TRADITIONAL HEALING IN CONTEMPORARY SOUTH AFRICA: PERSPECTIVE FROM TRADITIONAL HEALTH PRACTITIONERS IN VHEMBE DISTRICT (LIMPOPO).

By

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DECLARATION

I THARIHANI MICHAEL RISIMATI declare that this thesis is my own original work and has not been previously submitted in any form whatsoever, by myself or anyone, to this University or to any other educational institution for any degree or examination purposes. All sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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DEDICATION

This thesis is dedicated to the community of the researchers and health professionals in private, traditional and public sectors. Lastly, I also dedicate this thesis to the Department of Anthropology, Indigenous Knowledge System (IKS) and Health Sciences in University of Venḓa.

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ABSTRACT

The main thrust of this study was to investigate the dynamics that characterise Traditional Health Practitioners and their practices in the modern society of Vhembe District of the Limpopo Province following democratic changes that came with passing of the Traditional Health Practitioners Act (Act No 22 of 2007). The study utilised anthropological qualitative research designs. Participants in this study were traditional health practitioners found in Vhembe district. Fieldwork data was gathered with the use of semi-structured interviewer-administered questionnaires. The data that was generated was analysed using classifications and themes. Looking at the nature of traditional healing and their views in the contemporary society in the Vhembe district, the study discovered that traditional health practitioners admit that their healing practices cannot address all modern diseases facing patients as much as biomedical practices cannot address all diseases facing modern people due to differences in theory of their healing practices. Therefore, the study recommends that collaborative efforts should be focused more on the area of herbalism than in the area of divination. This is because of similarity in the usage of medicine and understanding causation of disease between biomedical practice and herbalism. Capitalising on the similarities can create a rich environment of knowledge-sharing from both BMPs and THPs of the category of herbalists which will lead to effective health service delivery to the patients.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	African National Congress
BMPs	Biomedical Practitioners
DOT	Direct Observation Treatment
HIV	Human Immunodeficiency Virus
STI	Sexual Transmitted Infection
THO	Traditional Healers' Organisation
TB	Tuberculosis
THPs	Traditional Health Practitioners
VCT	Voluntary Counselling and Testing
VDTHPsA	Vhembe District Traditional Health Practitioners Association
WHPs	Western Healing Practices
WHO	World Health Organisation

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LIST OF TABLES **PAGES**

Table 3.1: Statistics of languages spoken in Vhembe District Municipality 29

Table 4.1: Age of the participants 37

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LIST OF FIGURES

PAGES

Figure 3.1: Vhembe District Municipality Map 31

Figure 4.1: This photo was taken during focus group discussion at Thulamela Local Municipality of Traditional Health Practitioners taken after Vhembe District Traditional Health Association monthly meeting.....38

Figure 4.2: An example of an image of a modern Traditional Health Practitioner 40

Figure 4.3: A picture of a traditional health practitioner displaying her ceritificate 84

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TABLE OF CONTENTS

Declaration i
Acknowledgement ii
Dedication iii
Abstract iv
Abbreviations and acronyms v
Chapter 1 1
1.1 Introduction and background of the study 1
1.2 Problem statement 2
1.3 Aim of the study 3
1.4 Objectives of the study 3
1.5 Research questions 3
1.6 Rationale of the study 4
1.7 Definition of terms 4
1.8 Chapters of the study 5
Chapter 2: Literature review 6
2.1 Introduction 6
2.2 The ethnography of traditional healing in south african regions 6
2.3 Traditional healing and the contemporary society 10
2.3.1 A comparison between traditional healing practices with biomedical healing practices 11
2.3.2 Different approaches used by traditional healing practices and biomedical healing practices in diagnosing diseases 13
2.3.3 The attitudes of biomedical practitioners (bmps) towards traditional health practitioners (thps) 13
2.3.4 Traditional health practitioners' limited understanding of modern diseases which are caused by viruses, human anatomy and pathology 14
2.3.5 The need for incorporation of traditional health practitioners into an overall health system 15
2.3.6 Some collaborative workshops between traditional health practitioners and public health workers in south africa 20
2.3.7 Vulnerability to hiv/aids and other diseases through traditional healing practices 20
2.3.8 The benefits of traditional healing 21

