EXPERIENCES OF FEMALE TRADITIONAL HEALERS ON THEIR PRACTICE AT MAKHADO MUNICIPALITY OF THE VHEMBE DISTRICT OF LIMPOPO PROVINCE.

BY

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Declaration

I, Musiiwa Ivy Rambau hereby declare that the dissertation entitled "**The experiences of female traditional healers on their practice at Makhado municipality of the Vhembe district of Limpopo province**" for the Masters of Arts degree at the University of Venda, hereby submitted by me, has not been submitted previously for a degree at this or any other university, that it is my own work in design and in execution, and that all reference material contained therein have been duly acknowledged.

Signature..... **Date**30/08/2016.....

Dedication

To all female traditional healers.

Acknowledgement

I thank God who gave me strength and wisdom to complete this dissertation. I am also grateful to my sister; Mulalo who supported me and gave me courage during the challenging times. To my daughter, Amba, I appreciate her tolerance and understanding when I took time work on this dissertation. I also thank my parents, Masindi Rambau and Petrus Rambau, who taught me to value education. To my supervisors, Dr. Takalani, Prof. Mashamba and Mrs Mushwana, who ensured that my dissertation reached an acceptable academic standard, I thank you. My deepest gratitude goes to the participants in this study who shared private and personal details of their lives with me, for the sake of this work.

Abstract

Traditional healers provide important service to the rural people of Africa. African women, particularly older ones in rural communities, utilize the traditional healer's timeless and ancient caregiving when faced with symptoms of mental and physical illness. The aim of the study was to explore the experiences of female traditional healers in Makhado Municipality, Vhembe District. The objectives of the study were: to explore the experiences of female traditional healers at Makhado Municipality, to explore their personal circumstances of female traditional healers; to identify traditional healers' area of specialization and to establish the strategies used by to cope. The study employed a qualitative approach wherein the participants were drawn from Makhado municipality using purposive sampling. The sample comprised of five female traditional healers and a phenomenological research design was used. The research population were Tshivenda speaking female traditional healers residing in Makhado municipality, Vhembe district. Semi-structured interviews were conducted to collect data which were analysed using contextual phenomenological explication analysis method. The following ethics was taken into consideration when conducting the study: the researcher ensured informed consent from participants, by telling them of the procedures; the researcher did not violate their confidentiality/ anonymity, right of privacy, protection from harm whether physical, mental or emotional. In any way to ensure trustworthiness the researcher applied the following: credibility, transferability, confirmability and dependability.

Keywords: Experiences, Female, Practice, Traditional healers.

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Lists of abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
CF	Cultural Formulation model
DHS	District Health System
DSM	Diagnostic and Statistical Manual of Mental Health
ICC	Interim Co-ordinating Committee
HIV	Human Immune virus
NEHAWU	National Education Health & Allied Workers Union
NPPHCN	National Progressive Primary Health Care Network
OAU	Organisation of African Unity
PHC	Primary Health Care
RDP	Reconstruction and Development Programme
STD	Sexually Transmitted Diseases
TBAs	Traditional Birth Attendants
TRAMED	Traditional Medicine Programme
UN	United Nations
WHO	World Health Organization

CHAPTER 1: INTRODUCTION OF THE STUDY

1 Introduction

The shortage of modern health care facilities in South African rural communities' causes many people to be reliant on traditional healers. Clarke (2005) comments that up to 80% of black South Africans consult with traditional healers for assistance in matters of health care, and this is particularly prevalent in the rural communities. Traditional healers are often seen as one of the health-care givers in rural areas (Manda, 2008). In 2003 the 56th World Health Assembly of the WHO resolved in its global strategy for alternative medicine, that its member states needed to ensure that their health-care systems promoted and supported the provision of training and, if necessary, retraining of the traditional health practitioners; that there should be a system for the qualification and/or accreditation or licensing of traditional practitioners (Murove, 2009). Over 60% of the people living in rural communities in South Africa seek help and treatment from traditional healers before visiting a medical doctor, and those who seek formal health care also continue to consult traditional healers (Manda, 2008).

Traditional healing provides its services to the rural people of Africa. African women, particularly older ones in rural communities, utilize the traditional healer's timeless and ancient caregiving when faced with symptoms of mental and physical illness. This chapter covers background to the study, problem statement, significance of the study, aim of the study, objectives of the study, research question, delimination of the study, definition of key terms, literature review and the research methodology.

1.1 Background to the study

The vital practice and art of traditional healing has existed from time immemorial and remains unbroken as some people in rural community consider traditional healing as intervention to sickness. The traditional healer learns or inherits healing skills and knowledge from family and/or community members through apprenticeships, and/or spirits. Traditional American indigenous healers can holistically view the complex nature of illness, treat the mind-body-spirit with emphasis on the spirit (Truter, 2007), and practice disease prevention (Mthethwa , 2008). Furthermore, clients trust them (Levers, 2006), communities hold them accountable (Blackett-Sliep, 2010), and they are available, affordable, and accessible (Levers, 2006).

Towards the end of the 1990s, the total number of traditional healers in South Africa was estimated to be around 350,000 (Bodeker, 2000) and an estimated 70 to 80% of South Africans consult traditional healers (Department of Health, 2005; Kasilo, 2000). The

Traditional Health Practitioners Act classifies traditional healers in South Africa as: Diviners Herbalists, Prophets/faith healers, Traditional surgeons and Traditional birth attendants (Gqaleni, 2007). ,

Recent South African legislation (2004) has proposed a bill recognising the legitimacy of the traditional healer and promoted registration of all healers in South Africa. While this change begins to address the historical and political suppression and discrimination against traditional healers in South Africa, the course of registration and legitimisation is problematic as it requires that healers become subsumed under the control of existing biomedical legislation. These changes have not as yet filtered into the day-to-day lives of the traditional healers, who still function in relative obscurity and with little or no recognition of their work. Such changes in policy must be introduced with sensitivity and understanding in order to preserve those indigenous practices and protection against contamination, commercialisation, and prevention of traditional healers beginning to mirror the methods and practices of the biomedical system. Collaboration must acknowledge indigenous healers as colleagues and as experts in their own particular field.

According to Naur (2001), the number of female traditional healers is growing because of the HIV/AIDS epidemic in Africa. However, their experiences as healers are varied based on which African country they reside in. For example, in Zambia, 60% of traditional healers are female. Often, female traditional healers in this country speak of spirits guiding them to the bush to find medicinal plants. However, in Ghana, if a woman practices traditional healing it is only because she is considered a powerful witch who is not to be challenged. Gathering of plants in Ghana is a task of the male, rather than the female traditional healer. Fathers will not send daughters to the bush in search of plants in fear of others thinking she is a witch, and husbands will not allow wives to help prepare medicine stating that the concoction will not work.

To understand traditional healers in Africa begins with understanding traditional healing and its role in the African rural community. It is important to comprehend the core of African religions that depict a strong sense of the unity in creation, where interconnections between the dimensions of natural and supernatural are far more important than the differences between them (Rohmann, 1999). Ulin (1980) uses the World Health Organization's (WHO) 1976 definition of an African traditional healer as one who is recognized in one's community and other communities as competent to provide health services, using plant, animal and mineral substances as well as other methods based on social, cultural and religious practices/background. Traditional healers utilize the prevailing knowledge, attitudes and beliefs in communities about physical, mental and social well-being, and the causes of a

disease and disability. They share the same history and culture of those that consult them. Because healers are so widely dispersed throughout the regions of the African continent, this makes them well suited to the primary-health care concept needed in the African health-care delivery system (Ndulo, 2001).

Lewis (1998) explains that, unlike their Western counterpart, traditional healers do not receive formal training in medical procedures or medicinal dispensation but rather acquire their healing methods and skills from the spirit of a deceased family healer or they are chosen by an unknown spirit, namely a *mudzimu*, meaning 'ancestral spirit'. Chavunduka's study (as cited in Beck, 1985) notes that of 195 sampled healers, 145 claimed to have acquired their knowledge through being possessed by a spirit; twenty five claimed to have learned the profession through an apprenticeship with other healers. Thus, traditional healing is a well-guarded family possession, and it is handed down through the generations from one family member to the next. In addition, herbalists are frequently taught in this manner (Magubane, 1998). However, diviners often look for "signs" in their children to distinguish those to whom they might eventually pass on the traditional-healing art.

Kuse (1997) identify the signs of a predestined child, called to the profession of traditional healing, as the child who at birth was holding some ritualistic object(s) like seeds or a twig. If the calling is manifested later in adulthood, this can be seen assigns which materialize as a prolonged illness characterized by symptoms that may include dreams, hallucinations, socially-deviant behavior, vision problems, and/or the inability to concentrate. Other signs may manifest themselves through a series of misfortunes affecting the individual's entire family. In particular, females may experience a history of perceived barrenness or the death of their children.

Depending on what type of healing treatment is administered, Kuse (1997) found 12 distinct categories of traditional medical-religious skills in use. Examples include an individual who divines and treats, a midwife who can rotate a fetus, and one who "opens" a bewitched person. During his study in the Kilungu Hills of Kenya, Good identified several specializations and combined skills of the traditional healers with the primary practitioners as diviners, herbalists, midwives, circumcisers, and others with combined roles. In later studies, mainly in the southern regions of Africa, particularly Zaire, South Africa, Zambia and Mozambique, skilled categories were found to be synonymous in these regions as either traditional healers primarily identified as diviners, herbalists, specialists, faith healers, and traditional birth attendants (Devisch, 1993; Kale, 1995; Ndulo, 2001). Further investigation

narrowed the categories to primarily two basic types, herbalists and the diviner-medium (Green, 1999).

Naur (2001) states that unlike other parts of the world, such as China and India, where alternative medicine is integrated into mainstream health-care delivery, traditional healers are not supported financially as are the physicians. Kale (1995) specified that fees vary widely and some can be exorbitant. The payment is not entirely monetary but can be in the form of livestock or other personal possessions. Leonard (2001) reinforces Naur's statement emphasizing the differences in which traditional healers are paid versus modern healers. Leonard (2001) states that although traditional healers command high fees for their services, sometimes exceeding that of modern practitioners, they are paid according to the success of their treatment. In other words, it is only if the patient is cured do traditional healers receive full compensation. Traditional healers require an initial payment at which time a future payment may be discussed. If the patient is not cured or his or her condition does not improve, he or she usually pays nothing beyond the initial payment. A dilemma presents itself, in that, one must question the definition of 'being cured' or what criterion defines 'sufficient improvement' of the patient's health to the extent that the healer should be compensated.

According to Devisch (1993), how traditional healers are characterized makes little difference when chosen by their patients. The main reason the traditional healer is chosen depends on his or her effectiveness in administering treatment. An interesting concept of the African healing belief system reported by Horton (as cited in du Toit, 1985) is that of selecting healers according to time and purpose. Horton (1985) states that when the patient's illness does not respond to herbal treatment, the herbalist concludes that there is something else present in the sickness. The diviner is called, and causation is looked for in a wider context. Thus, Horton continued, there is a jump from common sense to mystical thinking, whereby a coping mechanism is created to deal with the anxiety brought on by the unexplained illness (as cited in du Toit, 1985). Horton's explanation is similarly associated with that of the Western practitioner's act of transitioning patients from primary care to professional specialization.

Freeman (2001) discusses the African's holistic perception of health and disease as an integrated concept that considers not only the biological malfunctions of the body but also the religious, moral, political, and economic influences that affect the body. In addition, the African people view health as transcending the mere absence of disease, recognizing that the body and the mind must be in a harmonious state of wellness that is recognized and

accepted by the individual and society. Ndege recognizes that this concept of health does parallel somewhat that of the WHO; however, he adds that WHO's definition focuses primarily on the individual whereas the African's perception of health includes not only the individual but also the society as a whole (2001).

Female traditional healers perform a viable role in the lives of women living in rural Africa; they serve as the primary health-care provider for women living in low income, rural community settings (Berhane, Gossaye, Emmelin, & Hogberg, 2001; Pillay, 2002). A 1974 to 1978 survey conducted found that the majority of those seeking the help of traditional healers were women, one half of them between ages 21 and 30 years (Devisch, 1993). In addition, older African women (65%), more than younger women (53%), tend to use traditional health-promoting practices (Berhane *et al.*, 2001). Approximately 80% of the African population uses traditional healers, and traditional medicine provides a major source of health care for more than 66% of the world's population (Kale, 1995; Ndulo, Faxelid, & Krantz, 2001; Pillay, 2002).

The role of women within African culture has few positive aspects. More often than not, any discourse on African women is replete with environmentally, socioeconomically, and psychologically debilitating characterizations of poverty, violence, illiteracy, laborious domestic work, disease, and an overall inequality. Lewis (1998) reminds us that the life of African women is an unfair one and described their life as one being exposed to greater risks than all other human life. More prevalent are the African women who have little control of their daily circumstances and identity in comparison to their male counterparts. The African life is often deadlier for the female gender, particularly regarding the process of procreation and frequently during marriage. One example is given by Black, Merson, and Mills (2001), whereby the authors state that the migratory labor system found necessary for industrial development in primarily the eastern, central, and southern parts of the African continent has drawn its male labor force from the rural areas. In consequence, these men are absent from home for extended periods of time. Using studies by Hunt (1989) and Salopek (2000), the authors explained that in African culture, men consider it healthy to have sex on a regular basis. Therefore, men in the migratory labor system often have sex with prostitutes near the labor work sites, become infected with sexually transmitted infections (STIs) and later AIDS, then return home only to infect wives and eventually their offsprings.

1.2 Problem statement

Patriarchy in African culture view female traditional healers as not competent and this influences the public into discriminating and hating female traditional healers. Those who are traditional birth attendant, if the baby dies during delivery, are viewed as not competent or witches. Some patients when they consult with female traditional healers do not adhere to medication given to them causing many patients to relapse, and forcing many female traditional healers to seen not competent in their work. Lack of improvement to patients' health results patient demanding their money back. Patient do not make appointment when they go to consult with female traditional healers and sometimes they may die in their absence and other community members then thinks they are not competent in their work or that they killed the patient. Cases like that forces female traditional healers to testify to the police on what happened to the patient.

Previously, African traditional health practices were distorted and despised. The regular health care was regarded as superior to traditional health care system. Traditional healers were classified as 'witches' who exploited the ignorance and superstitiousness of the unenlightened natives (De Jong, 2006; Fourie, Pretorius and Van Rensburg, 2002). Some community members label traditional healers as 'witches' which causes the female traditional healers, their children, including husband to be stigmatized. In our communities in the Vhembe district many female traditional healers are burned by community members due to stigma attached to them. If the appearances of a female traditional healer are not attractive, they are viewed as witches. Other female traditional healers experience psychological and psychosocial problems due to stigma attached to traditional healing. Those who are married may experience separation from their husband and in-laws which make them isolate themselves from other people. Female traditional healers abstain from sex when they practice traditional healing forcing them to allow polygamy. Hence, they experience challenges faced by women in polygamous marriage and put them at risk of suffering psychologically-related stress. Lack of knowledge about indigenous knowledge and religious rituals on how to cure sickness causes many people to misunderstand female traditional healers, (that is those who believe in Christianity).

