disease, hence, the naming of the disease was instigated by the symptoms and description of the cancer. The descriptions and symptoms of breast and cervical cancer are discussed in detail below.

4.4. Description of Cancer

This section covers a description of cancer; in trying to describe the disease, THPs were guided by what cancer patients feel. The section Firstly, explored THPs' description of cancer, followed by descriptions of the symptoms of breast and cervical cancers. This exploration was important because it shed light on the characteristics that guide THPs on which treatment to use. Different categories of participants gave different views based on their understandings, while describing the disease, some participants also gave the causes of the disease, however, some seemed to have limited knowledge regarding the causes of the disease. Most of the THPs described cancer as a disease that attacks any part of the body and slowly 'eats' up the part where it had developed. Participants indicated that the affected body part develops a wound, making the whole body numb so that the patient cannot really tell which part of the body is painful.

4.4.1 It affects the complexion of the victim

Some THPs also described cancer as a disease that 'sucks' the blood of the patient, which affect their complexion, however, two participants had different views regarding this pint;

Tanzile, herbalist noted

> *"A person suffering from cancer becomes very dark in complexion, this is because this disease sucks the blood of the patients"*

While **Zwelo, diviner** responded

> *"Sometimes cancer causes a person to be fresh and look good and people would think that a person is perfectly healthy although a person is sick. As an ordinary person with no knowledge of how an individual suffering from cancer looks like, it would be very difficult to think or rather suspect that one may be suffering from cancer. I myself can never think that the person is sick just by looking at them from a distance without personally engaging with them".*

The participants' different views might have been driven by the different categories which they fall in, as one was a diviner and the other a herbalist, therefore, their different views could have been linked to their professional understanding or experience with cancer patients, the stage of the cancer and the type of cancer could also determine the symptoms observed. The next sections cover the symptoms of breast and cervical cancer

4.4.2 Symptoms of Breast Cancer

The researcher interviewed participants to give the symptoms of breast cancer. This was relevant as the symptoms of breast cancer because the symptoms are used by THPs to determine the treatment to be used.

i. *Madlala* (Boils)

Some participants indicated that in their tradition, breast cancer is called *inyamakazi yemabele, Mabele* means breasts and *inyamakaz*i refers to cancer. According to the participants, breast cancer usually makes the chests and breasts painful and patients would usually feel something like boils *(madlala*) in the breasts. One of the female participants demonstrated to the researcher how to make out difference between breast cancer and cancer in general.

ii. Painful and stiff breasts

Stiff and painful breasts was noted as another symptom of breast cancer. One of the THPs gave the narrative below.

> **Thembeni** (Diviner) said; "*I want you to pass your studies (Thembeni laughs) Let me take off my bra so that I can show you what I am talking about. You see, this is my breast. (She pointed to her breast after taking it out). You see it is soft, you see. But when the breast has the "problem" (cancer), it becomes very hard or stiff, so that you can't lift it and you can't even put on a bra. When you touch a breast, you feel the normal breast lump but once cancer develops in the breast, the lump now becomes stiff; it's like it is frozen. When we see that we see ohhh this breast has this skelem (an Afrikaans word meaning thief or villain) that's what we say when we discover it (participant laughs again). Sometimes once the disease has spread, it attacks the lungs and the patient may sometimes have trouble breathing and sometimes coughs blood"*

The participant above describes breast cancer as a 'thief'; one would ask oneself as to how the disease is a thief? According to participants, cancer is a thief because it steals the patients' freedom; when a person is in pain, she is not free to do what she desires. It steals the patient's peace, for when one is suffering and in pain all she thinks about is when she will be free from the pain. The persistent questions a patients asks herself are

when are they ever going to be cured? , What will happen if they are not treated? Will the treatment work?

THPs share common knowledge of the symptoms of cancer. The symptoms provided above were also discovered in a study conducted in Ghana by Asobayire and Barley (2014). These researchers provided similar description or symptoms of breast cancer and used the term *ngwoom dwongo* as a working translation for breast cancer. The authors describe breast cancer as 'swollen' breast (*yil'le fusem*) and 'boils in the breast' (*ngwoon pongwa*). Based on these similarities it can be deduced that some of the knowledge regarding the disease is common among African THPs, although they may have different terms for the disease but the descriptions seem to be the same.

iii. White thick fluid and itchiness in the nipple area

THPs noted the appearance of a white thick fluid and itchiness in the nipple are as a symptom of breast cancer.

Phumelele (Diviner) stated:

> *"Sometimes once cancer has matured, you would notice a thick white fluid on the nipple, which some woman think is just a normal nipple discharge. Most women suffering from breast cancer do not take the first signs seriously because the pain is not severe during the early stages. In the early stage of the disease the nipple area becomes very dark in colour and it is very itchy at times".*

iv. Swollen Breasts

Participants indicated breast cancer can be identified by swollen breast, as the breasts become bigger than their normal size. Phumelele continued:

The cancer attacks the line or the vein that produces milk from there it moves to the breasts so that one of the breasts will be bigger than the other one. It would be swollen.

The response given by Phumelele is similar to Mugivhi, Maree and Wright's (2009) findings which indicated a persistent rash as one of the symptoms of breast cancer, causing the breast to become itchy. The responses given by the participants demonstrates some understanding of the disease and its symptoms as these seem to be similar to what other scholars have discovered. The researcher also learnt knowledge and understanding of symptoms of breast cancer may be promoted by experience in taking care of cancer patients or specialising in the diagnosis and treatment of cancer.

v. Breast Lumps and wound

Some of the participants identified lumps as symptoms of breast cancer. They indicated that the breast develops a lump and at a later stage the affected breast may also develop a wound.

Tanzile (Herbalist) responded:

"A breast develops a lump (sigadla lesicinile/ lidlala) once cancer has spread in the breast. It is noticeable because the cancer develops a wound or sore which does not heal (yakha silondza lesingapholi) and the nipple area becomes very hard. Nowadays people eat a lot of oily food and most of the food they eat is genetically modified, almost all the food people eat nowadays is injected and those injections are the ones that cause people to be sick. Some breast cancer patients got the cancer from their mothers during breastfeeding. At times the mother breast feeds with one breast because the other breast is too painful and some women think the other breast is painful due to excessive milk in

the breast yet they have cancer and is transferred to their babies during breast feeding. Sometimes the cancer can also attack the intestines".

After giving these descriptions of breast cancer, THPs then gave different descriptions of cervical cancer as well as its symptoms, these are detailed below.

4.4.3 Symptoms of Cervical Cancer

The researcher probed on the symptoms of cervical cancer. This was necessary because the researcher wanted to find out if THPs were able to physically recognise the symptoms of the diseases that they treat or they just rely on the information given by the patients during the consultation. This was done to bring out the differences in the categorisation of breast and cervical cancer as these two types of cancer were the focuses of the study. Participants indicated various symptoms of this type of cancer; they shared the information that, for some women, the waistline becomes very painful and sometimes the person feels ''deep heat'' at the back of the waist. It affects one side and sometimes the person feels some cramps from the waistline going down the whole leg.

Gogo Beauty (Diviner) said: "*the cramp is caused by the blood that is stuck or collected in one area and cannot flow properly''*

i. Internal wound and Excessive Bleeding

One participant mentioned bleeding (*kopha* in Swati) as one of the symptoms of the disease.