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2.3.9 The traditional health practitioners' organisation (tho) 22
2.3.10 Financing traditional healing practices 23
2.3.11 Specific legislation relating to traditional health practice 23
Chapter 3: Research methodology 26
3.1 Introduction 26
3.2 Research design 26
3.3 Research method 26
3.4 Data gathering technique 27
3.4.1 Interviews 27
3.4.2 Key informants 28
3.4.3 Focus groups discussions 29
3.4.4 Location of the study 30
3.5 Sampling procedure 31
3.5.1 The cultural consensus model of informant competence 32
3.6 Ethnographic tools used in the study 32
3.6.1 Pen and paper 32
3.6.2 Photo camera 33
3.6.3 Video recorder 33
3.7 Methods of data analysis 33
3.8 Ethical considerations 34
3.8.1 Permission 34
3.8.2 Honesty 34
3.8.3 Trust 35
3.8.4 The principle of fairness 35
3.9 Limitations of the study 35
3.10 Conclusion 36
Chapter 4: Discussion and analysis of fieldwork data 37
4.1 Introduction 37
4.2 Research participants 37
4.3 The self concepts of traditional health practitioners found in vhembe area 38
4.3.1 How do they define themselves? 38
4.4 The calling of traditional health practitioners 44
4.4.1 It involves dreams 45
4.5 Types of traditional health practitioners 51

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4.6 The general outlook of modern traditional health practitioners in vhembe district municipality 52
4.7 The kind of illnesses / diseases or conditions that traditional health practitioners cure 54
4.7.1 South african traditional health practitioners' world-view/ cosmology in brief..... 54
4.8 Men's illnesses..... 62
4.8.1 U wela..... 62
4.8.2 Ḍorobo / drop- gonorrhoea 63
4.8.3 Lukuse..... 64
4.9 Female illnesses 64
4.9.1 Gokhonya/ goni 64
4.9.2 "U sa beba'' infertility 65
4.10 Children's illnesses 66
4.10.1 Ngomalukala..... 66
4.10.2 Tshiivha 66
4.10.3 *"U thusa vhana''* indigenous immunisation..... 67
4.11 Healing of bad luck ''tshinyama'' in tshivenḓa language or ''xinyama'' in shangaan/ xitsonga language. 68
4.12 *"Ku endla gandzelo''* building a family alter libation..... 68
4.13 Creating luck..... 69
4.14 Offering of protective folk medicines..... 69
4.15 How is the relationship between traditional health practitioners and their patients? 70
4.15.1 The relationship between traditional health practitioners and their patients are based on the african philosophy of ''ubuntu''..... 70
4.15.2 Traditional health practitioners view their patients as both clients and visitors..... 70
4.15.3 Their relationships are based on honour of human dignity. 70
4.15.4 Is based on fear of punishment by the ancestors for abusing their patients 71
4.15.5 It is influenced by fear of loss of clients..... 71
4.15.6 Avoidance of being penalised by vhembe traditional health practitioners association (vdthpsa) 72
4.15.7 Is influenced by sharing common cultural values and beliefs..... 72
4.16 How are traditional health practitioners linked to hospitals and are there possebilities to form linkages? 73
4.16.1 The existing link between thps and bmps..... 73