1.3 Aim of the study

The aim of the study is to explore the experiences of female traditional healers in order to elucidate the benefits and the problems experienced by them in theMakhado Municipality, Vhembe District of Limpopo Province.

1.4 Objectives of the study

- To identify traditional healers areas of specialization.
- To explore the experiences of female traditional healers at Makhado Municipality.
- To establish the strategies used by female traditional healers to cope with challenges they face as female traditional healers.

1.5 Research question

What are the experiences and coping strategies of female traditional healers at Makhado municipality?

1.6 Significance of the study

The study will outline the experiences of female traditional healers. It may help female traditional healers to realize that the experiences they are experiencing are experienced by the majority of female traditional healers. It may also be of relevance to those who are at the stage of becoming traditional healers to familiarize themselves with the experiences other female traditional healer face. The study will also educate the spouses of traditional healers to understand their wives' experiences as female traditional healer. Those who belong to traditional healers' organization, through the workshops that will be conducted may benefit. The results will also help the community and society as a whole to change their attitude towards female traditional healers and make authorities and professionals aware of the experiences/ challenges of female traditional healers. The study may provide some coping strategies to female traditional healers as well as stimulating a review of certain laws and policies, such as act no. 22 of 2007: Traditional Health Practitioners Act, particularly those that are perceived as disadvantageous to and in violation of the rights of female traditional healers in South Africa. The government will also become aware of the challenges faced by female traditional healers. Hence, help the Department of Health to understand the role played by female traditional healers, such as birth attendantsin the community. Add value to the existing knowledge about traditional healing.

1.7 Delimitations of the study

The researcher focused in all categories of traditional healing such as birth attendants, herbalists, diviners and faith healers. The study conducted among female traditional healers above the age of 25, who have been practicing as traditional healers at Makhado Municipality under the Vhembe District Municipality of Limpopo Province.

The researcher selected the participants who are above the age of twenty five because they are considered profession and also are aware of the situation in traditional healing. The participants may be involved in many cases as traditional healers and participants are well matured to face the challenge they come across as traditional healers. Hence, should provide relevant information as the participants have expertise in traditional healing, they also have extensive knowledge and understanding of their profession. The study focused on Venda- speaking female traditional healers, who have been working for a minimum of five years.

1.8 Definition of key concepts

The following section provides a brief explanation of the terms which are significant in the conceptualization of this study.

Experience

Refers to an event or occurrence which leaves an impress on someone (Webster, 2014). Experience in this study refers to the challenges and benefits encountered by female traditional healers.

Female

Denotes the sex that can bear offspring or produce eggs, distinguished biologically by the production of gametes which can be fertilized by the male gametes (Webster, 2014). In these study female refers to women practicing traditional healing.

Practice

Refers to the actual application or use of an idea, belief, or method, as opposed to theories relating to it (Barnes, 2008). In this study 'practice' refers to the act of rehearsing a behavior over and over, or engaging in an activity again and again, for the purpose of improving or mastering it, as in the phrase "practice makes perfect". Sports teams practice to prepare for actual games. So also traditional healers.

Traditional healer

Refers to someone who employs any one of a number of ancient medical practices that are based on indigenous theories, beliefs, and experiences handed down from generation to generation (Barnes, 2008). In this study a traditional healer refers to someone who is recognized by the community in which she/he lives as competent to provide health care by

using vegetable, animals and mineral substances and certain other methods based on the social, cultural and religious background.

1.9 Division of the dissertation

Chapter 1 gives an introduction to the study.

Chapter 2 reviews literature on the experiences of female traditional healers on their practice.

Chapter 3 discusses the research methodology that was used to conduct the study.

Chapter 4 presents the findings of the study.

Chapter 5 provides a discussion on the findings of the study.

Chapter 6 summarizes the findings of the study, makes recommendations for future research and finally, draws a conclusion.

1.10 Conclusion

This chapter represented the background and the problem statement regarding the experiences of female traditional healers on their practices. It outlined the main aim and the objectives and highlighted the significance of the study. Different views about traditional healers and healing have been defined and the study delimited. In the following chapter a review of the literature on the experiences of female traditional healers on their practice have been provided.

CHAPTER 2: LITERATURE REVIEW

According to Durrheim (2006), a literature review involves the identification and analysis of information resources related to one's research project. This process includes identifying potentially relevant sources, an initial assessment of these sources, and the construction of an account that integrates and explains relevant sources.

2.1 Types of traditional healers

The female traditional medical practitioner or female traditional healer is defined as "someone who is recognized by the community in which she lives as competent to provide health care by using vegetables, animal and mineral substances and certain other methods based on social, cultural and religious backgrounds as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community" (Fourie, Pretorius, & Van Rensburg, 2002). Traditional healers do not all perform the same functions, nor do they all fall into the same category. Although diviners are known by different names in different South Africa cultures ((e.g. *amagqira* in *xhosa*, *ngaka* in Northern Sotho, *selaoli* in Southern Sotho and *mungome* in Venda and Tsonga) most South Africans generally refer them to as '*sangomas*' (from the *Zulu* word *izangoma*).

Each of them has their own field of expertise; even the techniques employed differ considerably. They have their own methods of diagnosis and their own, particular medicine. Africans may choose between two main categories of indigenous healers- diviners and herbalist. Today, however, the distinction between these two types of healers is no longer all that clear, mostly as a result of their overlapping roles. The distinction is thus made for analytical reasons. Recently, a third type of healer category has originated, namely the 'prophet' or 'faith healer' that diviners and heals within the framework of the African Independent Churches. Apart from these three categories, the Interim Co-ordinating Committee of Traditional medical Practitioner in South Africa (ICC) has proposed the following additional categories of traditional healers to be included in the proposed legislation, namely traditional surgeons, and traditional midwives/ birth attendants (Maake, Muelelwa & Sodi, 2001).

Diviners

Diviners are the most important intermediaries between humans and the supernatural. Unlike herbalists, no one can become a diviner by personal choice. The ancestors call them (more usually a woman) and they regard themselves as servants of the ancestors. Diviners concentrate on diagnosing the unexplainable. They analyse the causes of specific events and interpret the message of the ancestors (Coates, Gray, & Hetherington, 2006).

Usually one has to be called by the ancestral spirits to become a diviners. A person does not choose to be a diviner, but the role is bestowed upon her clairvoyant powers. A qualified diviner to whom she is apprenticed for some time teaches the neophyte many things on medicine, although, in some instances some of the medicines will be revealed by her ancestors either through a dream or vision. Due to ancestral influence, the person on training has to abstain from certain things (Bereda, 2002).

Herbalists

Herbalists are ordinary people who have acquired an extensive knowledge of 'magical' technique and who do not, typically, possess occult powers (Thabede, 2008). They are expected to diagnose and prescribe medicines for everyday ailments and illnesses, to prevent and to alleviate misfortune or evil, to provide protection against witchcraft and misfortune, and to bring prosperity and happiness. In the healing practices of herbalists, empirical knowledge plays an important role, as they are able to diagnose certain illness with certainty and to prescribe healing herbs for those illnesses. In general, magical techniques also have a decisive role to play, because virtually all medicine can contain ingredients that are endowed with magical powers. The medicine often carries a strong symbolic meaning, for example, Tswana herbalists often use the skin of a water iguana or crocodile, that symbolizes coolness, "cooling off" the patient (Magubane,1998).

Usually the person may decide to be herbalist or may be chosen by a family member who is practicing as herbalist. A family member often a father, mother or any older relative usually gives training in the house, for a period of a year or less. In their training herbalists are told to depend on patient's signs and symptoms in order to come up with the appropriate treatment. At the end of training the new herbalists pays his master a cow or a payment in the form of money which must be calculated to be equivalent to a cow. Thereafter, the traditional doctor (herbalist) can now pass it or to one of his sons who shows the signs that he likes medicine. Usually they do not use bones to detect problems or illness (Bereda, 2002; Blackett-sliep, 1989; Freeman & Motsei, 1990 & Troskie, 1995).

Prophets/faith healers

In their diagnosis and treatment of a patient, prophets/faith healers use prayer, candlelight or water. Sometimes, upon cure, a patient automatically becomes a member of the church to which the faith healer who cured him/her belongs (Thabede, 2008). They may be trained in an institution like a biblical college, technikon or university as well as in some churches (Bereda, 2002).

Traditional birth attendants

Traditional birth attendants (TBAs) often serve the communities located in isolated and remote areas where they are consulted as a matter of necessity due to the unavailability of western health care services. In some cases, they also render their services in urban/ semi-urban communities, in which patients despite their exposure to western health care services may still prefer traditional birth attendants. Although information on the status of traditional birth attendants in South Africa is not readily available, they are part and parcel of the very large human resource component in the traditional sector, and it can be safely deduced that this category of health provider continues to play an important role (Singh, 2004).

The African traditional medical sector

Traditional healers are established health-care workers within their communities. It has been estimated that between 60 and 80% of the South African population currently use the traditional medical sector as their first contact for advice and/ or treatment of health concerns. Their treatment is holistic, dealing with the physical as well as psychosocial aspects of disease (Department of Health, 2004).

Traditional health care practice

The treatment used by female traditional healers in general and diviners in particular, varies greatly and depends on the healer's own knowledge and skills, as well as the nature of the patient's illness. Satisfactory healing involves not merely the recovery from bodily symptoms, but the social and psychological re-integration of the patient into his/her community (De Andrade & Ross, 2005).

Traditional medical remedies

Traditional medicine formulas are prepared from various substances such as animal, mineral and vegetable. Traditional healers have extensive knowledge on the use of plants and herbs for medicinal and nutritional purposes. Some drugs are used as placebos, others for sympathetic magic, but many have definite medicinal value (Helman, 2001).

The value of traditional intervention

Female traditional healer use traditional medicine to assist patients. Traditional medicine has been shown to have several benefits including psychological relief from ailments and reduced anxiety through shared, unquestioned and unwavering belief in the powers of the healer; while modern medicine may be looked upon with doubt and uncertainty as some communities may regard it as foreign. The treatment provided by traditional, complementary or alternative healers is viewed as holistic as it targets the mind, body and soul of patients within the family, community and religious contexts (Levers, 2006). While the efficacy of traditional healing remain contested, some pharmacological studies have demonstrated the efficacy of herbal substances such as plants used in Borneo for the treatment of malaria, the South African pelargonium for coughs and sore throats, and the hoodia plant for the suppression of appetite. Research at the Univesity of Calfornia has shown the effectiveness of *ginkgo biloba* for the treatment of memory loss (Aitken, 2006). Moreover, traditional healers may be more physically and geographically accessible to populations residing far from centres that dispense Western medicine (Freeman & Motsei, 1992) and their services are also usually more affordable, particularly for poor rural families (Aitken, 2006) or those who live in poorest parts of developed countries (Levers, 2006). They are also readily available after hours (Murove, 2009).

The majority of people interviewed about their reasons for consulting traditional healers, a common response given have been dissatisfaction with treatment received from, or negative experience with, Western allopathic medical practitioners. Other common themes have been the holistic focus of traditional healing; the healers' close association with cultural, religious and spiritual beliefs and practices; and the fact that such healers speak their language, spend time with them and provide explanation for their health conditions (Ross, 2010).

2.2 Training of traditional healers

For certain categories of traditional African healers such as diviners, training is a formal and meticulous process that can take between months and years depending on how fast the trainee learns the trade (Peek, 1991). Not everybody can become a traditional healer just by choice alone, and traditional healing is regarded as a special calling from the ancestors. This calling can come through what is generally called illnesses in the Western paradigm. These include schizophrenia and psychosis, as well as constant visitations through dreams by one's ancestors who want one to become a traditional healer. The visitations can also be in the form of apparitions. The authenticity of such callings must be verified by a diviner who advises on which trainer to go to for training. It is vital that a prospective trainee goes to an appropriate trainer.

Moreover, not every qualified traditional healer is qualified to train prospective traditional healers. Training of traditional healers is a specialty and yet another calling, in addition to simply being a healer. A traditional healer has to 'be called' to become a trainer of other future healers. There are traditional healers who combine both the normal traditional healing and who specialise in training of prospective traditional healers. 23

During training, the trainee is required to live with his or her trainer, the trainer's family and other trainees, and is therefore constantly observed by the trainer (Buhrmann, 1984; Rudnick, 2002). All trainees become part of a single large family and their training academy becomes home away from home. In some cases, the trainee will only be allowed to go home once the training has been completed, although the relatives of the trainees are allowed to visit them during their stay at the academy. During the training process, trainees learn a variety of things such as different medicinal plants and animal extracts to use, interpreting the bones, dream analysis, communicating with the ancestors and different illnesses and how to treat them.

There are certain practices that are prescribed during the training process. These are all instructions from the ancestors, for example, a trainee does not greet other people by shaking hands. When greeting others, especially when they meet others in the homestead, they kneel down and clap hands by placing one hand over another in an up and down fashion or sideways. When they meet relatives outside of the homestead, they drop a curtsy and clap hands without kneeling down. Normally, they would not greet strangers outside the homestead. A trainee does not engage in a sexual relationship with anyone else; this is total abstinence from sexual intercourse. It is a common belief that if one has sexual intercourse

or engages in any proscribed practices during training the ancestors will not assist that person to learn the art of traditional healing (Hammond-Tooke, 1989).

Once the training is finished and the trainer is satisfied with the progress that the trainee has made, the trainee is taken to a river where final rituals are performed. There is then a ceremony in the presence of community members, called *'go ja ntwase'.* Animals are slaughtered according to the instructions of the ancestors that are communicated through the trainer's divination. This ceremony is a form of an assessment to test if the trainee has learned the trade and can be allowed to graduate and therefore practice as a traditional healer (Mutwa, 2003).

One of the methods that the trainer healer employs when assessing the trainee's level of competence in using the spirits of the ancestors to hide a safety pin in the vicinity or in one of the spectators' pockets. This is done in the absence of the trainee. The trainee must be guided by the spirit of the ancestors to find the pin within a short period. The trainee will start singing and dancing at the beating of the drums, and the community members who came to witness the ceremony sing along and clap their hands in unison (Peek, 1991). Eventually, the trainee gets into a state of abstraction and he or she goes straight to where the safety pin has been hidden and pulls it out. If the trainee fails this assessment, the training may be extended by some more months. That may involve some extra costs in terms of payment for the training.