Zwelo (Diviner) narrated, "*What we notice from this disease is that the patient bleeds a lot. This bleeding is heavy and the blood is very hot. The colour of the blood is very different from that of normal periods, lentfo yakha silondza lengekhatsi (this thing creates a wound from inside/internal) and that causes the bleeding not to stop. Once this*

wound is ripe it creates pus (bovu) and the part where it has developed swells (kuyavuvuka). That is why sometimes the blood comes out together with pus. At times you find that the patient has now developed sores in the outer part of the vagina because when the blood comes out, as the patient describes it to be hot".

The symptom mentioned above seems to be closely related to the general description of cancer. The description illustrates that cancer slowly 'eats' up the area where it has manifested itself, therefore, it is in accordance with the narrative shared by **Zwelo** above, This indicates that THPs as holders of IKS seem to be well aware of this disease, in its broadest form. To support this, Matsheta and Mulaudzi (2008, 7) reports that "When the tumour is ripe, it starts to release pus or discharge, which is offensive. The patient will complain of unusual offensive vaginal discharge and excessive vaginal bleeding". Some of the symptoms may include severe pain during sexual intercourse as noted by participants. THPs from these responses seem to have closely studied the disease and its symptoms.

ii. Smelly Discharge

Most of the THPs specified that a woman suffering from cervical cancer would notice an offensive and unusual discharge as a symptom.

Additional information on the symptoms of the disease is noted by **Gogo Beauty** (Diviner)

"Women who suffers from this type of cancer have a very smelly discharge. Some people mistake cervical cancer with drop because when a woman is affected by this disease she usually has a discharge but the discharge is different from the normal discharge. Most people do not want to be too close to a person suffering from this disease because the person smells".

Participants noted that the symptoms of this disease pose a threat to the social life of the patient because the patient becomes bound to one place due to the excessive bleeding and smelling which requires the patient to be in a diaper.

The responses given by THPs regarding the symptoms of breast and cervical cancer demonstrates that THPs have made an effort to understand cancer and the symptoms associated with cancer in order to provide the right treatment. The next sections discuss people's knowledge of cancer.

4.5. Community Members' Knowledge of Cancer

The researcher also investigated people's knowledge of cancer, with the aim of ascertaining how their knowledge differ from the one provided by the THPs; this was also done to determine if people's knowledge of cancer can be used to self-diagnose. The researcher categorised the responses given by these diverse participants into three groups which are discussed below.

4.5.1. People with No Knowledge of Cancer

The first group had no idea of what cancer is. The narrative and analysis below represent the responses of the first group as stated by one of the participants:

> *I don't know. I am not even sure what they call it. I just know its cancer. I am not sure, but I think mot people call it cancer also. We don't have a name for it, cancer is just cancer* (**Welile**).

The above response may be due to the participant's age as she is still categorised as 'a youth', therefore, the researcher's assumption is that sometimes the youth do not really

seem to bother to know some important issues especially health issues. Some of the youth participants indicated that cancer is for 'old people'.

4.5.2 People with Little Knowledge

The second group seemed to have some knowledge of what cancer is but were uncertain. This group also indicated some names for cancer, its description and some symptoms, however, the group had limited knowledge when it comes to a description of the disease.

I know it to be called inyamakazi but I don't know what causes it. **Nomsa**

Some of these participants seemed to be a bit knowledgeable about the disease and stated or referred to the disease using names that had not been mentioned by THPs. This may be due to the differences in social status, between THPs and the community members. Perhaps the name differs from the one used by THPs because of the vast repertoire that THPs possess when it comes to cultural and other traditional matters.

Khulile said, *"in our culture we call it umdlavuta"*

Upon giving the name participants gave various reasons as to why the term *umdlavuta* is used to refer to the disease.

Nomalanga shared that:

> *kutsiwa ngumdlavuta ngoba iyadlavuta lamtibeni, (it is called umdlavuta* because it eats up the flesh and causes the body to be numb).

This description is similar to the descriptions given by some of the THP participants, although they did not use the term *umdlavuta* to refer to cancer but used other terms stated above. The descriptions provided were the same, however, the participants expressed them differently.

Senteni stated that it grows in one area of the body, however, it makes a boil in that area which needs to be cut (*layihleli khona yenta lihlwili iyabutsana kwakhe bovu kubese kufuna kusikwa*).

Thandiwe voiced that*, iyadla, idla inyama once waba nayo bavame kukujuba ngoba esbhedlela batsi ichubekela phambil.* (It eats the flesh. Once you have it they usually cut the affected area at the hospital; they say it spreads).

The descriptions given by these participants are similar to those provided by the THPs. The most common description of cancer is that it grows in one area, causes a wound and spreads. The descriptions given prove that some of these participants have either seen these symptoms themselves, from family members or have heard this information from people who once had the disease.

4.5.3 People Knowledgeable about Cancer

The third group seemed more knowledgeable than the previous two groups. This group gave more detailed information about cancer and even gave descriptions of both breast and cervical cancer as well as some causes of the disease. The participants indicated that traditionally they know cancer as either *umdlavuta* or *inyamakazi*. The participants then described both breast and cervical cancer:

Khulile stated that*, ibanga sigadla kulamabele* (it causes a lump in the breasts). *Siyibita ngekutsi mdlavuta wemabele* (we call it *umdlavuta wemabele* 'breast cancer')

These descriptions correlate with the descriptions provided by the THPs. The researcher noted that although some people showed a bit of understanding of what cancer is and how it can be seen when someone has it, they referred to it using different terms from the

ones utilised by the THPs. The participants further revealed that when one is pregnant one susceptible to contracting breast cancer. Majority of the participants added that one can have breast cancer if some of their family members have been once diagnosed with it or once had had cancer.

Thandiwe added,

> *nawumitsi iyakungena, lesigadla lesakha lubisi siyayibanga* (You can get it when you are pregnant, it is can be caused by the excess milk in the breast).

One (1) of the participants detailed,

> *It is not common for breast cancer to just appear, it is a family disease and that is why they ask about your family history when you consult a doctor.* (**Nokwanda**)

The participants indicated that cancer is categorised based on the body part that it has affected. As noted above, breast cancer is referred to as *umdlavuta wemabele* and THPs referred to it as *inyamakazi yemabele because of the body part that it affects.* Participants indicated that when the disease affects the cervix it is referred to as *umdlavuta wesinye* while THPs referred to it as *inyamakazi yesinye.* Participants who did not know the term used for cervical cancer referred to it as an internal wound *(silondza sangekhatsi).* THP acknowledged this as one of the symptoms of cervical cancer. Therefore, it can be noted that culturally, when some people think of an internal wound, they think of cancer. According to some participants there are some things that cause cervical cancer.

Nomasonto stated:

Cervical cancer is caused by giving birth too much or having multiple births.

Nomsa added sexual infections and genes as some of the causes of cervical cancer. Other participants shared that cancer can be caused by some types of foods that individuals consume which become poisonous to their bodies, because their bodies do not react well to that type of food or their blood type does not react well to the food. It was alleged by the participants that in the Western medical system, doctors cannot treat it but cut out the affected area as, the disease can only be treated by herbs which prolong life. Participants also indicated that cancer, be it breast or cervical cancer or any other type, is sometimes viewed as a spiritual occurrence or attack by certain individuals who do not have a good relationship with the victim (patient).