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4.17 Obstacles that prevent the link between thps and bmps 75
4.17.1 Lack of space that can satisfy the needs and services of thps 76
4.17.2 Different world views between traditional health practitioners and biomedical practitioners on the cause, understanding and healing of diseases. 77
4.17.3 Fear by traditional health practitioners of losing their trade to biomedical practitioners 77
4.17.4 Fear to lose their social status and influence in the society 78
4.18 Ways for successful collaboration as suggested by thps 78
4.18.1 Channels of communication should be improved 78
4.18.2 Discussion conferences should be organised 79
4.18.3 Clear description of areas of collaboration between thps and bmps 80
4.18.4 Criteria of appointment of those eligible for working in the public institutions should be identified 80
4.19 The organisation of traditional health practitioners in associations 80
4.19.1 The general overview of vhembe district traditional health practitioners association 80
4.19.2 Conditions of becoming a member of the association 81
4.19.3 Termination of membership from the organisation 82
4.19.4 Dispossession of membership certificates 82
4.19.5 How many meetings 82
4.19.6 The election of the management committee 82
4.19.7 How the organisation gets funds for management 83
4.19.8 The importence of certificate of practice as traditional health practitioners 83
4.19.9 The objectives of the vhembe traditional health association 85
4.19.10 The benefits of traditional health practitioners for becoming members of vhembe traditional health practitioners association 85
4.20 What are the attitudes of traditional health practitioners towards biomedical practitioners? 86
4.20.1 Negative attitudes of traditional health practitioners towards biomedical practitioners 87
4.20.2 Positive attitudes of traditional health practitioners towards biomedical practitioners 92
4.20.3 What are the challenges faced by traditional health practitioners in their practices? 93
4.21 Traditional health practitioners' suggestions for resolving their challenges 100

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4.21.1 The government should provide thps with basic health care facilities and training on how to use them 100
4.21.2 The government should promote collaboration between biomedical practitioners and traditional health practitioners 101
4.21.3 The government should finance discussion programmes between thps and bmps 101
4.21.4 The government should provide basic workshops to train them on new legislative policies relating to their services 102
4.21.5 The government should make use of the vdthpsa to create the platform of debate between traditional health practitioners and biomedical practitioners 103
4.21.6 The government should provide awareness programmes targeting traditional health practitioners in vhembe district municipalities 104
4.21.7 The department of correctional services and police stations should create collaborative links to fight corruption and violence that involves traditional health practitioners 104
4.21.8 Making use of media, such as local radio stations to create the platform for the public mass to debate with traditional health practitioners 105
4.21.9 The government should finance projects aimed at planting herbs which in return will help promote health care and job creation 105
4.21.10 Traditional leaders should have a directory of traditional health practitioners living in their areas and encourage them to attend meetings with other stakeholders 105
4.22 Conclusion 106
Chapter 5: Summary of the findings and recommendations 107
5.1 Introduction 107
5.2 The researcher's critical remarks: 107
5.3 Summary of findings of the study is as follows: 110
5.3.1 The self-concept of the traditional health practitioners in vhembe district 110
5.3.2 Types of illnesses as they are defined by traditional health practitioners 110
5.3.3 A description of the relationship between traditional health practitioners and their patients 111
5.3.4 Pointing out and exploring the link between traditional health practitioners and the hospitals 111
5.3.5 How traditional health practitioners are organised 112
5.3.6 Attitudes of traditional health practitioners towards biomedical practitioners 112
5.3.7 Challenges faced by traditional health practitioners in dispensing their services ... 113

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5.3.8 Suggestions were made by thps on how these challenges can be resolved. 113
5.4 Recommendations of the study 113
5.5 Recommendation for further research 115
References 116
Appendices 122
Appendix A: Aligning traditional healing and human rights 122
Appendix B: Hospital admission refusal form 123
Appendix C: Questions asked include 125
Appendix D: Informed consent form 126

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CHAPTER 1

1.1 INTRODUCTION AND BACKGROUND OF THE STUDY

Before biomedicine/western medical practice was practised in South Africa, healing was mainly sought from traditional healing perspectives. Biomedicine came as a supplementary approach to traditional healing practice and the former professed to be superior to traditional healing (Liebenberg and Mathebe 2006:33).

World Health Organisation (WHO) formally recognised the importance of collaborating with Traditional Health Practitioners in 1977. It organised a number of expert consultations and conferences, and issued guidelines on traditional medicines, Traditional Health Practitioners and initiated collaboration between biomedicines and traditional medicines. Because traditional medicines use biological resources and knowledge of traditional groups, it is often linked to biodiversity conservation and indigenous peoples' rights over their knowledge and resources (Abdool Karim, Ziqubu-Page, and Arendse 1994:84 s1-s16).