Traditional-healer training can be very expensive. Payment can either be in cash or in the form of cattle, sheep, depending on the trainer's preferences and the economic conditions of the trainee's family (Campbell, 1997). This, therefore, becomes a negotiated settlement. Once the training is complete, the graduate is allowed to practice as a traditional healer. Often the success of the newly-qualified traditional healer depends not only on his or her competence in the diagnostic and treatment of illnesses but also on where he or she has received training and thus the popularity and seniority of the trainer; this is not dissimilar to the rankings of university departments, schools and faculties. Upon graduation, a traditional healer is certified by his or her trainer as being ready to fulfill his or her role in the community.

2.3 The role of female traditional healers in their communities

In all African regions, traditional healers are very resourceful and play a pivotal role in many spheres of the people's lives. Their role cannot be emphasised enough. In addition to being a 'medical knowledge storehouse' (Yeboah, 2000), African traditional healers serve important roles as educators about traditional culture, cosmology and spirituality. They also serve as counselors, social workers and skilled psychotherapists as well as custodians of indigenous knowledge systems (Berg, 2003; Mills, Cooper & Kanfer, 2005).

The services of traditional healers go far beyond the uses of herbs for physical illnesses. They have, for example, been found to be invaluable in post-civil war social reconstruction and community rebuilding in Mozambique, particularly in the rural areas (Honwana, 1997). It is doubtful whether modern psychological and psychiatric services would have been appropriate in Mozambique, since traditional healing was highly involved in rendering culturally relevant psychological services that included communication with the ancestors (Honwana, 1997). This raises the important question of how illnesses/conditions are conceptualised in each of the two healing models.

Diagnosis

Traditional diagnosis is a system that is both an art and a method of seekng to discover the origins of the disease and determining what it is. The diagnostic process not only seeks anwers to the question of how the disease originated (immediate causes), but who or what caused the disease (efficient cause), and why it has affected this particular person at this point in time (ultimate cause). Ref 8 &11

Diagnosis comprises a combination of information, namely observation, patient self-diagnosis and divination. Observation involves noting physical symptoms, while patient self-diagnosis entails reporting by patients of their symptoms. If deemed necessary, the impressions of other family members regarding the patient's illness may also be obtained. Three methods of divination include the casting of divination objects, mediumistic ability or dreams and visions.

2.4 Perception of traditional healers towards themselves and their practice

Traditional healers experience the perception of traditional healers towards themselves and their practice. Effectiveness, culture-sensitive service, concern about insufficient training and resultant harmful practices are regarded as the perception of female traditional healers..

Effectiveness

Effectiveness of traditional healers plays a crucial role in bringing harmony to the community. The efficacy of this form of healing is closely linked to the client's belief in it. Alcock (2001) maintains that for most types of treatment, the patient's belief in the treatment's efficacy is linked to the outcome. He cites the placebo 'affect' in western medicine as evidence that the importance for belief does not apply to alternative therapies. In other words, if the treatment is in keeping with established representations about healing, it is likely to have a positive outcome (Dalasile, Ramgoon, Paruk & Patel, 2011).

Culture-sensitive service

Traditional healers provide a culture sensitive intervention because they share the same cultural background as their clients. This was perceived to have a positive effect on compliance. Marsella and White (1982) contend that, for therapy to be effective, a repertoire of messages must be embedded in the culture of clients. By tapping into these social representations, the healer may be able to produce cathartic effects that, in turn, provide therapeutic leverage. This is in line with Patel and Shikongo's (2006) assertion that the therapeutic relationship is enhanced when the counselor validates the client's spiritually rather than when he or she adopts the neutral, value free approach that characterizes much of psychotherapy literature (Dalasile, Ramgoon, Paruk & Patel, 2011).

Concern about insufficient training and resultant harmful practices

Most of people are concerned about harmful practices while others believe that such practices are related to the inadequate training of some traditional healers. Concerns about harmful practices and fraudulent healers are well documented in the literature (Bodibe, 1992; Korber, 1990; Swarts, 1999). According to Pretorius (1999), it is estimated that only 10% of the traditional healers practicing in the Gauteng region are bona fide healers. He attributes this high level of fraud to the absence of a regulatory body for traditional healers and ineffectiveness of existing structures, which do not have the mechanism to enforce a code of ethics. Bodibe (1992) criticizes traditional healers for sometimes making claims in excess of their capabilities such as having a cure for AIDS. This has often led to delays in the commencement of antiretroviral treatment or withdrawal from antiretroviral programmes in

favour of indigenous healing. Kellerman and Thindisa (1998) criticize the lack of scientific research on the 'concoctions' that traditional healers use while western healing methods are subjected to intensive scientific testing before they are accepted. However, while the literature cites many examples of harmful healing practices (e.g. Domoto, Egbert, & Graham, 2000), less attention is paid to herbal remedies that have been shown to have healing properties. Versi (2001) gave the example of the African bush willow, which has been used for years by African herbalists and is only now being recognized as the basis of a possible cure for cancer. Korber (1990) argues that it is difficult to determine the efficacy of indigenous healing practices because the goals and objectives of these practices are not defined within a biomedical idiom and consequently cannot be meaningfully assessed using the procedures generally employed in clinical practice. Arora, Chiang, Hunter& Yeh (2004) explain that the typical quantitative and experimental research designs cannot capture the essence of spiritual, cosmic and metaphysical elements that indigenous-healing methods incorporate.

The tension between the two forms of healing is closely linked to their being regarded as competing rather than complementary systems. Dorrer, Foster & Howarth (2004) state that social representations theory requires researchers to examine different knowledge systems in their own contexts; differences between the systems should not be used to privilege one system over another. The fact that no major differences in the responses of the participants were found across racial groups suggests that race did not have an influence on their perceptions of indigenous healing (Dalasile, Ramgoon, Paruk & Patel, 2011). This finding contradicts Freeman's (1992) assertion that black professionals in the biomedical professions tend to have more negative attitudes about indigenous healing. These professionals' perception regarding traditional healers practice were accompanied by some challenges:

Overcoming structural barriers

Indigenous women often do not participate in policy/decision-making bodies, and it is no coincidence that policy/decision-makers are often insensitive and irresponsive to the needs and issues of indigenous women and of indigenous communities as a whole. Thus, it is crucial to mainstream gender issues and to integrate the special needs and concerns of indigenous women in policies, programmes and budgets (Hans, 2007).

Discrimination

Indigenous women experience multiple discrimination, such as gender discrimination, racial/ethnic, cultural, linguistic, and religious and class which makes them isolate themselves form other people. Hence gender inequality is highly correlated with ascribed identities. Including gender perspectives in indigenous peoples' economic and social development has to address this multiple discrimination and disadvantages. One way to do this is by compiling and integrating disaggregated data (both qualitative and quantitative) and taking into account local and regional cultural/social/ economic differences in regards to indigenous women's issues (Hans, 2007).

Developing transmission mechanisms to translate economic growth into poverty reduction

Economic globalization, manifested in the various forms of trade liberalization, privatization and deregulation, has adversely affected traditional economies by weakening the subsistence base of indigenous peoples. For indigenous peoples, these new forms of economic globalization are a continuation of the colonization which has been perpetrated against them since the beginnings of capitalist expansion. Nevertheless, the experience of globalization is not the same for all people and groups. Economic globalization has enormously increased the hardship and despair of many groups of women. Indigenous women's experience of globalization is one of multiple layers of oppression. Therefore, mechanisms should be implemented to address these negative effects. For instance, increasing indigenous women's capacity in decision-making and political participation will ensure that adequate numbers of indigenous women are placed in positions of political leadership, as well as in governance and public administration. Improving the access of indigenous women to education and skills development will allow women to take advantage of training and employment opportunities and to strengthen programmes in indigenous communities that ensure benefits for indigenous women (Hans, 2007).

Personal experience

The study on the lived experiences of Ojibwa and Cree women healers conducted by Struthers, 2002, found that personal experiences with traditional healing, mainly as a result of personal consultation. Their responses include positive experience, neutral and negative experiences encountered with traditional healers. The positive experience incude seeing faith healer (Muslim priests) who healedpatients by praying for them while those who had negative experiences reported visits to sangomas who prescribed remedies that did not work. Furthermore, patients felt frustrated and mystified by the lack of information or

explanation about what was being prescribed and how it will work. The tension they experienced between needing to have blind faith and wanting to question compromised any benefit they might have obtained (Struthers, 2002).

Secondary experience

In the study on the lived experiences of Ojibwa and Cree women healers conducted by Struthers, 2002, participants reported that they have relatives and friends whose experiences with traditional healers involved unhygienic and harmful practices that made the problem worse. Significantly, the participants' were among those who had expressed serious concern about the alleged inadequate training of traditional healers and the lack of scientific research on indigenous healing. Those who experienced positive experiences they developed positive experiences and they reported that it opened up their mind about traditional healing (Struthers, 2002).

Role conflict experienced by working female traditional healers

Female traditional healers practice their bestowed gift of traditional healing to assist and empower others while maintaining their conventional jobs. Skilled and talented female traditional healers provide holistic healing and health care in their communities using the arts of ancient traditional healing as their ancestors did before them. Their healing practice is based upon indigenous culture and values. Each healer masters indigenous culture and values differently. They also maintain other jobs to provide for their families (Patel & Shokongo, 2006).

Difficulty in acknowledging the calling to be traditional healer

Traditional healing practice is based upon indigenous culture and values. Each healer mastered indigenous culture and values differently. Some learn it from the people who raised them, from individual who crossed their life path and influenced them, from dreams and visions, and/or from genetic memory; the memory of the ancestors that is engraved in our genes our cells and in the memory of the blood (Struthers, 2002).

Financial challenges which they encounter in their practice

Most traditional healers face financial challenge. Traditional healers indicated that the issue of finance is one of the main challenges in their practice because the lack financial stability results in poor service delivery to their clients. They further confirm that financial challenge is mainly caused by their clients who come to seek help without money to pay treatment. Their clients promise to pay later when they get money, but when they have money and are

feeling better they do not bother to come back to pay for the treatment. Other traditional healers face financial challenges not only with their clients who do not pay their services, but they face challenges of not having enough money to buy medicine in chemist or to buy medical plants from traditional medical suppliers. All traditional healers interviewed admitted that they encounter financial challenges in their practice. They further added that they are unable to sustain their practice due to this financial instability. Other traditional healers mentioning that they are scared that they might close their practice due to the financial challenges. They also indicated that financial problem does not only affect their practice, but it also affects their personal life since traditional healing is not only for helping people, but it is also for income. This means that traditional healers need income to support their families, and without this they have problems in supporting their families (Tanga & Zimba, 2014).

Lack of medicinal plants

The lack of medical plants for treatment of certain types of ailments is a challenge to traditional healers. The study conducted by Tanga and Zimba (2014) mentioned that female traditional healers are unable to get medical plants which are necessary for their practice. They mentioned that medical plants are not easily found in the village, they have to go to the mountains to search for them. Other traditional healers revealed that even in the mountains during the winter seasons medical plants are not easily found. However, some traditional healers mentioned that they do not experience lack of medical plants. They also indicated that does not have challenge with lack of medical plants in their practice because grows scarce plants in yard and store others in preservative containers. The spiritual healers do not face lack of medical plants. This is mainly because their healing practice does not require medical plants; it only requires holy water, bible and white cuddles (Tanga & Zimba , 2014).

Community attitudes towards traditional healers.

Traditional healers further revealed that community members have a negative attitudes towards them. This negative attitudes mainly come from community members who are Christians; they see traditional healers as evil believers and call their practice an evil act. Other traditional leaders mentioned that they are discriminated against and mistreated by Christians, and not even allowed to attend any church service. Traditional healers that they face co-operative attitudes and discrimination not only from community members, but by other health workers (Tanga & Zimba , 2014).

No specific treatment procedures on treating clients.

The traditional healers do not have specific procedure they follow in treating their clients, especially when treating people living with HIV and AIDS. They do not have a specific procedure when treating their clients, but they commonly throw bones to examine their clients' sicknesses. They, further, revealed that they initially treat their patients who are living with HIV and AIDS by giving them treatment and they refer them to clinic where it is appropriate. Traditional healers further maintained that the reason they do not have any procedures is because they were never trained in which procedures to follow when treating people living with HIV and AIDS (Tanga & Zimba, 2014).

Limitations of traditional intervention

Just as the advantage and limitations of Western medicine have been acknowledge, there are studies that have highlighted the efficacy of some traditional treatments, while other studiesy have drawn attention to the unhygienic methods used by some practitioners, e.g. the use of unsterilized knives for scarification and circumcision of numerous patients, which may cause septicaemia,,death, amputation and social stigma associated with botched circumcisions (Kuse, 1997), rectal mucosal shedding from the use of certain emetics (Ellis & Ukufa, 1996), and hepatotoxicity from certain medication. Other limitations of some traditional medical practices are interactions attributed to the concurrent use of Western and traditional medicines (Kale, 1995). Charlatans who prey on venerable people by promising miracles also tend to give genuine healers a bad name.

Gender issue

Indigenous women throughout the world are among the most marginalized groups, suffering discrimination not only on the basis of sex and race, but also on the basis of their cultures and class. The complex interaction of factors such as colonialism, globalization, nationalism, and top-down policies and paternalistic approaches to development have resulted in a social and economic environment that has been limiting for indigenous women. For example, indigenous women have suffered from the effects of poverty, the breakdown of traditional social mechanisms and institutions, violence and militarization, dislocation and migration, and the depletion of their natural environment and resources (Ross, 2010).

In most indigenous communities, women's reproductive roles are highly valued. At the same time, indigenous women have other important roles, ranging from performing domestic chores and managing household resources to working as wage earners or discharging duties and exercising authority of assigned jobs, in the public sphere. Despite their valuable

contributions, indigenous women still face inequality in a number of areas, such as inheritance of land and other property, access to credit, capital markets and other economic resources, educational and employment opportunities and health care services, access to information, freedom of choice, freedom of association and lack of access to decision-making processes and institutions. In addition, the adverse life conditions of indigenous peoples in general have left the vast majority of indigenous women politically disenfranchised, more insecure economically, physically more vulnerable and emotionally more strained, which poses further challenges to their economic and social development. Thus gender considerations are vital to the overall development and advancement of indigenous peoples and their communities (Singh, 2004)

2.5 Regulation of African traditional health care

It is estimated that there are between 150 000 and 200 000 traditional healers in South Africa country, with the healer: population ratio estimated at 1: 200. This apparently favourable ratio could, however, be deceptive, if the type and quality of care in the traditional sector is taken into account (World Health Organization, 2006). In the current economic climate and amid the concomitant unemployment, there is a marked increase in the ranks of traditional healers, among whom there are, unfortunately, quite a number of charlatans. It is calculated that of the 800 000 persons practicing traditional healing in Gauteng, only about 10% are bona fide healers, that is, healers who abide by the strict ethical code of this vocation (Madam, Hunter & Yeh, 2004). The effect of these charlatans is illustrated by the finding that of the patients with poisonous intoxication admitted to a hospital near Pretoria, 15% were ascribed to traditional "medicines".