The researcher deduces that these differing views on what causes cancer are sometimes personally constructed rather than culturally-based. This seems due to the fact that some participants assumed that a woman's behaviour may cause her to attract this type of disease (cervical cancer). This shows that some of the participants have personally-constructed how one contracts cervical cancer. This can be explained by the health belief model's construct of perceived benefits where an individual believes that certain behaviours limit their risk of attracting a disease.

In giving the name and description of cancer, especially cervical, some participants viewed it as a curse because it sometimes causes break ups between couples. This is because usually, the woman is in pain and cannot be sexually intimate with her partner. Some added that the break-up also happens because the male partner believes that cervical cancer is caused by women having sex with many or different people. This indicates a dire need of intervention and education, especially in making both men and women aware of the causes of cervical cancer. This also gives an indication that cancer affected people need the support of their partners, family members as well as community members in order to overcome the disease. From the responses of the third group the researcher views this group as knowledgeable because they are elderly and some were family members of cancer patients, as such they knew more about the disease.

4.6 The Roles Played by THPs in Treating Cancer Patients and Related Stories

THPs were asked what role they play in treating cancer patients; different responses were noted. The researcher noted that the role of THPs in treating cancer patients go beyond the diagnosis process and the administration of medicines and that African traditional healing procedures differ, based on the THPs' knowledge and experience in treating the disease. The role played by THPs in treating cancer patients demonstrates the African indigenous knowledge on cancer.

4.6.1 Nutritionists: Health and Nutrition Guiders

From the responses given, THPs become health and nutrition guiders to their patients. A nutritionist is a person who is skilled in the use of nutrition to promote health and manage disease (Santiago, 2021). In this regard they advise their patients on the type of healthy life-style to adopt including the type of food to eat and avoid. The researcher discovered that traditionally THPs believe that the food consumed, and a lifestyle of an individual play a critical role in whether she contracts breast and/or cervical cancer. As such, most of the THPs indicated different views on the types of food to be eaten by patients, hence, some of narratives relating to their role as nutritionists.

> *As for my patients I inform them to avoid being in direct contact with the sunlight or take precautions when traveling in the sun. The patient must always cover up to prevent the wound from having direct contact with the sun. This causes the wound to spread rather than to heal. One of the advice includes forbidding patients from eating meat and encouraging them to eat vegetables (tibhidvo). This is because vegetables contain a lot of vitamins and other substances have not been added to them, like some of the food that have substances injected into them (processed) or the genetically modified*

foods. Patients undergoing cancer treatments are discouraged from eating red meat because in most cases meat has substances injected into tem and this causes more harm to the patient's body. We believe that cancer is found in cow meat (**Zwelo, diviner**)

Phumelele (Diviner) added, "*From what I know, traditional medicine for breast and cervical cancer makes the patients have increased appetite; that is why the family members must provide food for the patient. The patients must be given solid food that would build up the cells in their bodies. Food such as green vegetables spinach and lettuce. Also, cancer patients should eat liver, beetroot, and watermelon to boost their blood and their immune system. This is because the pus in the wound overpowers the blood in the body".*

Participants indicated that both breast and cervical cancer patients should not eat any type of maize meal they should either grind (*kugandza*/ *kusila*) the maize to make their own maize meal, use traditional maize meal (*mabele*) or eat brai pap. THPs recommend that patients should eat soft porridge made from the traditional maize meal (*umdoko wemabele*). The patient should avoid eating oily food, they should eat food; that has nuts (*emantongomane*). The researcher probed on this and the participants clarified that "the oil found in the nuts is healthy compared to oil from other sources which are used when cooking". Patients should avoid eating foods injected with substances (processed) foods and eat traditional or domestic foods like the village chicken *(inkukhu ye sintfu*).

Gogo Beauty (Diviner) added that*; "in ensuring that our patients fully recover, it is our duty as THPs to be more than just healers. We also have to be nutritionists. This is because some of the family members of the patient do not know that the patient's diet is also considered in the healing process. The patient should avoid eating cow meat, especially*

the intestines. This is because the elders say we got this disease from cow meat. From their understanding, domestic cows, sometimes have madlala (boils), which make its meat unhealthy, especially when cooked rather than when dried one (umcwayiba)".

From the above responses, the researcher submits that, THPs are nutritionists. This is because THPs have a profound understanding of foods that boost the immune systems and speed up the healing process. It could moreover be due to the fact that THPs are custodians of IKS and not just responsible for healing which only deals with medicine as indicated in WHO's (2002) definition of traditional medicine. In addition, based on the THPs' knowledge traditional food (also known as organic food or unprocessed food) is believed to be healthier than processed food.

4.6.2 Counsellor

Some of the THPs indicated that to some of the breast and cervical cancer patients they have to play the role of counsellors. A counsellor is a person who is trained to give guidance on personal or psychological problems. THPs provide counselling to patients especially those who have either given up, thinking that the disease will kill them and those who are failing to cope, due to stress, stigmatisation from the community and lack of support from their families.

Gogo Beauty (Diviner) states,

"*Being a breast or cervical cancer patient is very hard and painful. Some of the patients seek help from a THP because they have given up and we are their last hope. Some do not even want to be treated using traditional medicine but because they have no money, they are forced by their family to use it. It is our duty as people who practice traditional healing to make our patients feel*

that with love and support as well as encouragement that it will get better, they will defeat the disease".

In addition **Tanzile** (Herbalist) said,

"When you are sick, especially if you have cancer emotionally you become wounded. As a healer my role is to heal you physically (the pain) and emotionally (the spirit). I cannot heal you physically while emotionally you are wounded. Healing starts from the mind. This is what I always tell all my patients, the moment you tell the mind that 'I am healed' the treatment will work well. So, as a healer my biggest role is to prepare the patient mentally so that the healing process can be easy".

Based on the responses provided the researcher submits that THPs play a counselling role when treating their patients. Their role goes beyond counselling patients, they also counsel family members of the patients as they also become affected by the sickness of their family member. Puranwasi (2006) reported that the healing methods used by THPs include psychosocial counselling, hence, the role of THPs in treating cancer patients is more than just administration of traditional herbs and plants.

4.6.3 Care-Giver

A care-giver refers to a family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person. Some of the THPs indicated that sometimes when treating a cancer patient, some of the procedures entail living with the patient in the practitioner's home just to ensure that the patient receives proper care as well as to monitor the healing process. One of the THPs emphasised the importance of staying with the patient.

Gogo Beauty (Diviner) uttered this statement,

"*Sometimes when treating a cancer patient, the person must come and stay here with me so that I can monitor how the patient takes the medicine and see if there is any difference in their health. When they are with me I can tell if the cancer has not spread too much or has not done too much damage to the body. The treatment may act, I can say this, like its magic. It can take three days because there are numerous ways that I use to see how I can make the disease vanish. On the first day when the medicine is applied to the patient's body the patient would feel extreme pain, the second day will be better than the first day and on the third day there will be no pain".*

Based on the above submission THPs consider cancer patients as people who are sensitive and vulnerable, therefore, it is the THP's responsibility to ensure that the patients receive the utmost care.

Based on the above responses, the THPs display a side that some people may not know about. This is because some people consider THPs as people who only deal with 'bones, herbs' and traditional mixtures, the responses , however, clearly indicate that their role in healing goes beyond the use of bones and herbs. They are not just qualified nutritionists and counsellors however, as shown above their role in treating cancer patients entails much more. The researcher deduces that this is not an easy role as they are not qualified in the above-mentioned professions, as they only have experience as healers in taking care of the medical side of patients.

4.6.4 Addressing the Disease

Addressing the disease was noted as another role undertaken by THPs in treating cancer patients. This included the diagnosis process as well as attending to the administration of medication for the disease (curing or treating). Addressing the disease seemed to be the

most significant role played by THPs in treating cancer patients because it covers the treatment processes or procedure.

4.6.4.1 Diagnosis

Diagnosis refers to the identification of the nature of an illness or other problems by examination of the symptoms. Participants noted that THPs in their roles in treating cancer patients carry out diagnosis. The study found out that some THPs firstly check for various diseases in the patients before administering the cancer treatment, some ask the patients questions in order to understand their description of the disease while some do both. The researcher learnt that some THPs (diviners) throw bones to seek for supernatural understanding of the patient's issue and how the patients should be treated, this is mainly done by diviners (*tinyanga/sangoma*). The study found that some of the THPs carry out the diagnosis through an observation of symptoms and patient's description of the symptoms.

4.6.4.2 Curing or treating: Attending to the Disease

Curing means to relieve a person or animal of the symptoms of a disease or condition. One of the roles attributed to THPs by participants was that of curing the patients. THPs articulated various stories of how they treat breast and cervical cancer and what they use in treating them. Their explanations of how they treat the disease and what they use to treat them, indicated a passion and understanding of the work they do. From the researcher's observation of their medication, they also seemed to have profound knowledge of the flora and fauna. Some their knowledge and cancer treating stories are detailed below.

Tanzile (Herbalist) said,

> "*I have been treating people with various illnesses for many years. As a diviner, I sometimes use bones to seek for direction from ancestors as to what must be used to treat the illnesses and how they should be used. For both*

cervical and breast cancer, I use various products these include barks, roots and some animal parts for treating the disease. I may use more than three plants to make medicine. Let's just say I may use five plants. There are two types of healing procedures that I use as treatment, I mix barks (emagcolo), roots (timpandze), plants (tihlahla) and some of the animal parts and cook them to make a concoction/ traditional mixture (imbita) that the patient should use to wash the external wound. The second one includes the very same products but, in this case, I burn these products to make it a powder or ash and we call that powder insiti/ lisiti. I instruct the patient to put the powder in soft porridge when eating to treat the cancer internally. Sometimes the powder can be eaten on its own or the patient can just lick it as it is. The powder (lisiti/ insiti) patches up the wound or restores the flesh where the cancer has attacked. This treatment is used when the cancer has spread from the inside and the person has an internal wound".

The above narrative provided a clear picture of the processes used when treating breast and cervical cancer. Based on the THP's narrative it is evident that this is a very difficult task to execute. It entails the identification of the disease, its cause and finally the type of plant or plants to be used and how the plant have to be used in order for it to be effective. From the narratives, THPs highly depend also on their spiritual powers in determining what procedure should be followed in treating the patient.

From the discussion above executing their tasks, THPs have to identify the disease, its cause/s and the type of plant to be used. This suggests that even if the patient does describe the symptoms, the THP still has to verify the patient's description by conducting their own identification of the disease and its cause using their own ways.

4.6.4.3 Wound Cleaning

Participants indicated that another role of THPs is to cleanse wounds. The participants gave various descriptions of breast and cervical cancers', wounds and different methods of treating them. As noted above, some patients only notice that they have cancer once it has manifested itself on the outside thereby showing certain symptoms such as wounds. Some participants indicated the type of treatment procedure that they use when doing wound-cleaning for cancer patients.

> *"When the wound is visible on the outside the patient uses the traditional mixture (imbita) to wash or clean the wound. Cleaning the wound with the medicine helps to draw up all the dirt in the wound so that it can heal. These are the two treatment procedures that I use. The patient does not drink the mixture but only uses it to wash or to clean the wound or the powder is mixed with soft porridge. The patient should also use cold water to clean the wound or when bathing and avoid using hot water because hot water may cause an infection in the wound or cause the wound to develop further*" (**Zwelo, diviner**)

In preparing the medicine the researcher noticed that there were different procedures followed by each THP. This could be because that these THPs do not fall into the same category of practitioners, as some were diviners, herbalists and faith healers. It was necessary for the researcher to note the different procedures followed by these practitioners. The narrative below was given by a herbalist;

a. Direct Application of medicine to the wound

The THPs gave different narratives on how they apply the medicine to the wound and the names of the plants that they use to make the medicines.

> *"The plants that I use are more than three and are found in various places but some of them I have here at home as I have planted them but some I buy. I use a plant called mahlanganisa, zifo zonke,*

inkokhabovu, mdlampetfu (these are he one that eats up all the dirt caused by the pus) I will just name these few. Once the cancer has spread throughout the whole body, maybe when it's on the fourth stage that is when I use mdlampetfu, inkokhabovu and add mahlanganisa and burn them. Some of the medicine especially the powder/ ash is applied directly to the external wound'' (**Babe Ndlela, herbalist**).

Phumelele (Diviner) explains,

"*After three days the patient can feel the difference, but I advise the patient to continue with the treatment although the duration of the treatment depends on how long the patient has suffered from the disease or rather much damage the disease has caused. If the patient has suffered from the disease for a year, the medicine takes some few days for the wound to recover and for the patient to feel better. After that, patients can think they are fine whereas the disease is still active and has not been completely wiped out from their system. When the patient stops taking their treatment because they feel a lot better the disease can resurface. Six months is usually enough to allow the treatment to work and the patient can fully be healed in that six months. After six months, the patient must come back so that I may check and make sure that the cancer is completely gone".*

"For a patient who comes at the late stages of the cancer, the medicine will make her worse before she can feel better. For the wounds I use the stem of a banana tree (umbhanana) I cut a piece of the stem, burn it and make a power which is to be applied on the wounds". (**Zwelo, diviner).**

"The area where the cancer has invaded is usually swollen; then I make incisions around the whole area (ngiyagata/ ngiyagcaba) to prevent it from

spreading (ngiyayitsiya), I use bhoco and another plant to treat a cancer which I cannot mention its name, for that I burn these plants and make a powder (insiti/lisiti) then apply it on the incisions" (**Phumelele, diviner**).

The researcher learnt from the TPHs that traditional medicine is administered in various forms for various purposes and intentions, showing that THPs have a strong understanding of the treatments they use for cancer and how they are meant to be beneficial to the patients. As mentioned by Ndlovu (2010) that traditional healing procedures goes beyond physical health. To add, it follows different approaches to healing which involve plant and animal based medicines. The THPs in this study have demonstrated the use of plant and animal based medicines for the treatment of cancer patients. The spiritual aspect of healing has not been made visible in the treatment procedure except during consultation with patients, this does not mean it does not exist as spiritual healing goes together with the patients' belief in the healing power of the treatment taken

4.6.5 The use of *Imbita* (traditional mixture) and Powder/ash

The plants used to treat both cervical and breast cancer differ, just as practitioners differ as well. Most of the diviners indicated the same medications as well as the same treatment of the disease. It was quite surprising that their treatments can be used to treat both breast and cervical cancer although medically these are two different disease. The THPs justified this by explaining that although in medical terms breast and cervical cancers are two different diseases, in the traditional health practice they view it as one disease. The only difference being the location (the body part where the disease is located). When the THPs stated the plants they use, they also explained how they are prepared and how they work in patients' bodies.