As yet, a single governing body does not regulate all these traditional healers. They are organized and "licensed" by approximately 100 organizations (whose membership is a closely-guarded secret) that are officially registered under the Companies Act and not as health providers. Although their members subscribe to a certain code of ethics, these associations do not have the mechanism to enforce this code, thus leaving the door wide open for quacks and charlatans (Moreira and Sam, 2002).

2.6 Impact of traditional healing on African women

The role of women within African culture has few positive aspects. More often than not, any discourse on African women is replete with environmentally, socioeconomically, and psychologically debilitating characterizations of poverty, violence, illiteracy, laborious domestic work, disease, and an overall inequality. Lewis (1998) reminds us that the life of an African woman is an unfair one and describes their life as one being exposed to greater risks than all other human life. This is more prevalent among the African women who have little control of their daily circumstances and identity in comparison to their male counterparts. The African life is often deadlier for the female gender, particularly regarding the process of procreation and frequently during marriage. One example is given by Merson, Black, and Mills (2001), whereby the authors state that the migratory labor system found necessary for industrial development in primarily the eastern, central, and southern parts of the African continent has drawn its male labor force from the rural areas. In consequence, these men are absent from home for extended periods of time. Using Hunt (1989) and Salopek (2000), the authors explain that in African culture, men consider it healthy to have sex on a regular basis, therefore, men in the migratory labor system often have sex with prostitutes near the labor work sites, become infected with sexually transmitted infections (STIs)and later AIDS, then return home only to infect wives and eventually their offspring.

African women live with the knowledge and fear of the HIV/AIDS epidemic, a disease that does not discriminate. They soon learn that the disease manifests itself, showing no favoritism. The disease comes to them; they are not required to leave the boundaries of their villages to be manifested. In Zambia, returning to die in their mother's home, they call the dreaded disease, "*Kalaye noko*", meaning, "go and say goodbye to your mother" (Naur, 2001). African women must be concerned not only about their health but also about the well-being of their children.

2.7 Coping strategies utilized by traditional healers

When female traditional healers heal patients they have their own ways of doing this. For harmony between the living and the dead, vital for a trouble-free life, traditional healers believe that the ancestors must be shown respect through ritual and animal sacrifice (Cumes, 2004). They perform summoning rituals by burning plants like imphepho (Helichrysum petiolare), dancing, chanting, channelling or playing drums. Traditional healers will often give their patients *muti* medications made from plant, animal and minerals imbued with spiritual significance. These *muti* often have powerful symbolism; for example, lion fat might be prepared for children to promote courage. There are medicines for everything from

physical and mental illness, social disharmony and spiritual difficulties to potions for protection, love and luck, and it assists female traditional healers to cope (Makhubu & Ntando, 2013).

Traditional culture is not like mainstream culture as it embodies a different perspective related to health and illness. Accordingly the skills and tools utilized during healing encounters to correct imbalances and restore wholeness by female traditional healers are quite different from those used in conventional medicine. For example, ceremonies and prayer are used during individual and group healing session. Also female traditional healers commonly hold pipe ceremonies, sweat lodges, and rite of passage ceremonies, and they use herbs and medicinal plants for healing. Elements used by female traditional healers to cope: spirituality, ritual and dreams.

Spirituality

Spiritually-based beliefs and practices provide strategies for finding solutions to life problems as well as provide peace of mind. For example, prayer is a well-known practice for coping with illness and distress (Koenig, George, & Peterson, 2008). It is a practice for meaningful connection to a higher power. Elders in the black community refer to this as "hav'in a talk with God." It is a belief that a person's personal point of contact with the supernatural is within his or her being. Moreover, praying for others is believed to have a transpersonal influence. A principle of transpersonal psychology is that the directed inner activities of a person may have impact upon others (Strohl, 2010). Prayers are believed to be beneficial for individuals at a distance. Along the same lines, there is a healing touch. A person who has the ability to heal by laying on hands is believed to get his or her power and authority from a supernatural source.

Ritual

A ritual also acts as a process for appeal to a transcendent other such as an ancestor or a supernatural power during which a radical transformation can occur. Often experienced in the context of religious services, shouting and rejoicing with all one's possible energy is believed to have transformative power. Rituals properly performed promote a feeling of well-being and relief because intense stresses are eased during such occasions. Old patterns, bad habits, and ways of thinking are forcefully attacked, deconstructed, and cast away even as new patterns, ways of thinking, and feeling are being developed (Turner, 2004). Horton and Parker Horton (2009) explain that we create more complex spontaneous rituals consciously or unconsciously to help us deal with crisis or major life transitions, for example,

healing from personal loss. They caution clinicians that not everyone will be willing or able to participate in rituals taken from traditional religions and cultures such as the West African traditions or Cabalism. They also warn clinicians to be careful to avoid approaches to ritual therapy that are too artificially scripted.

Dreams

In traditional healing, there is a relationship between dreams and spiritual self-knowledge, a belief in a personal soul within all beings. Dreams are a process of self-knowledge and signs and omens of future events. Out of this depth, dreams arise as our most creative work. Dreams in traditional healing are full of metaphors, imagery, and symbolism used to give meaning to events and preparing for future occurrences. Achterberg (1994) reminds us that Jung's (2008) universal images are mother and father archetypes, the wise old man or woman, the divine child, warrior, among others. The stories they live out are multicultural and universal themes of death and rebirth, separation and unity, initiation, the search for the beloved, and the conflict between good and evil.

Mukhudu (1998) points out that the development of human potential requires traits such as warmth, understanding, reciprocation with others and cooperation, which collectively make up the Ubuntu way of life and true humaneness, as it exist. Many female traditional healers get support from the government. Hetherington (2003) emphasizes some ways in which female traditional healers can engage themselves in order to cope. His emphasis is that they must take responsibility, create positive thoughts, avoid alcohol and other drugs and engage themselves in fun activities.

2.8 Progress towards legitimization

The South African Government took the initiative for legitimising African traditional medicine during November 1995, when the National Health Minister and the provincial MECs for Health called upon provincial governments to conduct public hearings on the viability of traditional health care. These hearings, subsequently held during May and June 1997, resulted in a report at the end of that year, compiled by the National Council of Provinces and presented to the National Assembly's Portfolio Committee on Health. According to the report all the provinces were in favour of a statutory council for traditional healers consisting of local representatives rather than persons appointed by the MECs for Health. Other recommendations made were that traditional medical practices should be standardised; that healers must be registered; and that they must be recognised by and have access to medical aid schemes.

Subsequently, during February 1998, the Portfolio Committee conducted public hearings on the issues that were raised by the report of the National Council of Provinces, namely a council for traditional healers, their training, ethics and a code of conduct. Numerous national role-players submitted proposals, for example, the National Health Committee of the ANC, several traditional healers' associations, the Inkatha Freedom Party, NEHAWU, the National Progressive Primary Health Care Network (NPPHCN) and Doctors for Life. Except for the latter, all the parties were in favour of the incorporation of traditional healers into the formal health care system.

2.9The role of African traditional healers in primary health care

The role of healers in the district health system

The new health care system in this country is based on the primary-health care approach. The district health system is the essence of the primary health care approach. It has been argued that the interface of traditional and modern health care systems could most likely come about within primary-health care and the district-health system. People's basic health needs are met at the district level where the community can participate in the planning and provision of services. With the support of the formal health system, indigenous practitioners can become important allies in organising efforts to improve the health of the community. Given this structure of the National Health Service, at the district level, the most feasible point of entry for traditional healers is the Community Health Committee. However, this category of health-care provider has, as yet, not been incorporated into the district health system in any real sense.

2.10 Ethical issues in the application of African traditional healing approaches within a Western, rights-based society.

According to Mindset Health (Ellis &Ukufa, 2008), African traditional healing is based on the belief that the land's natural resources have natured humans and all forms of life since the beginning of time. Consequently, herbs, wood, mineral and animal bones are used as healing agents because of the belief that humans are part of nature, and natural products are a gift from the creator (Holomisa, 2009). African traditional healers have strong ethical principles and they believe that it is their duty to develop life in all its forms and alleviate suffering. They also believe that nature's laws must be obeyed in order to avoid human decline and destruction of the environment. The natural environment and the people who

inhabit the environment are believed to possess intrinsic worth. African traditional healers respect the environment as a sacred entity and emphasise the need to preserve it for future generations (Holomisa, 2009). Moreover, their believe that healing methods involve not only a recovery of bodily ailment, but also a social, sprirtual and psychological intergration pf the patient into the community of the living and the dead' and is strongly predicated on the principle of *Ubuntu* (Manda, 2008). The *isiZulu* concept of *Ubuntu*, or the *isiSotho* idea of *botho*, is the foundational doctrine of traditional African moral and ethics, and emphasizes collective identity (as opposed to the Western emphasis on individual emphasis on individual identity), solidarity, caring and sharing, the relatedness between the physical and metaphysical world, the value of interpersonal relationships or humanism, and encapsulated in the saying 'A person is a person through other persons', which is the foundation of *Ubuntu*.

According to Gumende (1990), a Western-trained doctor and traditional healer, both modern and traditional healers have the same goals to help the sick, cure illness, relieve pain and suffering, and comfort patients and their relatives.

2.11 Theoretical framework

There are different theories which have been developed to assists in understanding the experiences of female traditional healers on their practice. The researcher used *experiential learning theory* and *frustration aggressive theory* to aid our understanding of the experiences of female traditional healers.

Experiential Learning Theory

Experiential learning is a process of learning through experience and is some more specifically defined as 'learning through reflection on doing' (Patric, 2011). Experiential learning is distinct from rote or deductive learning, in which the learner plays a comparatively passive role (Colin, 2010). This theory assisted the researcher to understand the meaning participants attach to their experiences.

Experiential learning, to female traditional healers, may exist without a teacher and relates solely to the meaning-making process of the individual's direct experience. However, although the gaining of knowledge is an inherent process that occurs naturally, a genuine learning experience requires certain elements (Beard, 2010). According to Kolb (1984), knowledge is continuously gained through both personal and environmental experiences.

Baumgartner, Caffarela and Merriam (2007) state that in order to gain genuine knowledge from an experience, the female traditional healers must have four abilities:

- Be willing to be actively involved in the experience;
- Be able to reflect on the experience;
- Possess and use analytical skills to conceptualize the experience; and
- Possess decision-making and problem solving skills in order to use the new ideas gained from the experience.

Implementing experiential learning requires self-initiative, an "intention to learn" and an "active phase of learning". Moon's 2004 cycle of experiential learning can be used as a framework for considering the different stages involved. Moon has elaborated on this cycle to argue that experiential learning is most effective when it involves: 1) a "reflective learning phase" 2) a phase of learning resulting from the actions inherent to experiential learning, and 3) "a further phase of learning from feedback". Moon, (2004) suggests that this process of learning can result in "changes in judgment, feeling or skills" for the female traditional healers (Chickering, 1977) and can provide direction for the "making of judgments as a guide to choice and action" (Hutton, 1980).

Most educators understand the important role experience plays in the learning process. The role of emotion and feelings in learning from experience has been recognised as an important part of experiential learning. Moon (2004) while those factors may improve the likelihood of experiential learning occurring, it can occur without them. Rather, what is vital in experiential learning is that the female traditional healers are encouraged to directly involve themselves in the experience, and then to reflect on their experiences using analytic skills, in order that they may gain a better understanding of the new knowledge and retain the information for a longer time.

Reflection is a crucial part of the experiential learning process, and like the learning process itself, it can be facilitated or be independent. Dewey (2005) wrote that "successive portions of reflective thought grow out of one another and support one another", creating a scaffold for further learning, and allowing for further experiences and reflection. Hutton (1980) this reinforces the fact that experiential learning and reflective learning are iterative processes, and the learning builds and develops with further reflection and experience. Facilitation of experiential learning and reflection is challenging, but "a skilled facilitator, asking the right questions and guiding reflective conversation before, during, and after an experience, can help open a gateway to powerful new thinking and learning".

Frustration Aggressive Theory

The study is about the experiences of the female traditional healers and the researcher assumed that the models or theoretical frameworks can be based on frustration aggressive theory. Frustration is a feeling of tension that occurs when our efforts to reach some goal are blocked. When this occurs, it can produce feelings of anger, which in turn can generate feelings of aggression and aggressive behavior. Aggression is defined as an act whose goal-response is injury to an organism (or organism surrogate). However, aggression is not always the response to frustration. Rather a substitute response is displayed when aggressive response is not the strongest on the hierarchy (Anderson & Dill, 1995). This theory raises the question as to whether aggression is innate. Female traditional healers become frustrated as a result of discrimination from other community members and that makes them to be aggressive. Another issue is that this theory suggests frustrated, prejudiced female traditional healers should act more aggressively towards other groups they are prejudiced against, but studies have shown that they are more aggressive towards everyone (Kite & Whitley, 2010).

This theory has been utilized to explain a lot of violent behavior over time. Female traditional healers depend on their practice for survival. When the community starts to discriminate against and stigmatise them, they become frustrated because they do not choose to be traditional healers. By doing that, their actions support the theory and that frustration can lead to aggression as they become angry at those who criticise and accuse them of practicing witchcraft. This theory presents behavioral aggression as well as the level of frustration that needs to be taken into account (Berkowitz,1969). Usually, female traditional healers who cannot take out their aggressions on those who discriminate against them end up directing this frustration and act aggressively toward others and that may affect their husband, children and the services rendered to patient. Other female traditional healers respond by taking their frustration against those who discriminate against them causing female traditional healers to continue to be viewed as practising witchcraft.

2.12 Conclusion

The majority of the African populations rely on traditional healing because it is easily accessible and is affordable. This fact makes the need to ensure that traditional healing is made effective and as safe as possible urgent because of the large numbers of people who make use of it in the wake of high disease burden.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology used to conduct the study. The researcher discusses the approach, the research design, the sampling techniques used to select participants. Data collection and data analysis methods discussed are also examined along with the ethical issues that the researcher took into consideration when conducting the study.

3.2 Research approach

The researcher adopted a qualitative methodological approach to conduct the study. Qualitative research refers to an approach that concentrates on qualities of human behavior, since the research takes place within the natural setting (Creswell, 2009). This approach is a method of gathering information, in the form of using words to provide in-depth descriptions of the way of living, attitudes and experiences of small groups' communities in order to find meanings that these participants attach to their experiences (Creswell, 2009; Babbie & Mouton, 1998). The reason for conducting this qualitative study was to explore experiences of female traditional healers as these enabled the researcher to explore these personal circumstances of female traditional healers and their situation; to identify the training provided before they qualify as traditional healers and to establish the strategies used by female traditional healers to cope.