> *"Traditionally cancer is treated by imbita (tradititional mixture) and lisiti (powder/ash). It can take one day for me to prepare the medicine because it does not require a lot of plants. One of the plants that I use is bhoce or litsanga lelikhulu (a huge pumpkin). It is found in the forest and mixed with other plants which I cannot mention by name. I then cook the plants and I have to make sure that this traditional mixture (imbita) must fill up a two- litre bottle, after that I give it to the patient. The patient drinks this mixture; the patient must consume the medicine three times a day, that is, in the morning, afternoon and evening. The medicine must be measured with a cup. The reason why I measure the medicine with a cup is because one cup is enough to aid or boost the blood of the patients. So I can say that one cup can be equated to one glass of water. The duration of the treatment is two months, this medicine is intended to clean the blood of the patients and they should urinate frequently, this medicine is not meant to make the patients go to the toilet to excrete because that would drain the patient's energy".* (**Thembeni, diviner**).

Most of the herbalist practitioners mentioned the use of "*imbita*" (traditional mixture) as part of the treatment. As indicated by Thembeni (herbalist practitioner) above the traditional mixture is aimed at cleaning/ cleansing the patient's blood. Latif (2010) also indicated cleansing as part of a treatment procedure used by THPs. It is to be noted that cleansing may not refer to purification of the blood due to sickness or impurities as indicated by the participants above and there is also cleansing which is usually done to remove bad luck.

Some of the THPs call themselves specialists because they have treated a number of patients and they alleged that they have always been successful in treating cancer. One of the participants said;

Gogo beauty (Diviner) said, "*the one that have treated a lot is cervical cancer (inyamakazi yesinye), sometimes the womb gets swollen and the dirt inside the womb prevents the person from urinating, so I first just take cold water (ngithobe) apply the water to the skin to cool off the heat felt by the patient. Ngihlanganisa matsanga ngiyawa lobeka (I mix pumpkins, cut them into pieces and soak them in water), to make slobekelo (medicine soaked in water); the patient must consume the medicine. The medicine helps to remove the dirt (cancer). I don't usually tell patients how long they should take the medicine. They are supposed to tell me when they are feeling better, then, I can observe if there is some difference in their body and decide if they should continue taking the medicine or they should stop. When patients come to see me, but they are not sure about their sicknesses I use my bones to seek for clarity and consult with the ancestors, during this process, I can see the inside of the patient's womb".*

Based on this THP's narrative it appears she regards herself as a cervical cancer specialist. Being a diviner allows the participant to see inside a patient's womb. This suggests that a diviner uses supernatural powers to see inside a patient's womb, hence, diviners seem to be capable of performing 'X-ray' services through the help of the ancestors.

The method of burning certain parts of plants or the whole plant to make a powder was noted as one of the most common method for treating the wounds caused by cancer. One of the diviners mentioned the burning of a banana tree in treating the wounds; a herbalist practitioner indicated the same method although it was a different plant for a different purpose. The diviner indicated that she puts the powder to treat cancer wounds while the herbalist indicted that she uses the powder into incisions she made to prevent the cancer from spreading.

"I use slobekelo (medicine soaked in water) I put the medicine in the water for three days and on the third day I remove the cut pieces of the plant and allow those pieces to dry up. The patient drinks the mixture after the sliced ingredients have been removed. Once a patients starts taking traditional medicine the patient should only take traditional medicine and not mix it with pills or any other medicine because that will disturb the healing process and the patient will be confused as to which medicine worked for her. The patient can sometimes take the medicine for two months especially those who are at the late stages of the disease, but for those who have been diagnose at an early stage the medicine can be taken for two weeks. If the cancer is still in the early stages I make a five litre bucket of the medicine (slobeko) once the patient finishes the whole five litre there won't even be a need to take the treatment again because the patient will confess to feeling better".

The above quotation indicates that when a cancer patient is taking traditional medicine, they should only use traditional medicine and not mix it with any other medication. This may be done to avoid complications during the healing process or because THPs want all the credit for being able to treat the disease. This is because they want their medications and their treatment procedures to be recognised and appreciated by their patients.

"I use plants, I crush them and burn them in order to make powder (lisitil insiti). The plants are siwutfewutfe, mjamala, mahukwe and infehlwa I mix these plants; some of them, like I said you burn them and the patient should take the powder (insiti) in a soft porridge. I also use slobeko (plants or medicine soaked in water), the leaves of mphasamane/ mlahlabantu and timbaweni; I mix them together, crush it and paste it

where the cancer has created a wound. You don't cut that part or area. The patient also drinks the medicines. The medicine makes the boils to be ripe and it creates an opening on its own and release all the pus which was stuck in that area and which caused that particular area to be stiff and painful. Once that comes out the patient is healed. I myself was once affected by cancer it was even passed on to two of my kids, I made the medicines gave them and they are both fine now. I also got the disease from my mother ". (**Thembeni, diviner**)

The narrative given by Thembeni emphasises that the part of the body affected by cancer should not be cut/ removed, instead the patient should be given the medicine so that the cancer stops spreading. Cancer is said to be hereditary as stated by participants when identifying the causes of cancer. These extracts indicate that there are various plants that are used when preparing the treatment for cancer and although they are used differently, they all serve one purpose to heal.

4.7 People's Perceptions towards the Role of African Traditional Health Practitioners in Treating Cancer Patients

Participants were interviewed to express their views regarding the roles played by THPs in treating cancer patients. The participants gave diverse perceptions, both negative and positive perceptions and hese are discussed in detail below;

4.7.1 Negative perceptions

Some of the participants had negative views regarding the role played by THPs in treating cancer patients. These views include lack of trust in THPs as well as the lack of formal education.

Lack of trust in THPs as People who can Treat Cancer

One of the participants responded:

Some THPs are charlatans; some of these THPs are not even real THPs. They are just chance takers they claim to treat certain diseases, including cancer while they don't. They only want people's money because they know that people are desperate for healing or cure because at the clinic, they always tell you there is no medicine (Nomsa).

Literature exhibited that THPs play a significant role in the provision of health care in local communities and are highly revered in the communities where they practice (Zuma *et al*, 2016 & Ndlovu, 2010), however, the narrative given by the participant above suggests that there is still a group of people who view some THPs as bogus. This may be due to different belief systems and lack of knowledge regarding traditional practices. The narrative also raises concerns as to how can one be identified or seen as a true or authentic THPs. In other words. What characteristics illustrate a true THP? The researcher investigated more on this and found that participants do not know the characteristics that a true THPs should have or how to identify a true THP.

Regarding the role of THPs as nutritionists (health and nutrition guiders), some participants expressed their lack of trust in THPs. The participants indicated that THPs are not qualified to give guidance to patients on the types of foods to be eaten. THPs only assume that certain foods can be eaten by sick people while some cannot. Some of the participants believe that THPs cannot be trusted especially on issues that deal with food or diet, as they are not trained nutritionists.