3.3 Research design

The researcher used explorative, contextual and phenomenological research design to conduct the study. Bless and Guba (2000) show that there are basically two forms of phenomenological research. The first one is concerned with how people know about objects, as depicted in the facets of their consciousness- in their perception, memory and imagination. The second one was concerned with how meaning that was attached to phenomena in society was portrayed in people's experiences and how it shaped their conscious behaviour. This research design allows a researcher to explore personal circumstances of female traditional healers and their situation; to identify the experiences of female traditional healers; to identify different types of traditional healers, to identify the training provided would be traditional healers; to establish the strategies used by female traditional healers to cope in order to find out what meaning, formal structure and essence of the lived experience of the phenomenon or group of people (female traditional healers) with the same experiences. The researcher considered how each individual or participant,

subjects herself to reality; this method was applied to make the experiences meaningful (Creswell, 2010).

3.4 Population and setting.

The study was conducted at Makhado municipality, Vhembe District of Limpopo Province. The study was conducted among Tshivenda-speaking female traditional healers who had been involved in traditional healing for a minimum of five years. Makhado municipality is among the few groups in Limpopo Province that still consider traditional cultural practices as a kind of intervention.

There is only one organization for traditional healers, namely, the Traditional Healers Practitioners Bill. There are many female traditional healers in the rural areas and Makhado Municipality is regarded as a semi-rural municipality because it has different locations, such as villages and townships as well as Malls and municipal office. Most people who reside in the townships are literate unlike those in rural area, although there is a high rate of unemployment. There are only three main hospitals and clinics, and because of the unavailability of hospitals and clinics to the majority of population in the rural areas, people end up consulting the local traditional healers. Due to the high rate of unemployment, others end up committing crime. So sometimes, criminals consult traditional healers so that they may not be identified. Those who are identified seek help from traditional healers to escape imprisonment as a result traditional healing is stigmatized as witchcraft. There are more female traditional healers as compared to male traditional healers.

3.5 Sampling and sample size

According to Bless and Higson (2000) a 'sample' refers to a group of elements drawn from the population. Non-probability sampling technique was used to draw the sample and the researcher used both purposive and snowball sampling methods to select female traditional healers as participants. The sample for the study comprised of five female traditional healers and the researcher had selected participants who were above the age of twenty five because they could be catergorised as 'professional' as they are and aware of the situation in traditional healing. The participants, it can be assumed that may be involved in many cases as traditional healers are matured to face the challenge they come across as traditional healers; had expertise in traditional healing and also had knowledge and understanding of how to be a traditional healer. The researcher purposively identified the female traditional healers who reside at Makhado Municipality of Vhembe District and requested the identified female traditional healers to assist with identifying other female traditional healers. The snowball sampling method was used to select traditional healers...

The initially identified female traditional healers continued to look for female traditional healers until the desired number of participants was reached.

3.6 Research instrument

The researcher utilized an interview guide with open-ended questions (Kruger, Mitchel & Welman, 2005). This instrument assisted the researcher to gather in-depth, descriptive data from the participants, based on their personal experiences of the subject under study (Kruger, Mitchel & Welman, 2005). This technique provided the researcher with access to the consciousness of the participants as it gave participants an opportunity to share what they know, think and believe about themselves and the world around them, enabling the meanings that they attach to social phenomenon to be revealed (Creswell, 2010, Kruger, Mitchel & Welman, 2005). In order to achieve that the researcher asked open- ended question that allowed probing to gather more data. The open-ended questions (Bless, 2008) were based on the experiences of female traditional healers, and their coping strategies.

3.7 Entry negotiation

Prior to the interview, the researcher went to three villages which are: Tshikuwi, Mudimeli and Mamvuka in Makhado municipality of Vhembe district to ask permission from female traditional healers to conduct a research. After that the researcher went to the participants to request their permission. After they had agreed to participate in the study, the researcher made arrangements regarding the schedule and venue for the interviews. The researcher further requested them to give their contact numbers so that the researcher could remind them about the interviews dates. From the questions the researcher requested demographic information, and data in order to identify traditional healers' area of specialization, to explore the experiences of female traditional healers at Makhado Municipality and to establish the strategies used by those healers to cope with challenges they face as female traditional healers.

3.8 Pre-testing

Bless and Higson (2008) define a 'pre-test' as a miniaturised run-through of a study for the purpose of testing all aspects of the study design. It is a scale rehearsal of the actual study to test procedure and to practice interaction with the subjects. The researcher made appointments with female traditional to carry out the pre-test interviews.

A pre-test was conducted with three female traditional healers to prior the main study being conducted. The pre-test study helped the researcher to assess the applicability or relevance of the research question and to determine whether the instrument was adequate and

appropriate. This minimised the errors caused by the researcher's reaction (Blanton & Pelham, 2007). The aim of the pre-test was to identify gaps in the research instrument. From the results of the pre-test, all the questions were clear to the participants and it was not necessary to modify any question.

3.9 Data collection

Data collection is the gathering of information from participants by the researcher using a relevant technique. For data collection in this study the researcher used unstructured interviews to collect data (Durrheim, 2006).

This method was less formal, therefore by making use of this method, it gave the researcher an opportunity to get to know the participants closely and gain insight into how they feel and think (Durrheim & TerreBlanche, 2006). When implementing the unstructured interviews, the researcher was the assisted with a set of questions (Durrheim, 2006).

Unstructured interviews are valuable when dealing with emotional processes and personal issues (Bless, 2008). The researcher opted for this interview method as it allowed the researcher to probe for clarity and accurate answer when seeking the experiences of the female traditional healers. The researcher also had the opportunity to make notes on non-verbal cues. The researcher was able to follow the interests and concerns of the participants. Unstructured interviews prevent a researcher from dominating the interview and it also helps a researcher to listen attentively to the participants. Such interview skills are of importance in the social sciences, as they prevent researchers from imposing their views on the participants (Breakwell, 2006). Unstructured interviews also aided in gathering experiential information from female traditional healers as tis technique allows a researcher to probe for more information. The researcher also considered culture of the participants and the context in which they live (Cresswell, 2010; Kruger, Mitchel & Welman, 2005).

The researcher asked open-ended question using the language the participants understand better; in this case, Tshivenda was the language used by the researcher. The researcher asked additional questions to probe for more information where necessary. In addition an audio recorder was used to record the interviews and also notes were taken on non-verbal cues. Data collection took place over a period of one month as the availability of participants determined when the interviews could be conducted. Data saturation determined the number of participants and that occurred when it was realized that new data would not make any difference to the study the data collected does not make different to the data collected. The interview session expected to lasted for one hour thirty minutes, per participants.

3.10 Data analysis

The researcher used contextual phenomenological explication method of data analysis to analyse the data gathered from participants. The term 'explication' is rooted in the verb to explicate which concerns the process of unfolding and making clear the meaning of things, so as to make explicit. The expression explication was used in both analytic philosophy and literacy theory (Cresswell, 2009).

Phenomenological data analysis methods involves the researcher reading and re-reading the data collected from participants 'as to become familiar with the data gathered. This enables a researcher to code data. Hence develop the themes and subthemes from the data. That was important for the interpretation of the results (Creswell, 2010).

The following steps adapted from Ranjit (2011) was used to analyse data manually:

Step 1: Identify the main themes

The researcher had gone carefully through the descriptive responses to each question given by the participants in order to understand the meaning they communicated. From those responses, the researcher developed broad themes that reflected those meanings. According to Ranjit (2011), the researcher must notice the different words and language that are used by participants to express themselves. It was important for researcher to select the wording of the themes in a way that accurately represented the meaning of the responses that was categorised by a theme. Those themes became the basis for analysis of the text of the interviews. Similarly, the researcher also went through the field notes to identify the main themes.

Step 2: Assign codes to the main themes

Ranjit (2011) states that, whether or not the researcher assign a code to a main theme, is dependent upon whether or not the researcher wants to count the number of times a theme had occurred in an interview. If the researcher decides to count those themes, a researcher should, at random, select a few responses to the open-ended questions or from the researcher's observation or discussion notes and identify the main themes. The researcher read the data and continued to identify themes from the same questions until saturation point was reached. Researcher wrote those themes and assigned a code to each of them, using keyword.

Step 3: Classify responses under the main themes

After the researcher had identified the themes, the next step was to go through the transcripts of all the interviews and notes, and classify the contents under the different themes. In this case, researcher did the data analysis, manually.

Step 4: Integrate themes and the responses into the text of the researcher's report

After identifying the responses that fall within different themes, the next step was to integrate them into the text of the report. It was the researcher's choice to decide how to integrate them. The researcher quoted responses of the participants to support the main themes that were identified and gave a feeling of the participants' responses.

3.11 Trustworthiness

According to De Vos (2001) trustworthy means how the researcher persuaded the participants that the findings of the study are worth paying attention or taking into account of. In this study, trustworthiness was ensured by laying aside researchers' preconceived ideas about the phenomenon under investigation and by returning to participants to ascertain whether the description was true reflection of their experience. To ensure trustworthiness the researcher adhered to the following: credibility, transferability, confirmability and dependability.

Credibility

Credibility refers to a researcher's attempt to demonstrate that the true picture of the phenomenon under scrutiny is being presented. The researcher used triangulation, which involves different methods, such as observations and interviews. The researcher also ensured that there was honesty in the information given by the respondents contributed data and constant member checks enabled the participants to consider whether participants' words matched what they actually intended to say (Guba, 1981).

Transferability

The researcher provided sufficient details of the context of the field work to enable any reader to decide whether the prevailing environment was similar to another situation with which he/she was familiar and whether the findings justifiably any applied to another setting (Creswell, 2009). In order to ensure transferability the researcher presented the findings in the form of detailed descriptions of the participants' experiences which were translated into themes. Results was used by other researchers to check for their applicability to the experiences of female traditional healers in order to find out whether or not the same

meanings are attached to female traditional healers. Transferability was obtained through using purposive and snowball sampling.

Confirmability

The researcher took steps to demonstrate that the findings emerging from the data are not from researchers' own predisposition. In other words, the researcher was concerned with a bias-free way of collecting data and presentation of findings as they are supposed to be from participants' point of view, not influenced by any other source (Guba, 2010). The research should be beneficial to the community as the researcher collected data from the female traditional healers. That helped the researcher to explore and to determine the perception of female traditional healers, to identify different types of traditional healers, to identify the training provided for traditional healer, to explore the experiences of female traditional healer, to establish the strategies used by female traditional healer to cope. The researcher went back to each participant to verify and to ensure confirmability of data collected. Confirmability was achieved by recognizing study limitations and their potential effects.

Dependability

The researcher strove to ensure that the future investigators can easily repeat the study. This means that the processes in the study were reported upon in detail. That should enable future researchers to repeat the work, not necessarily to gain the same results (Hancock, 1998). Expert supervisor of this research ensured dependability as they were providing guidance to the researcher on how to conduct the study. Dependability was also obtained through providing detailed information of the methodology used.

3.12 Ethical considerations

The proposal observed the following institutional ethical processes the proposal was presented in the Department of Psychology, and then presented before the School of Health Sciences' Higher Degrees Committee. It was then submitted to University's Higher Degrees Committee (UHDC) for approval. It was submitted to the University's ethics committee for ethical clearance and finally, submitted to an external examiner for marking.

According to Bless (2008), ethical issues are concerned with whether the researcher's behaviour conforms to a code or a set of principles. Bless (2008) indicates that it is the responsibility of the researcher to make sure that any research is ethically conducted. The researcher followed ethical consideration to ensure that the participants were not harmed in any way. For this study, the researcher used the following guidelines: informed consent, anonymity and confidentiality to ensure that the study was ethical.

Informed consent

The purpose of seeking uncovered agreement from subjects to participate in the research project was based on their full understanding of the procedure involved and likely affects (Bless, 2008).

Informed consent implies that, the researcher informs the participants about all the processes to be used in the study. This meant that when the researcher met the participants for the first time, she informed them about the study and asked for their consent to participate. The researcher informed all the participants about the purpose of research, the process involved as well as the uses of findings. The researcher obtained the permission of the participants after having thoroughly and truthfully informed them about the purpose of the study; this information was contained in the consent letter. The participants then signed consent forms which explained the focus and purpose of the study. The consent forms were signed before the participants got involved in the study. Participants were told that they may withdraw from participating in the study anytime they wanted to (Ranjit, 2011).

Confidentiality

Bless *et al.* (2008) define 'confidentiality' as the protection of information gathered from the participants and not made available to anyone other than the researcher. It implies that the data collected from the participants shall be kept confidential until it is published to the general public through lawful ways. No one saw, read or discussed the data that the researcher collected for the study except the supervisors. Participants were informed that if the findings of the study were published, their names and addresses would not be published.

Anonymity

Data from the participants must not be associated immediately and obviously with the name or any other identifies. The researcher assigned alphabets to participants' data to ensure that the data remained anonymous (Bless *et al.*, 2008).

Anonymity means that participants remain anonymous or nameless. The participant names were not disclosed in this scientific report. The researcher used anonymity to protect the details of the participants from those who know them and this was by avoiding the use of real names, addresses or any other information that could identify participants.

Right of privacy

The participants were informed that their identity were anonymous at all times. Therefore, the names and other identifying details of the participants were not be published in this research report (De Vos, 2001)

Protection from harm

The participants were given assurance that they would be free from physical and emotional harm (Wellman, 2005). This was achieved by ensuring that the information that they provided was kept confidential. The researcher was also on the lookout for any signs of extreme emotional reactions during the interviews.

Involvement of the researcher

The researcher was on guard against manipulating participants or treating them as objects or numbers rather than human beings. The participants were treated with respects and courtesy at all times; finally, all the ethical principles stated here were followed strictly (Black, 1999).

3.13 Conclusion

Chapter three presented methodology used to conduct the study. The following areas were covered: research approach, research design, population and settings, sampling, research instrument, data collection, data analysis, trustworthiness and ethical consideration

CHAPTER 4: PRESENTATION OF THE RESEARCH FINDINGS

4.1 Introduction

The study focuses on the experiences of their practice from female traditional healers. The population of the study comprised of female traditional healers within Makhado municipality under Vhembe District in Limpopo province. The researcher interviewed five traditional healers and the study was qualitative in nature. In this chapter the researcher will be presenting the study data according to various themes. The data to be presented were collected from the participants during interviews. The themes introduced in this chapter are as follows: female traditional healers as participants, challenges faced by female traditional healers on their practice.

4.2 Profile of participants

In this chapter, the views of the participants of the study are presented. The participants are female traditional healers from Makhado municipality, Limpopo province. Table 4.1 provides information about the participants of the study. The researcher interviewed five participants in this study.

Table 4.1 Demographic information of participants

Participants	Age	Occupational status	Marital status	Area of specialization	Number of years in practice
A	48	Unemployed	Married	Herbalist	15
B	44	Unemployed	Single	Herbalist	8
C	52	Employed	Married	Herbalist	12
D	47	Unemployed	Single	Herbalist	9
E	39	Unemployed	Single	Diviner	13

The participants were five female traditional healers, aged between 39 and 52 years. Four of them were unemployed and one was employed. Two participants were married and there other three were single. The participants' areas of specialization indicate that they are herbalists and diviners. The participant have been practicing for a minimum of eight years to fifteen years and are not educated.