4.7.2 THPs Lack of Formal Education

Participants voiced their concerns regarding THPs' lack of formal education. The participants mentioned that THPs are not well trained to treat cancer, since most THPs are illiterate, hence, of that they cannot treat cancer

THPs are illiterate so, they cannot treat such a disease without any education of some sort, said Nokwanda.

I don't think traditional healers (THPs) have any role to play in treating cancer. First of all, how can they see or tell that a person is suffering from cancer? I don't think they have the machines to do that. In my view cancer can only be treated in the hospitals because they have the machines to check if you have cancer and those doctors have studied about these things. But as for traditional healers (THPs), they can't treat cancer as they are not even educated on these things (Jabulile)

Doctors studied to cure people. In other words, they went to school and read different books so that they can know how to cure cancer. Where did these THPs study to cure cancer because sometimes even the doctors who went to school fail to have a positive role in curing their patients. For me, these THPs they have nothing to offer people with cancer because they do not know. (Nomsa).

The responses above suggest that due to their lack of formal education THPs cannot or should not treat cancer. The views of the participants show that THPs are seen as people who lack training in the diagnosis and treatment of cancer. The views expressed by the participants seem to suggest that cancer can only be treated by medical doctors who had studied to treat cancer.

Based on the participants' views the researcher submits that THPs should have their own training regarding diagnosis and treatment of disease, however, THPs do possess knowledge that are different from those of medically trained doctors because their practices is mostly based on culture, spiritual guidance and experience. The THPA (22

of 2007) indicates that a traditional healing is performed based on traditional philosophy using traditional medicine intended to maintain or restore physical or mental illness.

4.7.3 Positive Perceptions

Some participants had positive perceptions regarding the role of THPs in treating cancer. Their perceptions are based on THPs knowledge of plants, as care givers and counsellors.

4.7.3.1 THPs' Knowledge of Plants

Participants indicated that they view THPs as people who are knowledgeable about plants. The participants mentioned that THPs have good knowledge of plants and their use in treatment procedure.

Senteni voiced out that in most cases,

> *THPs are always consulted for minor illnesses I have never heard of a THP who has successfully treated cancer but I do believe that they can treat it. This is because they know plants and they have their own way of using those plants and determining its use. So, I have no doubt in their power to heal. I believe traditional health practitioners can treat any disease*.

Some of the participants regarded THPs as people who play an essential role in treating cancer because they have extensive knowledge of the use of plants. Participants also shared that western cancer treatments are expensive however, the good thing is that THPs use different procedure and their knowledge of plants to treat cancer.

4.7.3.2 THPs as Care-Givers

The participants commented that THPs are people who show extreme care for patients. THPs' role in treating cancer patients is more than just the administration of medications,

as some THPs stay with their patients in their own homes to ensure that they monitor the patients' healing processes. Some of the participants added that THPs also have assistants who help them look after the patients; these assistance makes sure that they give the patients food, they bath the patients and also ensure that patients do not feel lonely during their stay at the THPs' house.

Nomasonto narrated,

The herbs that THPs use work. This has been proven because at home my cousin was sick because of cancer. My uncle took her to his traditional healer (THP) and she stayed there for three months and when she came back home she said she was better and everyone could see that there was a difference. She came back with some of the medicine so that she can drink at home. The traditional healer (THP) also came to visit sometimes to check on her. She did recover from the disease. If you stay with the traditional healer (THP) you get special treatment and this cannot happen in the hospital because there are many people who are sick and they all need attention.

4.7.3.3 THPs as Counsellors

The researcher investigated the participants' views regarding THPs' role as counsellors. The participants shared that THPs have good relationships with their patients and are good at making patients feel better.

Nomalanga responded,

THPs seem to play a major role in some people's lives and their role go deeper than healing. They are able to give hope to patents who seem to have lost hope and also encourage patients and the family members can give support to the patient; they also give guidance on how the family can support the patient throughout the healing process.

Participants indicated that THPs play a huge role in treating cancer because some even go to other places to look for the herbs that they can use to cure the patient. The responses given by the participants show that everything has good and bad positive and negative aspects. The next section examines the challenges faced by THPs in treating cancer patients.

4.8 Challenges Faced by THPs in Treating Cancer Patients

Upon stating their role in treating cancer patients THPs were asked to identify some of the challenges that they face in treating cancer patients. THPs indicated scarcity of medicine and overdosing by patients as the greatest challenges because they disturb the traditional healing process.

4.8.1 Scarcity of Cancer Medication

Scarcity means a shortage of something and in this case refers the shortage of cancer medication. THPs raised concerns about the challenges that they face when a cancer patient visits them seeking help and they cannot help because of shortage of medication. Some of them became quite emotional when expressing how difficult it can be for them to find the required plants or herbs in order to make medicines for their cancer patients. Some of participants stated that they now have to plant these herbs in their own homes due to the scarcity of these plants in their village.

Gogo Beauty (diviner) reported,

> *Now it is difficult to prepare the medicine because it is difficult to get the required plants because there are no harvesting areas. When you treat cancer, you are not supposed to use plants that are dry which have been harvested a long time ago. The plants must be fresh from harvest. So, if a*

cancer patient comes, they have to give me time to gather the plants because I have to travel to some villages around in order to get the plants.

The response given above, demonstrates that the availability of the plants as well as travelling costs are challenges. THPs stated that the scarcity of the cancer medicine is population growth, THPs indicated that as the population grows the places that THPs had utilised as medicinal harvesting places are being cleared in order to be used as residences.

4.8.2 Overdosing of Medicine by Patients

Some THPs noted overdosing of medicine by patients as another challenge. Overdosing is when someone takes more than the recommended dose or prescription of a medicine. The THPs indicated that when patients have extreme pain, they ignore the THPs' instructions on the treatment dosage and overdose thinking that it will help them heal quicker and they will be pain-free. THPs voiced out that this acts is dangerous as it may have detrimental effects on the patients thereby leaving THPs with the guilt and possible bad publicity. Two (2) participants stated that:

Once I have gathered the required plants, I mix them and cook them. It must be thoroughly cooked. It must boil for two hours. Once it's ready it produces a nice aroma then I know it's ready. Then it can be given to the patients and I strictly advise patients that the medicine should not be overdosed. Patients sometime overdose medicine because they think they will heal immediately. People say traditional medicine has no measurement that is not true. It does have measurement. For example, if I tell the patient to drink half a glass it should be half a glass. If its quarter of the cup then it must be a quarter (**Zwelo, diviner**).

Overdosing on the medicine has detrimental effects especially if the cancer is in the advanced stages. As THPs, we are able to see if the cancer has extensively affected the patient. Once it has reached this stage, the patient's palm looks pale as it reflects the pus; the whole body changes. The skin becomes too yellow as if they are using some skin bleaching supplements. At that stage the skin becomes too soft. The prescribed dosage once the patient reaches such a stage is quarter of a cup two times a day in the morning and in the evening because it causes the patient to be drowsy. The medicine must be taken before or after eating so that the patient can have energy. Imbita yenyamakazi (traditional mixture for cervical cancer) works holistically. By saying this, I mean the medicine is aimed at healing the entire body and not just a part of the body (**Phumelele, diviner).**

These two participants indicated that patients tend to overdose on the medication as prescribed by the THPs. Both participants indicate this as one of their greatest challenge when treating cancer patients. Based on the participants' concern the researcher assumes that if a patient overdose on the medication, that would lead to certain consequences and the THP would be blamed when such happens. This is because THPs are the ones responsible for a patient's safety and health while under their care. In some instances where patients overdose and have side effects, some may say traditional medication is ineffective.