4.3 Summary of the themes and subthemes.

Themes	Subthemes
Challenges faced by female traditional healers on their practice.	• Non-disclosure of illness • Financial challenge • Lack of medicinal plants for treatment • Role conflict • Social challenge • Psychological stress • Refusal by family members to acknowledge female traditional healers' calling • Legislative impact
Benefits of being female traditional healers	• Provision of health care services in rural areas • Helping patients who come after Western doctors have failed to cure them • Protection of new born babies • Historical accessibility of traditional healers • Privacy offered by traditional healers
Perception of female traditional healers about their practice	• Inability to meet certain needs • Fear of revealing that they are traditional healers. • Stigmatisation
Coping strategies used by female traditional healers	• Healers receive wisdom from their ancestor • Revelation of important things by ancestors • Respect the ancestors • Support from husband and children

	• Support from other traditional healers • Support from government • Divine intervention

4.4 Challenges faced by female traditional healers about their practice

The main theme that emerged from the analysis was the challenges experienced by female traditional healers on their practice. When the researcher asked the participants about their experiences as female traditional healers, their answers were specific. Despite the open ended nature of the question, traditional healers tended to concentrate only on the challenges they experience as female traditional healers about their practice. The following section will focus on the subthemes that underpin this main theme. The subthemes include:

Non-disclosure of illness

Participants articulated that when patients comes to consult they are reluctant to disclose their nature of illness, especially those who are HIV positive. Participants further indicated that many HIV positive patients find it difficult to disclose their HIV status to the traditional healers, therefore, traditional healers end up misdiagnosing the treatment that they give to patient. If the patients do not get healed other people then view them as incompetent.

"Ee… what can I say is that, the main challenge I am experiencing it is when the patients do not want tell me that they are HIV positive. The patients are shy to disclose their status. I end up misdiagnosing them. My daughter let me tell you the truth; patients who are HIV positive are problem to me" (Participant A).

"Hey….some patients prior assisting them I take them to the clinic for HIV test because patients do not want to get tested. Some patients come to me very sick and I take them to clinic for HIV testing so that I will know how to assists them. Patients do not want to disclose their HIV status" (Participant E).

Financial challenges

Participants said that they experience financial issues as one of their main challenges on their practice. The participants said that the financial challenge is mainly caused by their clients who come to seek help without money to pay. The participants furthered indicated that clients usually promise to pay later when they get money, but when they have money and are feeling better, they do not come back to pay.

"Some other…some other people when I help them they come to me without money for payment. They request me to assists them and once they feel better they no longer come back to settle the remaining balance" (Participants B).

"My daughter past away and I stay with her children. I am the one who take care of them and I am not working so if I assist people and later do not pay I experience financial difficulties" (Participant C).

"Ee.. During the past I used to cultivate herbs in different areas on my own. Currently things have changed the traditional leaders do not want people from other village to come and cultivate herbs in their area and that makes us to purchase herbs that are not available to my villages which is expensive to me as traditional healers"(Participant A).

The quotations given below from participants indicate that female traditional healer experience poverty due to financial hardship. Participants indicated that they are unable to build house for their children. One participant went on to mention that depends on the money she gets from patient and if they do not come, she does not have money to buy the basic needs of the family causing poverty.

"My husband is not working and we depend on the money I get from traditional healing. After assisting the patients the money they pay I ask for permission from the ancestors to use the money. The money helps me to buy the basic needs in the family. If the patients do not pay or come it becomes difficult for me to afford the basic needs for the family" (Participant A).

However, the findings of the study revealed that some female traditional healers are able to escape poverty through the gift from their ancestors of becoming female traditional healers. The participants continued to mention that the money they get from patient for payment assists them to buy the basic needs for family and they are able to take their children to school from the money they generate from being a traditional healer.

"Ee..With the little money I get from traditional healing I am able to buy food for my grandchildren and school uniform" (Participant C).

"The money I get from traditional healing enabled me to take my son to school; unfortunately he was not serious with his study. He wasted a lot of my money (angry). I was going to build my beautiful house. My son….wasted my money" (Participant A).

Lack of medicinal plants for treatment

Traditional healers mentioned that they face the challenge oflack of medicinal plants. Participants indicated that medicinal plants are not easily found. Hence, they have to go to other villages to seek medicinal plants or even to the mountain to search for them.

"Due to the fact that some medicinal plants are not available in my area I have to buy it from the chemist and are expensive" (Participant A).

"The place where I used to cultivate our trees for herbs has now become a residential area. There other thing is that there is a lack of medicinal plants especially during inter seasons since most pants de during winter" (Participant E).

The participant who is a spiritual healer said she does not face lack of medicinal plants as she uses prayer, bible, water and tea. The participant however to mentioned that she experiences challenge when she has to go to the mountain to fetch water.

"I do not face lack of medicinal plants as I use prayer. The challenge that I experience it is when I have to go to the mountains and big rivers to fetch water. As a female traditional healer I feel scary as it not safe" (Participant E).

Role conflict

Participant reported they experience role conflict resulting from work and traditional healing. They revealed that they have to perform well at work and also help patients after work and during the night. Participant mentioned that they have to work in order to be able to have the money to maintain their families. The participant revealed that the money they get from traditional healing is inadequate to afford the basic needs of the family so they have to do other type of work to have money to supports the family.

"Though, my ancestors allowed me to work and also become a traditional healer at the same time is not easy. I come back from work tired and I also have to assists patients during the nights as most of patients prefer to consult traditional healers during the night because they do not want to be seen" (Participant D).

Social challenge

The participants articulated that they experience social challenges. Some participant spend lot of time at work and at home and that makes them unable to go to social gatherings. The responsibilities the participant have, therefore, make it difficult for them to go to social gathering.

"As working female traditional healers I do not have time to spend in social gathering unless i am attending rituals" (Participant D).

The participants indicated that people with whom they live in the same village speak badly about them as traditional healers. This limits the participants' interaction with them. Participants indicated that they also do not have good relationship with their neighbours.

"My neighbours always tell me that I am a witch and they do not want my grandchildren to play with their children. They also do not want my grandson to get married to their child" (Participant B).

"Every time when I want to join them in their stockvel they refuse and tell me that they no longer want other people. One stockvel member came and tells me that they do not want me because I am a female traditional healer" (Participant A).

The participants continued to mention that neighbours and people around the area live do not want their children either to marry or be married by the participants' children because that they label female traditional healers as witches.

"My neighbour refused when my son want to marry her daughter. She said my families are witches" (participant A).

Exposure to physical violence

Participants mentioned that female traditional healers risks their lives because their rights sometimes become violated. The community members find it very hard to accept them as female traditional healers, therefore, they end up being physically abused.

"To tell you the truth, it is not easy to be a traditional healer in the community. One day in the evening I was walking alone. A man came and stabbed with a knife on my chest and head. He said to me, I am witch. I screamed but no one came to rescue me" (Participant B).

"Umm…there came a time where we wanted to be burned down by the community because they thought we were witches" (Participant A).

The community members understand and accept male traditional healers but not the women.

"Umm… I do not understand why people do not respect female traditional healers the way they respect male traditional healers" (Participant C).

"Male traditional healers are beeter than female because the community members respect them. Even the community members fear them" (Participant E).

Psychological stress

Participants experience psychological stress because they are female traditional healers. They complained that they are not free to go to social gathering such as funeral and weddings exposing them to psychological stress. They reported feelings of worry, rejection, depression, unhappiness as well as a low self-esteem.

"I do not feel happy when people I used to fellowship with no longer want to socialize with me. I do not understand why they discriminate against me because I am also created by God and everything including trees is created by God" (Participant A).

"I helped a lot of people who were having difficulty in having children. After they have children they no longer come back to pay me. It makes me feel worried because I help patients but they no longer want to pay me" (Participant B).

Refusal by family members to acknowledge female traditional healer calling

The participants revealed that the ancestors revealed their calling to them through dreams, o telling them where to find the bones. When participants' shows their husbands the bones, they tell participants to throw away the bones. The participants stated that it was not easy for husband to acknowledge that the participants have a calling to be traditional healer. The participants also indicated that the fact that they were initially Christian was a major challenge.

"My ancestors came to my dream to show me where to find the bones. I went there I found the bones. When I informed my husband he told me that it is evil spirit I must throw away the bones and I threw them away. My husband told me that we are Christian I may not be a traditional healer" (Participant A).

"When I informed my husband that I have a calling to be a traditional healers he told me that he can't stay with me. He said I must choose between him and my calling of becoming a traditional healer" (Participant D).

Legislative impact

The participants state that even though they had certificates to show that they are traditional healer they still experience challenge regarding the cultivation of herbs. Participants furthered indicated that sometimes they gets charged certain amount of money for cultivating herbs.

"One day we went to Makonde to cultivate herbs. The chief of Makonde allowed us to cultivate herbs, but when we come back from the forest we found the police waiting for us looking for permit to cultivate herbs. Due to the fact that we did not have that permit they charged us certain amount" (Participant B).

4.5 Benefits of being female traditional healers

Another main theme that emerged from the data was the benefits of being female traditional healers. This section covers five subthemes which detail the benefits of being female traditional healers.

Provision of health-care services in rural areas

The participants mentioned that most of the people in rural areas consider traditional-healing intervention when they are sick. Female traditional healers are available to provide that intervention, such as healing people, protecting people from witches and saving lives.

"I assists patient with different illnesses. Some comes to me very sick; others have difficulty in conceiving" (Participant A).

"I give people treatment at the same time fighting with evil spirit because as traditional healers I believe that the evil spirit is the one that causes patient to be sick" (Participant E).

Helping patients who come after Western doctors have failed to cure them

The participants indicated that they are able to treat sickness that western doctors have failed to cure, for example, womb problems. Usually when the illness is not cured by western doctor, patients come to traditional healer for help.

"I assisted a lot of women who was having womb problems. Others mentioned that doctors told them that the womb needs to be surgically removed. As a female traditional healer I know how to treat those types of sicknesses" (Participant E).

Protection of new born babies

The participants said that female traditional healers play an important role in protecting babies after birth. The participants further indicated that there are children's sicknesses that are specifically treated by female traditional healers as male traditional healers are not allowed to treat those sicknesses.

"There are sicknesses that are specifically treated by us female traditional healers. Male traditional healers are not allowed to treat those sicknesses" (Participants B).

"After birth there is treatment given to the mother in order to protect the baby and in western hospitals they are not able to diagnose those illnesses" (Participant D).

Historical accessibility of traditional healers

The participants stated that traditional healing goes a long way and use natural plant that are created by God; these are used raw, not processed or chemical added, that is why their herbs does not specifically cure one disease. They mentioned that one herb treat so many diseases, for example, in western intervention if you are suffering from flu they will give you specific medication for flu, however with traditional medicine if you are given a specific medicine for a certain disease that medicine will treat other diseases with a patient being unaware.

"My daughter, as traditional healer when I give a patient medicine does not cure one disease it also search some other disease whilst the patient is unaware. As traditional healers we use one herb for different illnesses. The ancestors are the one that shows us which medicine to use for what kind of illness. Our herbs are not processed" (Participant D).

"When the patient comes I pray so that the spirit of God will give me direction on how to heal the patient. The spirit will reveal what kind of treatment I must give the patient" (Participant E).

Privacy offered by traditional healers

The participants stated that a high levels of privacy are needed because some patients do not want to be seen entering traditional healers' houses as they are perceived as witches. Therefore patient prefers to come during late hours for their consultation.

"Most of patient come and consult during the night as I am at work during the day and the other reason is that most of patients do not want to be seen when they consult traditional healer" (Participant D).

"As a traditional healer I maintain confidentiality to my patient. If someone comes and seek help I do not discuss that with other person" (Participant B).

4.6 Perception of female traditional healers about their practice

One main theme that emerged from the analysis was the self-perception of female traditional healers who participated in this research. The sections will focus on the subthemes that support the main theme. The subthemes include:

Inability to meet certain needs

When the researcher asked participants about their perception regarding themselves and their situation as female traditional healers, they tended to concentrate on the financial difficulties which resulted on being unable to meet certain needs. The participants mentioned that they are not working and they depend on the money they get from their practice as female traditional healers. They indicated that the patients sometimes do not pay the money charged by female traditional healers which causes financial difficulties as they are also heading families.

"Sometimes I experience difficulty to meet all the needs in my house because I am alone. My husband left me because I am a traditional healer and is not helping me with some basic needs" (Participant B).

"Umm..as you can see I am alone and I am heading the family. Sometimes I struggle to afford the basic needs of the family" (Participant D).

Fear of revealing that they are traditional healers

The participants stated that due to the fact that traditional healing is associated with witches, they live in fear. The participants mentioned that there are a lot of traditional healers in the community who do not want to be known because of fear.

"Ee..The time I was stabbed I became hospitalized. When I get discharged from hospital all the traditional healers were requested to come to the royal house. Female traditional healers didn't come because they are scared to be known as traditional healers. Most of them they hide themselves" (participant C).

"I did not choose to be a female traditional healer. I got sick and consulted different western doctors but I did not get healed. My parents took me to a traditional healer who revealed to me that the ancestors had chosen me to be a traditional healer. My husband was not happy

about that and he decided to leave me with children and stay with other women" (Participant B).

Stigmatisation

The participants stated they experience stigma as female traditional healers. Participants indicated that the transition from Christian religion to traditional healing was very difficult and their old friend whom they used to fellowship with are no longer interested in them as they are now female traditional healers.

"When I receive the calling of becoming traditional healer I was a Christian and have cristian friends. Currently they call me with names; they keep on asking me how I worship God and gods at the same time" (Participant A).

"I did not choose to be a female traditional healer. I got sick and consulted different western doctors but I did not get healed. My parents took me to a traditional healer who revealed to me that the ancestors had chosen me to be a traditional healer. My husband was not happy about that and he decided to leave me with children and stay with other women" (Participant B).

Participants mentioned that other people view them as witches. This results in female traditional healers lacking self- trust and developing low- esteem. Participant reported that they feel lonely.

"Sometimes I feel lonely. As a female traditional healers is difficult to have friends who are traditional healers because when more people come to me to consult, other female traditional healers feel jealousy that I am making more money" (Participant C).

Eee… I feel lonely most of the time because we do not love each other as female traditional healers and other people in the community members also do not like us as female traditional healers. realy I feel lonely (Participant D).

The participants indicated that some community members hate them because they are aware that the traditional healers can tell those who are practicing witchcraft in the community. The problem of stigmatization makes female traditional healers reluctant to socialise with other people in the community; they are also unwilling to attend social gathering or engage in "stockvel" with other women.

"As a traditional healer I am able to see all those who are practicing witchcraft in our community and the witchcraft are aware of that and that makes them to hate female traditional healers" (Participant B) .