4.9 Chapter Conclusion

This chapter provided various perceptions, descriptions and quotations of participants about cancer; these demonstrated participants' cultural as well as personal views. Most of the participants indicated similar descriptions of the disease but gave different names which are used or known to describe cancer and its symptoms traditionally. Additionally, the chapter highlighted the various roles of THPs in treating cancer patients, showing that there were differing views regarding these roles. The views expressed by participants are

indications that a lot still needs to be done in accepting and acknowledging THPs' role in the treatment of chronic diseases, such as cancer. The next chapter summarises the study and makes recommendations.

Chapter Five

Discussion of Findings, Conclusion and Recommendations

5.1 Introduction

In this chapter is the findings of the study, the conclusion and recommendations. The aim of this study was to explore the role of traditional health practitioners in treating cancer patients; the study only focused on breast and cervical cancers. The findings of the study are based on the research questions which were used in carrying out the exploration.

1. What are your perceptions of cancer in the traditional perspective?

2. What are the African indigenous knowledge treatment and healing procedures of cancer?

3. What are people's perceptions towards the role of African traditional health?

5.2 Findings

This research was intended to provide an understanding of the African traditional healing practices. One of the themes that emerge from the analysis was THPs' perceptions of cancer, its nature and the meaning of cancer as a disease. As noted in the previous chapter, THPs gave different names for cancer, *Sihambi, Inyamakazi* and *Umdlopha.* and the names were derived from the description and symptoms of the disease. THPs indicated that the most common name that they is was *Inyamakazi*. The findings indicated that cancer is known to be a disease that attacks any part of the body and eats up the affected body parts and that it moves from one part of the body to another. These findings are consistent to previous research by Matsheta and Mulaudzi (2008) who used the term *sesepedi* to refer to cancer as something that moves. THPs also explained that breast

cancer makes the breasts swell (*kuvuvuka*), the nipple area becomes stiff/ hard (*kuyacina*) and creates lumps/ boils (*tigadla/ madlala*). The results of this study revealed that cervical cancer causes pains along the waistline, makes the person to bleed excessively and causes an unusual malodorous discharge.

The findings revealed that THPs have an understanding of what cancer is as they were also able to name it according to the body part that it has affected. THPs referred to breast cancer as *Inyamakazi yemabele* and cervical cancer as *Inyamakazi yesinye*. It was evident that community members had limited knowledge of cancer and that names given by community members to cancer was different from the ones used by THPs. Community members know cancer as *Umdlavuta*, hence, breast cancer as *umdlavuta wemabele* while cervical cancer was named *silondza sangekhatsi* (internal wound). This suggests that the name and the symptoms of the diseases are strong motivational factor for consulting THPs as they possess knowledge regarding the disease

THPs asserts that cancer is caused by different things; the type of food that a person eats, witchcraft (spiritual), genes (hereditary) and some other habits; the latter include being pregnant and putting coins in the brassieres, therefore, close to the breasts. In the case of cervical cancer, some THPs stated that cervical cancer can be acquired through sexual intercourse; this is compatible with Matsheta and Mulaudzi (2008) and Chavez *et al* (2001). THP in this study mentioned that cervical cancer can be caused by having sexual intercourse with a man who is affected by cancer and the use of contraceptive pills; while community members stated that having multiple births can cause cervical cancer. These findings centre on how Africans view and understand disease/illness, however, the lack of scientific evidence means that we cannot be certain that these are indeed the causes of breast and cervical cancers. THPs' interpretation of the cause of cervical cancer reflects the African worldview of illness, as indicated by Bernedict (2014) in the literature that the main cause of illnesses is disobedience of natural laws which are violated either in ignorance or deliberately.

The findings of the study revealed that THPs who are diviners (*tinyanga*/ *tangoma)* first check if the patients suffer from other diseases before administering the medicine that is meant to treat cancer. They throw bones to determine what the patient is suffering from and how they should be treated, while the other categories of THPs, especially herbalists ask questions in order to determine the patient's problem. Such is consistent with the Afrocentric approach of Asante (1980) which advocates the use of African ways to solve African problems. The results indicate that based on the information provided by the patients, herbalists use their skills and knowledge to determine the plants that must be used to treat the disease. This is affirmed by Zimba (2014) in the literature review which state that THPs do not execute the same function and they do not fall into the same category. To add, Struthers, Eschiti and Patchell (2004) asserts that methods of diagnosis and treatment differ from tribe to tribe and from healer to healer. However, this study discovered that the methods used by diviners and herbalist are not too different.

The results of this study showed that the most active practitioners in the treatment of both breast and cervical cancer were diviners and herbalists, while the most common procedure used by both diviners and herbalist was the burning of certain plants to make a powder which is used to treat the wounds or wound caused by cancer. The THPs highlighted that the powder is used for both internal and external wounds and that the medication given to cancer patients does not only target the affected body part but is directed at the root of the cancer so that the cancer disappears completely and not reappear. In other words, THPs heal holistically.

THPs stated that they do not cut the body part that has been affected by cancer, however, they make incisions around the affected part to prevent it from spreading; this only applies to breast cancer. THPs indicated that they use various plants and differently with one aim to treat or heal. This study revealed that THPs have a deep understanding of plants that

treat cancer and that cultural beliefs have a major influence on the use of traditional medicine for cancer treatment.

The study discovered that THPs play essential and diverse roles when treating cancer patients. One major role that THPs play when treating cancer patients is being a 'nutritionist' thereby guiding the patients on the type of food that they should and should not eat during the healing process. This was done to ensure that the food that cancer patients eat is food that will boost their immune system and speeds up the healing process. THPs also become counsellors and support the patients emotionally. This is because cancer patients are supposed to be emotionally wounded and distressed when they find that they have contracted a deadly disease.

This is supported by Puranwasi (2006) who highlighting the healing methods used by THPs include psychosocial counselling, simple surgical procedures, rituals and symbolism. Ndlovu (2010) asserts that traditional healing procedures go beyond treatment of physical health. This is not an easy task to execute because THPs are not qualified counsellors in the modern way, however, they perform these roles using their African values and norms and these seem to help their patients. The study exhibited that THPs play the role of being a care giver to their patients. As care-givers, some THPs take-in the patients and stay with them in their homes. This helped the THPs to monitor the healing process of the patients and ensured that patients adhered to the given instructions on medication dosage.

The insights gained from the community members indicated both negative and positive perceptions towards THPs and their work in the communities. The negative perceptions testified to the community members' lack of trust in THPs as people who can treat cancer. Some of the community members who did support the use of traditional treatments for cancer were family members of cancer patients. THPs were seen as chance takers when it comes to treating cancer, due to their lack of formal education. Most of the community

members who seemed not to have much faith in THPs treating of cancer were the youth, who obviously do not understand nor trust THPs. The youth do not consider them as primary health care givers whereas the elderly seem to have more interest and confidence in traditional cancer treatments, hence, positively acknowledged the role played by THPs in the provision of primary health care.