"It is very painful because sometimes as woman I would like to engage myself in what other women are doing in the community. I may not go to them because they hate me (Participant D)

4.7 Coping strategies used by female traditional healers

Another theme that emerged from the analysis was the coping strategies used by female traditional healers, therefore, this section reports the coping strategies of female traditional healers. This section consists of seven subthemes.

Healers receive wisdom from their ancestor

Female traditional healers who participated in the study confirmed that they receive wisdom on how to resolve the challenges they encounter on their lives from their ancestors. Healers such as herbalists stated that they use bones to communicate with the ancestral world; to get answers when they experience problems with their practice, for example, when customers no longer come to consult.

"*If there is a challenge coming on my way my ancestors show me through dreams. For example, if there is a family gathering that might make me to experience danger my ancestor tell me through dreams that I must not go there" (Participant A).*

"If I come across challenge I communicate with my ancestors using bones so the they may show me what to do in order to resolve the challenge I am facing" (Participant C).

Healers, who referred to themselves as diviner, mentioned that they also use holy water to do most of their work.

"As healers we encounter challenge, so I use holy water to avoid evil spirit that may cause harm to me and my children" (Participant E)

The participants stated that they take care of themselves by taking into consideration whatever the ancestors reveals to them through dreams.

"If there is something bad going to happen, my ancestors show me through dreams. Usually I do not go to that place. Umm... like when there is family gathering, if I see that something wrong is going to happen to me. I send my daughter to go and represent me (Participant A).

Support from family

One participant indicated that she gets support from her husband as a female traditional healer. The participant said that even though it was difficult for the first time for her husband to accept that she had a calling, currently he does not have any problem with that. The participant indicated that even those who come to initiation school in traditional healing are accepted by him.

"Currently my husband does not have a problem with that I am a traditional healer. The patient who comes to be trained as traditional healers I stay with them until they complete their training (initiation school)" (Participant A,

The participants articulated that their children accept them as female traditional healer. The participant revealed that her children do marketing for her on face book so that she may have more customers.

"My son always pastes me on Facebook so that I have more customers. He does that because he knows that we depend on traditional healing for survival as my husband he is not working" (Participant B).

Support from other traditional healers

The participant indicated that they get support from other male and female traditional healers in the form of visiting them when they are hospitalized. The visitors make sure that the rights of traditional healers are not violated.

"The time I was physically assaulted, other traditional healers came to visit me in hospital. They gave me a support because by that time I was a member of traditional healing organisation" (Participant C).

The participants indicated that teamwork with other traditional healers is helpful as they are able to go together with other traditional healers to harvest the plant for medication. The participants mentioned feeling safer when goes to cultivate herbs with others.

"I scared to go to the forest alone, so I group myself with other traditional healers from different areas. When we want to harvest medication we go as a group because it is scary to go alone" (Participant A)

Support from government

The participants stated that they receive support from government as there is a policy that protects traditional healers. The participants revealed that for them to be accredited as traditional healers they must have a certificate. The participants mentioned that the certificate helps in case where the patient die or something bad happens. The participants' furthered mention that there is some training they receive from government on how to treat HIV positive patient

"Traditional healers are advised that if the patient had lost much weight, prior helping the patient must advise him or her to go for HIV testing. Patients who are taking ARV traditional healers must motivate them to continue taking their medication" (Participant D).

"I attend traditional healing gathering and they advise us to use gloves when treating patient because some patient are HIV positive. They give us gloves to wear when treating patients" (Participant B).

Divine intervention

Participants said that they pray to God to help them and give them strength to cope. Participants also explained that share some of the challenges with the pastors at church and they also get involved in fasting and prayer.

"When I come across challenges I know that is a temptation from devil. In order to overcome, I engage myself I fasting prayers" (Participant E).

4.8 Conclusion

This chapter interpreted and discussed the results gathered. The study was about the experiences of female traditional healers about their practice, at Makhado Municipality, Vhembe District of Limpopo province. The main themes which emerged from the data collected were the challenges, benefits, perception and coping strategies of female traditional healers. The researcher concludes that the female experiences more challenges than the benefits.

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 Introduction

This chapter discusses the main themes that emerged from the previous chapter. The researcher will discuss the findings about the experiences of female traditional healers on their practice at Makhado municipality, in Vhembe district of Limpopo province. This chapter outlines the overview of the study findings, discussion of the findings. In this study, the researcher found out that most of female the traditional healers were unemployed. The researcher focused on four main themes, namely challenges, benefits, perception and coping strategies of female traditional healers to handle the challenges they experience. This study found that the female traditional healers were Venda speaking and had received any formal education. Most of the participants were herbalists with a few being diviners. Some female traditional healers were married and others were single.

5.2 Challenges faced by female traditional healers about their practice.

The study revealed that the female traditional healers' experiences more challenges in their practice, than the benefits. The female traditional healers articulated the challenges they face and the sections below will discuss these. The subthemes include:

Non-disclosure of illness

The current study found that when patients come to consult with female traditional healers, they are reluctant to disclose the nature of their illnesses, especially those who are HIV positive. Hence the healers end up misdiagnosing the illness which affects the treatment that they give to patients. If a patients does not get healed community and family members view the healers as incompetent. The findings are similar to Tanga and Zimba (2014) who noted that the main challenge female traditional healers faced in their practice is when people living with HIV and AIDS do not want to disclose their status and as a result their effectiveness in the treatment to HIV positive patients is not what it could potentially be.

Financial challenges

The study revealed that female traditional healers experience financial lacks as one of their main challenges in their practice. The respondents revealed that the financial challenge is mainly caused by their clients who come to seek help without money to pay or those clients who promise to pay later when they get money, but when they have money and feeling better they do not come back to pay. The findings are consistent with Tanga and Zimba (2014) in which they points out that most traditional healers face financial challenge. For

both female and male traditional healers the issue of finance is one of the main challenges in their practice because they lack financial stability which in turn results in poor service delivery to their clients. They further confirmed that financial challenge is mainly caused by their clients who come to seek help without money to pay treatment. Their clients promise to pay later when they get money, but when they have money and feeling better they do not bother to come back to pay the treatment. Other traditional healers face financial challenges not only with their clients who do not pay their services, but they face challenges of not having money to buy medicine from chemists or to buy medical plants from traditional medical suppliers. The study conducted by Tanga and Zimba (2014) revealed that both female and male traditional healers interviewed admitted that they currently encounter financial challenges on their practice. They further added that they are unable to sustain their practice due to financial instability. Other traditional healers were noted mentioning that they are scared of having to close their practices due to financial challenges. Also indicated that financial problem does not only affect their practice, but it also affects their personal life because traditional healing is not only for helping people, but it is also for income. This means that traditional healers need income to support their families, and without income in their practice they have problems to support their families.

This study similarly that female traditional healers experience poverty in their lives due to financial hardships they are going through. They indicated that they are unable to build house for their children as they depend on money they get from patient and if the patients do not come, they do not have money to buy the basic needs of the family causes poverty. The finding is consistence with Ross (2010) who mentioned that traditional healers are discriminated against by police forces and Christian groups and struggle to gain income from their services due to widespread poverty in their communities.

However, the findings of the study also revealed that some female traditional healers are able to escape poverty through the gift from their ancestors of becoming female traditional healers. These traditional healers stressed that the money they get from patients for payment assists them to buy the basic needs for family and to take her son to school.

Lack of medicinal plants for treatment

The finding of the study revealed that female traditional healers face lack of medicinal plants as these are not easily found. The study found that female traditional healers have to go to other villages and to mountain to seek medicinal plants. According to Tanga *et, al.* (2014) in their studies, participants perceived the lack of medical plants for treatment of certain types of ailments as a challenge. They mentioned that they are unable to get medical plants which are necessary for their practice and also the female traditional healers reported that medical

plants are not easily found in the villages. Other traditional healers revealed that even in the mountains during the winter seasons medical plants are not easily found. However, some traditional healers mentioned that they do not experience lack of medical plants as they grow scarce plants in their yard and store others in preservative containers.

The spiritual healer in this study revealed that she does not face lack of medicinal plants due to the fact that she makes use of prayer, bible, water and tea. The diviner added that she experience challenge when she has to go to the mountain to fetch water. The finding is consistent with Tanga and Zimba. (2014), pointed out that others who are spiritual healers reported that they do not face lack of medical plants as their healing practices do not require medical plants; only require holy water, bible and white candles.

Role conflict

Female traditional healer experience role conflict resulting from work and traditional healing. The study revealed that female traditional healers have to perform well at work and also help patients after work and during the night. A female traditional healer mentioned that have to work in order to have the money to maintain the family and the money she gets from traditional healing is inadequate to afford the basic needs of the family, so they have to work in order to have money to supports the family. The finding is similar with Struthers (2002) who notes that female traditional healers practice their bestowed gift of traditional healing to assist and empower other while maintaining their conventional jobs. Skilled and talented female traditional healers provide holistic healing and health care in their communities using the arts of ancient traditional healing as their ancestors did before them. Their healing practice is based upon indigenous culture and values. Each healer masteres indigenous culture and values differently; some learned it from the people who raised them, from individual who crossed their life path and influenced them, from dreams and visions, and/or from genetic memory, the memory of the ancestors that engraved in genes, cells and in the memory of the blood. They also maintain other jobs to provide for their families (Struthers, 2002).

Social challenges

The finding of the study shows that the female traditional healers experience social challenge. Female traditional healers spend more time at work and at home and prevents them from attending social gatherings. The responsibilities female traditional healers have, therefore, made it difficult for them to go to social gathering.

Female traditional healers face challenge when people whom they live with in the same village speak badly about them; this limits female traditional healers' interaction with them. This finding is consistent with the study conducted by Hans (2007) indicating that female traditional healers experience multiple discrimination such as gender, racial/ethnic, cultural, linguistic and religious and class discrimination which makes them isolate themselves form other people.

The study found that female traditional healers also have challenge with their neighbours and people around the area who do not want their daughters to be married by their sons since female traditional healers are seen as witches. Queder (2007) argues that traditional women healers are considered by most of their community members as experts of accepted values, collectivism and patriarchy, and are crowned agents of socialization and acculturation for younger women. Female traditional healers have significant influence on the members of their community even those who do not turn to them for help. Although the woman healer derives most of her power and status from the women in her surroundings, her patients serve as ambassadors, mediating her powers to the rest of the community (Few, 2002).

Exposure to physical violence

The finding of the study reveals that by being female traditional healers this puts their lives are at risks because their rights sometimes become violated. The community members are very hard to accept them as female traditional healers so they end up being physically abused. The findings are consistent with Ross (2010) who noted that female traditional healers throughout the world are among the most marginalized groups, suffering discrimination not only on the basis of sex and race, but also on the basis of their cultures and class. The complex interaction of factors such as colonialism, globalization, nationalism, and top-down policies and paternalistic approaches to development have resulted in a social and economic environment that has been limiting for indigenous women. For example, indigenous women have suffered from the effects of poverty, the breakdown of traditional social mechanisms and institutions, violence and militarization, dislocation and migration, and the depletion of their natural environment and resources (Ross, 2010).

The finding of the study indicate that community members understand male traditional healers not women who are traditional healers.

Psychological stress

The study revealed that female traditional healers experience psychological stress because they are female traditional healers. They complained that they are not free to go to social gathering such as funerals and weddings. The study found that female traditional healers also have financial hardships which expose them to psychological stress. As a result of psychological stress female traditional healers reported feelings of worry, rejection, depression, unhappiness as well as a low self-esteem. In this regard, the findings are similar to those of Raab (2008), who found that financial challenge causes female traditional healers stress-related diseases such as heart disease, heart failure, stroke, kidney failure and other health problems.

Refusal by family members to acknowledge female traditional healers' calling

The study found that the female traditional healers receive their calling from ancestors through dreams telling them where to find the bones. When some female traditional healers show their husband the bones, they tell participants to throw away the bones. The participants stated that it was not easy for husband to acknowledge that the participants have a calling to be traditional healer. The female traditional healers also indicated that the fact that they initially were Christians was another major challenge. The findings are inconsistent with the study conducted by Struthers (2002) who noted that traditional healing practice is based upon indigenous culture and values. Each healer mastered indigenous culture and values differently. Some learned it from the people who raised them, from individual who crossed their life path and influenced them, from dreams and visions, and/or from genetic memory, the memory of the ancestors that engraved in our genes our cells and in the memory of the blood. It is difficult for someone who is not called by ancestors to understand (Struthers, 2002).

Legislative impact

The finding of the study revealed that even though they have certificates to show that they are traditional healers they still experience challenges regarding the cultivation of herbs. Participants indicated that sometimes they are charged certain amount of money for cultivating herbs as they do not have permit for cultivating herbs. The findings is consistent with the study conducted by Potgieter and Semenya (2014), note that in terms of compliance to legislative requirements, none of traditional healers had a permit to collect wild medicinal plants. They mentioned that the participant viewed the permit system as an obstacle to their practice. Furthermore, none of them had heard of the Limpopo Environmental Management Act (LEMA), which governs, amongst others, all aspect related to the collection, transport

and relocation of plant species in Limpopo province. When made aware of this legislation, female traditional healers indicated that environmental statutes have no bearing on their profession, as they view wild plants as common property. Their access to medicinal plants is limited by differential property rights surrounding lands. They are also discriminated against by the police forces and Christians.

5.3 Benefits of being female traditional healers

Another main theme that emerged from the data analysed was the benefits of being female traditional healers. This section covers six subthemes which detail the benefits of being female traditional healers.

Provision of health-care services in rural areas

The participants mentioned that most of the people in rural areas consider traditional-healing intervention when they are sick. Female traditional healers are available to provide that intervention such as healing, protecting people from witches and saving lives. The findings are similar to the study conducted by Berhane, Gossaye, Emmelin & Hogberg (2001) and Pillay (2002) who note that female traditional healers perform a viable role in the lives of women living in rural Africa. Female traditional healers serve as the primary health-care provider for women living in low income, rural community settings. Furthermore, Moos, Struwig and Roberts (2010) finding indicate that female traditional healers have been reported as having a caring attitude and concern about the wellbeing of patients in the communty.

Helping patients who come after Western doctors have failed to cure them

Participant indicated that they are able to treat sickness that western doctors failed to cure, for example, womb problems. Usually when the illness is not cured by western doctors patients come to traditional healers for help. Berhane, Emmelin, Gossaye..... (2001) argued that younger participants in their study were more likely to seek health care from modern health services. Because of increasing urbanization and younger generations' less knowledge about traditional health practices, in regions where modern health care alternatives are made available, the possibility exists that traditional healing practices could either be abolished or, at least, modified. Kang'the (2008) notes that over 60% of the people living in rural communities in South Africa seek help and treatment from traditional healers before visiting a medical doctor, and those who seek formal health care also continue to consult traditional healers.

Protection of new born babies

The current study found that female traditional healers play important role of protecting the babies after birth. The participants further indicated that there are children's sicknesses that are specifically treated by female traditional healers like when baby cries a lot, a disease called *Goni* (children sickness), a disease male traditional healers are not allowed to treat. The findings are consist with Ross (2010) which indicates that when parents complain that a child is difficult, cries a lot, wets the bad or is often ill, enquiries are made as to whether the birth rituals were performed by female traditional healers. The rituals involve introducing the baby to the ancestors and the ritual slaughtering of a goat whose skin is used to carry the child on the mother's back. If this ritual was not performed, the parents are encouraged to do so. Bodecker, (2000) points out that the traditional women healers work primarily to treat women in their communities. They treat physical problems for which the professional medical system have failed to offer an effective treatment, such as chronic diseases and psychosomatic pain. They treat problems characteristic of childhood, such as otitis as well as fertility problems. The women healers also treat emotional problems, such as depression and anxiety, as well as forms of life hardships, primarily problems related to livelihood and interpersonal, familial or couples' disputes. For the most part, the women healers explain these problems as resulting from supernatural causes, the evil eye, witchcraft, or demons that frighten the patient or possess him/her. Although the problems described here are related to supernatural causes, their roots generally lie in the modern lifestyle and moreover, in the transformation taking place in the traditional lifestyle. Patients turn to women healers because they lack an alternative treatment framework. Do treat acute physical and emotional problems but they do not address the blurring of terms and values, characterizing the societies nowadays, and the resulting difficulties involving body and mind, family and marital relationships.

Historical accessibility of traditional healers

The current study found that traditional healing goes back a long way and use natural plant that are created by God, which the participants use raw are not processed and not added chemical, that is why their herbs do not specifically cure one disease. Participants mentioned that one herb treat so many diseases, for example, if you are suffering from flu Western doctors will give you specific medication for flu however with traditional medicine if you are given a specific medicine for a certain disease that medicine will treat other diseases without a patient being aware of it. The findings are consistent with Manda (2008) who notes that healers such as herbalists usually use one herb to treat different diseases of patients.

He further indicates that the diviner uses water to treat different kinds of illnesses of patient, indicating that the traditional ways of healing do not specifically treat one diseases or illness.

Privacy offered by traditional healers

The findings of the study revealed that female traditional healers need high level of privacy because some patient do not want to be seen entering traditional healers houses as traditional healers are perceived as witches. Therefore patient prefers to come during late hours for their consultation. The findings is in line with Thornton (2009) who notes that female traditional healers can offer privacy in patients' home without any time limitations and they provide culturally appropriate psychological counsellig. The finding is consistent with Mkhize's (2004) that the indigenous worldview will not cease to exist just because it is marginalized. Rather people continue to rely on it, sometimes secretly and the traditional healers offer privacy for their clients.

5.4 Perception of female traditional healers about their practice

The finding of the study revealed the self-perception of female traditional healers who participated in the study. The following section focus on the subthemes this support the main theme. The subthemes include:

Inability to meet certain needs

The current study found that when the researcher asked participants about their perception regarding themselves and their situation as female traditional healers, they tended to concentrate on the financial difficulties which they said resulted in them being unable to meet certain needs. The participants mentioned that they are not doing any other jobs, hence they depend on the money they get from their practice as traditional healers. They indicated that the patients sometimes do not pay the money charged by female traditional healers causing financial difficulties as these healers are also heading families. Tanga and Zimba (2014) argue that traditional healing provide female traditional healers with financial security and independence which are important especially if they are widows or divorcees. For such female traditional healers, particularly if they are poor and uneducated, this provides them with rare alternative to support themselves and their children.

Fear of revealing that they are traditional healers

The female traditional healers are associated with witches which makes these healers to live in fear. The participants mentioned that there are a lot of traditional healers in the community who do not want to be revealed because of fear. Raabs (2008) argued indigenous women in

many rural communities provide health-care system and are known to be competent in their work.

Stigmatisation

The study found that female traditional healers experience. Some indicated that the transition from the Christian religion to traditional healing was very difficult. The female traditional healers furthered articulated that their old friend whom they used to fellowship with were no longer interested in them as they are now female traditional healer. The findings are similar to the study conducted by Tanga and Zimba (2014), during a focus group discussion female traditional healers indicated that they face co-operative attitudes and discrimination from not only from community members, but they are discriminated and mistreated by other health workers and that results in female traditional healers feeling stigmatised.

The study also found that female traditional healers are viewed as witches by some people; that perception results in female traditional healers lacking self- trust and developing low-esteem. They mentioned that they feel lonely. The finding is consistent with what Bereda(2002) noted that in Ghana, if a woman practices traditional healing it is only because she is considered a powerful witch who is not to be challenged. Gathering of plants in Ghana is a task of the male rather than the female traditional healer. Fathers will not send daughters to the bush in search of plants in fear of others thinking she is a witch, and husbands will not allow wives to help prepare medicine fearing that the concoction will not work.

The female traditional healers indicated that some community members hate them because they are aware that the traditional healers are able to see those who are practicing witchcraft in the community. The problem of stigmatization results in female traditional healers being reluctant to socialise with other people in the community. They are also unwilling to attend social gathering or engage in "stockvel" with other women.

5.5. Coping strategies used by female traditional healers

There are several ways that female traditional healers use to cope. This section represents the coping strategies used by female traditional healers in their practice in order to cope with challenges they encounter. This section consists of seven subthemes that support the main theme.

Healers receive wisdom from their ancestor

Female traditional healers confirmed that they receive wisdom from the ancestors on how to resolve the challenges they encounter on their practice. Traditional healers such as herbalists stated that they use bones to communicate with the ancestral world, to get answers when they experience problems in their practice, for example, when customers are no longer coming to consult. When female traditional healers experience challenge they have their own ways to cope. The findings is inconsistent to Cume's (2004), notes that for harmony between the living and the dead, vital for a trouble-free life, traditional healers believe that the ancestors must be shown respect through rituals and animal sacrifice

Revelation of important things by ancestors

One traditional healer stated that she takes care of herself by taking into consideration whatever the ancestors reveals to her through dreams. The finding is similar to Potgieter and Semenya (2014), who note that the source of traditional healing knowledge is from the ancestors and that not all traditional healers receive knowledge from the ancestors as it may be learned from fellow healers and family members, such as parents.

Support from family

The current study found that one female traditional healer get support from the family. The traditional healer said that even though it was difficult for the first time, for her husband to accept that she had calling to be a traditional healer, currently she does not have any problem with that. The healers indicated that even those who come to initiation school of traditional healing are accepted by him. Kissman (2003) also points out that female traditional healers are in need of various types of support, including emotional, information, task support and financial assistance. Family members provide support when they accept trainee traditional healers.

A female traditional healer indicated that her children accept her as female traditional healer and her children do marketing for her on face book so that she may have more customers.

Support from other traditional healers

The current study found that female traditional healers get support from other traditional healers in the form of visits when they are hospitalized. Other traditional healers make sure that the rights of traditional healers are not violated.

The female traditional healers do teamwork with other traditional healers and this is helpful as they are able to go together to harvest the plant for medication. The participants

mentioned that they feel safer when they go to cultivate herbs with others. The finding is consistent with Mabogo (2005), who notes that traditional healers work as a team when they perform rituals and cultivate herbs.

.Support from government

The current study found that female traditional healers get support from government as there is a policy that covers traditional healers. Participants reported that for them to be accredited as traditional healers they must have a certificate. The healers mentioned that that this helps in cases where a patient dies or something bad happens. The healers furthered mentioned that there is some training they receive from government on how to treat HIV positive patient. Thornton (2009) points out that the government of South Africa has taken steps to standardized traditional healers training and accreditation, although the attempts at standardization have been perplexing as there are many form of traditional healer and practice. The literature indicates that there can be synergy and collaboration between health care providers and traditional healers in training and in practice of HIV and AIDS care and prevention. Ritcher (2003) notes that nowadays health skills are vital to traditional healers to empower them with particular competencies such as using of gloves and that might be important for counseling and to understand the necessity to conserve and manage HIV patients.

Divine intervention

The study found that female traditional healer pray to God for help and strength to cope. The diviner also explained that she shares some of the challenges with the pastor at church and get involved in fasting and prayer. The findings is consistent with Makhubu and Ntando (2013) who note that diviner use prayers to overcome the berries they come across in traditional healing. Strohl (2010) indicates that prayers are believed to be beneficial for diviners. Bereda (2002) points out that female traditional healers use medications in their diagnosis and treatment of patients, prophets/faith healers use prayer, candlelight or water. Sometimes, upon cure, a patient automatically becomes a member of the church to which the faith healer who cured him/her belongs (Thabede, 2008). Others may be trained in an institution like a biblical college, technikon or university as well as in some churches.

5.6 Conclusion

This chapter highlighted the data analysed and discussion. Themes emerged from the data analysed were discussed. The findings' themes were supported by transcribed data.

CHAPTER 6: RECOMMENDATIONS AND CONCLUSIONS

6.1 Introduction

This is the final chapter of the study which discusses the limitations of the study, implications of the study and recommendations of the study. The researcher made recommendations based on the findings which emerged from the study. The researcher will have to explained the limitations the researcher encountered when conducting the study and also made recommendations to female traditional healers, government and future researchers based on the experiences of female traditional healers in their practices at Makhado municipality, Vhembe district of Limpopo province.

6.2 Summary of the study

The aim of the study was to explore the experiences of female traditional healers on their practice at Makhado municipality, Vhembe district of Limpopo province. The objectives of the study are as follows:

- To identify traditional healers area of specialization.
- To explore the experiences of female traditional healers at Makhado Municipality.
- To establish the strategies used by female traditional healers to cope with challenges they face as female traditional healers.

The objectives of the study were achieved

6.3 Limitations of the study

In this study the researcher found that doing field work with female traditional healers was a challenging experience. Although participants were willing to work with the researcher, there was a challenge in making arrangements for interviews with some participants due to the fact that they go to work during the week and during weekends were busy at home with patients. Other participants were busy with patients as patients do not make appointment when they come to consult; that made securing appointments for the interviews not easy.

6.4 Implications for the study

In this study, the researcher found that the data collected was relevant to the study because the participants answered the major questions. The aim and objectives of the study were addressed in the data collected showing that the study was relevant to the topic researched. Female traditional healers often experience challenges when practicing traditional healing.

6.5 Recommendations of the study

This section outlines recommendations that can be used as a starting point to address some of the challenges that are being encountered by female traditional healers.

(i) Situation where female traditional experience challenge, the researcher recommends that they should take initiatives by starting projects that will boost their confidence. They should come up with programmes that will motivate them as female traditional healers, and help them to understand their world better and develop positive perception about themselves.

In situation where female traditional healers experience financial challenge, they are encouraged to start small business so as to increase their sources of income. There are some businesses that are flexible which they can easily do even if they are female traditional healers. Those who intended to become female traditional healers should also consider going to school in order to stand a chance to get better job. It is important for female traditional healers to plan ahead.

Due to stigma that female traditional healers encounter in the community, female traditional healers should learn to accept themselves. It is important for them to make friends irrespective of what others will say. Female traditional healers should encourage their children to also believe in themselves.

(ii) The government should put more efforts to come up with programmes to empower female traditional healers. NGOs can cater for female traditional healers in order to strengthen them socially, emotionally and psychologically. Programmes to educate community members about traditional healing should be set up. The researcher recommends that the government should come up with a policy that protects female traditional healers.

(iii) In this study, the researcher recommends that future researchers must stick to the guiding principles of research, so that researchers may be competent in their studies. Researchers must do further research about the experiences of female traditional healers in their practice.

6.6 Conclusion

The study achieved its aim of exploring the experiences of female traditional healers in their practice, in the Vhembe district of the Limpopo Province and the objectives of the study were also achieved. The researcher found that female traditional healers encounter various challenges such as non-disclosure of HIV status by patient, financial challenge, lack of medicinal plants for treatment, role conflict, social challenges, exposure to physical violence and refusal by family members to acknowledge female traditional healers' calling. However, there are benefits which female traditional healers get for being traditional healers such as provision of health-care services in rural areas, helping patients who come after Western doctors have failed to cure them, protection of new born babies,historical accessibility of traditional healers and privacy offered by traditional healers. Female traditional healers have their own coping strategies to cope with challenges that they experience in their practice. Finally, there is a need to educate healers regarding the significant of various conservation legislations in their traditional healing practices.

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Appendix 1: Interview schedule.

- What are the experiences and coping strategy of female traditional healers at Tshikuwi village.

Appendix 2: Permission letter

My name is Rambau Musiiwa Ivy; I am a Masters student at the University of Venda. I wish to conduct a researchstudy on the experiences of female traditional healers on their practice, Makhado municipality, Vhembe district of Limpopo province. I am therefore, requesting the participants to participate in my study. I edge the participants to understand that the participation is voluntary and the participants are not forced to participate in the study.

The choice whether to participants or not is entirely theirs. I really appreciate if the participants show will to share their thoughts about the experiences of female traditional healers with me. If the participants choose to not to continue with the interview may not be affected anyway as the participation is voluntarily. If the participants agree to participate, and then change their mind, may discontinue at any time and it will be appreciated if they tell the researcher that they do not want to continue with the interview. The researcher will not indicate participants name anywhere on the research and no one will have access to the data collected except the researcher and the supervisors. The information collected will be used to serve the purpose of research. The data collected will be treated with confidentiality.

Your cooperation will be highly appreciated.

Yours Faithfully

....

Researcher: Rambau Musiiwa Ivy Date

....

Supervisor : Dr. Takalani James Date

Co-supervisor : Prof. M. Mashamba

Co-supervisor : Mrs. M. D. Mushwana

Appendix 3: Consent letter

I Rambau Musiiwa Ivy am a research student from University of Venda, Department of psychology. I am conducting study on the experiences of female traditional healers on their practice at Tshikuwi village, Makhado Municipality, Vhembe District. I am requesting for your voluntary participation in my research study, as part of the requirements to complete my study for Honours in psychology.

I will be conducting interview about the experiences of female traditional healers on their practice. The interview may take a maximum of one and half hour. I assure you that your personal information/identity will be kept confidential. Note that your participation is strictly voluntary, and that you are allowed to withdraw at any time during the study. I assure you my full honesty and uprightness.

If you are willing to participate , please sign this form below.

Thanking you in anticipation for your participation.

Participant's Signature:.....

Researcher's Signature:.....

Date:...../...../.....

Appendix 4: Consent form

I.....hereby consent to participate in the research study entitled "the experiences of female traditional healers at Tshikuwi village of Makhado municipality under Vhembe district, Limpopo province. I understand that I participating voluntarily and without being forced to participate. I also understand that I am allowed to stop participating at any point during the interview process. The condition of the study is fully explained to me. I understand the circumstances of my participation.

....

Signature of the participant Date

....

Signature of researcher Date