On the other hand, some community members had positive perceptions regarding the role played by THPs in treating cancer. Some family members of cancer patients preferred traditional health practitioners or traditional medicine over medical doctors and western health treatments. This could have been promoted by the affordability and proximity of THPs. Sayed *et al* (2019) mentioned that affordability and proximity of THPs, lack of health professionals, health facilities and the necessary health equipment were contributing factors in opting for THPs in the treatment of cancer. Based on some of these, some community members viewed THPs as people who are competent to offer cancer treatments due to their knowledge of plants, hence, played a positive role in treating cancer. The findings indicated that the role of THPs in treating cancer patients goes beyond the use of medicine.

5.3 Conclusion

This study explored the role of traditional health practitioners in treating cancer patients and revealed that THPs have a strong cultural background and knowledge of cancer as well as the treatment methods. The knowledge that THPs hold vary greatly from the knowledge that community members possessed regarding cancer as disease. This not only included the knowing of the cultural name used to refer to cancer but its causes as well. Based on the findings of the study and the researcher's observations of how THPs interact with their patients during consultations as well as the diagnosis processes traditional health practitioners appeared to be aware of cancer treating procedures and plant use. Their procedures, costs of treatment and the relationship they establish with clients resonates very well with their cultural values and makes most indigenous

communities have faith in them. Their role in treating cancer goes beyond administering medicine, it includes psychological counselling and nutritional guidance. This study focused on breast and cervical cancer. During data collection the researcher frequently had to remind the participants that this study was not for commercial purposes but was an academic requirement that that the researcher needed to fulfil. Undertaking this research study has been an invaluable learning experience, as I have gained not only valuable content on traditional health practices but also some understanding of the nature of research and the research process. I have learned, for example, that things do not fit neatly into categories and that research can be frustrating and sometimes tedious, yet at other times immensely rewarding and even exhilarating. This study has also provided some key ideas which have helped me examine my own professional values, and guidelines for possible changes to my own future academic and personal practice.

5.4 Recommendations

Based on the findings, this study recommends the following;

5.4.1 Cancer awareness campaigns in local communities

The study recommends that THPs have awareness campaigns in local communities where they can educate the community mostly the youth, about cancer from a traditional point of view. This can also assist in how cancer is viewed by community members and cancer patients who may lack knowledge about the disease. In addition, the cancer awareness campaigns by THPs can help address the negative perceptions that people have about THPs in treating cancer.

5.4.2 Further Future Studies

Most studies that have been noted in the literature focused more on traditional health practitioners, traditional medicine and cancer treatment. The current study focused on the role of traditional health practitioners in the treatment of cancer, therefore, this study recommends that further research must be focused on the relationship between western

health system and the traditional health system in providing care for cancer patients. The study also recommends further research on the factors affecting rural women in dealing with cancer and using traditional medicine.

5.4.3 Creation of Social Support Groups for Cancer Affected People

The study recommends social support groups for cancer-affected people. The Department of health together with the local THPs should create social support groups for cancer affected people. This will assist cancer patients and their families in dealing with all the emotional stress and other social challenges faced by both cancer patients and their families

In addition the researcher recommends a recognised and regulated relationship between THPs and the western health care system for the effective management and treatment of cancer in rural communities. The researcher also recommends the development of policies and regulatory frameworks that acknowledge and recognise THPs in their efforts to treat cancer

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Appendix A: Consent Form

LETTER OF INFORMATION

Research Topic: An exploration of the role of African Traditional Health Practitioners in treating cancer patients, A Case study of Mzinti, Mpumalanga Province of South Africa

Researcher: Lindelwa Veronicah Nkosi

Supervisors: Prof V.O Netshandama & Dr S.L Kugara

Brief Introduction and Purpose of the Study: This study seeks to explore the role of traditional health practitioners in treating cancer patients in Mzinti, Mpumalanga Province of South Africa. The study intends to provide an understanding of the African traditional health practices and the role of traditional health practitioners in the treatment of cancer patients.

Outline of the Procedures: Participants are expected to respond to certain questions through Semi-structured interviews which may last for 20-30 minutes each. Focus group discussion will also be facilitated. Purposive and Snowball sampling technique will be followed to identify participants for data collection. Participants will be drawn from the Traditional Health Practitioners Local Council and the Municipality's Health Desk.

Risks or Discomforts to the Participant: There are no foreseeable risks and discomfort for the participants except answering questions that may be seen as too sensitive for them. The study will be carried out in a safe environment.

Benefits: Participating in this study will help the researcher to have a broader understanding of traditional health practices. The findings of the study is set to benefit the public by providing people's perceptions towards the role of traditional health care in the

treatment of cancer so that those suffering from or have been diagnosed of cancer may also consider traditional healing as an option.

Right to Refuse Participation: Participation in the study is voluntary, you may withdraw from the study and there will be no consequences.

Remuneration and Costs of the study: Participating in this study does not mean you will receive monetary or any type of remuneration and you will not be expected to cover any costs of the study.

Confidentiality: information provided in this study will be kept confidential and will only be used for the purposes of this study. No one will know about your participation in this study. The data will be stored in a safe file which will only be accessible to the researcher and the University of Venda authorised research member. Your identity will not be revealed, all your personal information will be kept confidential.

Research-related Injury: Should there be any research related injury, there will be no compensation.

Persons to Contact in the Event of Any Problems or Queries:

Should there be any questions or concerns regarding this research please contact my Supervisors Professor V.O Netshandama (Vhonani.Netshandama@univen.ac.za) or Dr S.L kugara (skugra@gmail.com) or the researcher leevero675@gmail.com 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

CONSENT

Statement of Agreement to Participate in the Research Study:

• I hereby confirm that I have been informed by the researchers, ……, about the nature, conduct, benefits and risks of this study with the Research Ethics Clearance Number: SHSS/20/AS/04/1908,

• 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 and, initials 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 Signature

I ……. ……. ……. .

Full Name of Researcher ……. Date……. Signature……

I herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Witness (If applicable)

…… Date …….. Signature……..

Full Name of Legal Guardian (If applicable)

…… Date…….. Signature……

Appendix B: Semi-structured Interview Guide

Research Topic: An exploration of the role of African Traditional Health Practitioners in treating cancer patients: A Case study of Mzinti, Mpumalanga Province of South Africa

The following gives an ideas of what I would like to find out from the participants. The interviews will be one-on one and open ended, meaning that the answer are more than just a 'yes' or 'no' answer. I will also use short questions or phrases such as "is that so?" "Please tell me more" in order to obtain more information and to make sure that I understand what you are saying. Please be aware that all issues discussed in this interview will be confidential and the information will not be shared with other people.

Part A THPs

1) What are your perceptions of cancer in the traditional perspective?

    a) What do you understand by cancer?
    b) How do you identify cancer in your culture?

2) What are some of the African indigenous knowledge of cancer healing stories and treating procedures?

    a) What process or processes do you use to diagnose cancer?

    b) What methods do you use to treat cancer?

Part B Community members

1) What do you understand by cancer?
2) How do you identify cancer in your culture?
3) What are your perceptions of the role of African traditional health care practitioners in the treatment of cancer?