WHO estimates that up to 80% of the population in Africa makes use of traditional medicine. In Sub-Saharan Africa, the ratio of Traditional Health Practitioners to the population is approximately 1:500, while medical doctors have a 1:40 000 ratio to the rest of the population. It is therefore clear that Traditional Health Practitioners play an influential role in the lives of African people and have the potential to serve as crucial components of a comprehensive health care strategy (Richter 2003:8).

Research conducted by Thornton (2002) in South Africa estimated that 80% of South Africans consult traditional health Practitioners as a first point of call, making them potential stakeholders of influence in the society Clement and Marah (2007:1).

During the apartheid dispensation in South Africa, Traditional Health Practitioners were described as witch doctors and their healing practices were not accepted by the government of the day as lawful to meet public health standards. The advancement of 'Western' or biomedical health care systems in South Africa in the practice and livelihood of Traditional Health Practitioners, distorted the roles of the diviner and herbalists (Richter 2003:8).

After the first democratic elections in 1994 in South Africa, messages of African Renaissance under the leadership of former President Thabo Mbeki began to spread. These messages

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influenced the health fraternity, too. This made Traditional Health Practitioners gain recognition in the health fraternity. As a result, they earned a new status of 'traditional doctors' or Traditional Health Practitioners, rather than witch-doctors.

In 2007, a Traditional Health Practitioners Act (Act No. 22 of 2007) was passed by the South African government. The purpose for the Act was,

- To establish of the Interim Health Practitioner Council of Republic of South Africa;
- To establish a regulatory framework to ensure efficacy, safety and quality of Traditional Health care Services; and
- To control the registration, training and practice of THPs and to provide for matters incidental thereto.
- To provide treatment and preventative measures in Traditional medicines.
- Objectives, quality, universal norms and standards of Traditional Medicine.
- With the passing of this legislation, the status of Traditional Health Practitioners improved. However, the new legislation expressed the need for the control and regulation of traditional healing services.

In a study by Risimati (2013:65), several healers reported that they were not sure how they were supposed to comply with new legislation. Regardless of the fact that there are some traditional health practitioners who were trained through workshops, some are not yet offay with what the Act requires of them.

1.2 PROBLEM STATEMENT

The new democratic dispensation regarded traditional healing as a viable option to some people. This led to the establishment of the Traditional Health Practitioners Act of 2007. This clearly shows that there is room for traditional healing practices in contemporary South Africa. However, the position of traditional health practitioners remains unclear. Based on the negative history of traditional healing in South Africa, there is a need for further investigation into the dynamics of traditional healing in contemporary South African society with a view to identify and recommend possible solutions that will contribute to a cooperative relationship between Traditional Health Practitioners, biomedical practitioners and patients.

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- What are the challenges faced by Traditional Health Practitioners in their practices?
- What are Traditional Health Practitioners' suggestions for resolving these challenges?

1.6 RATIONALE OF THE STUDY

Understanding and profiling the views, challenges of Traditional Health Practitioners and their experiences in modern society will help health policy makers formulate policies that will help solve their current problems. These will also contribute to improving the relationship between biomedical practitioners and Traditional Health Practitioners, which seems to be unsatisfactory. This in turn will create a platform for effective communication between all parties involved; namely, Traditional Health Practitioners, biomedical doctors and patients.

1.7 DEFINITION OF TERMS

The following have been identified as the key concepts in the study.

African Renaissance is the concept that African people and nations shall overcome the current challenges confronting the continent and achieve cultural, scientific, and economic renewal. This concept was articulated by Sheikh Anta Dip in 1946-1960 and was popularised by the former South African President, Thabo Mbeki in 1997 (Malagapuru 1999).

Biomedical/Naturalistic medical system describes illness as being caused by impersonal, mechanistic causes in nature that can be potentially understood and cured by the application of the scientific method of discovery. Typical causes accepted in naturalistic medical systems include organic breakdown or deterioration, obstruction, injury, imbalance, malnutrition, and parasites. Student- doctors or student nurses in medical schools throughout the modern world are taught this kind of naturalistic explanation (Winkelman 2009:428).

Cosmology / world-view refer to all attempts to make intellectual sense of the world and life, so that in broadest sense it involves theories of explanation. But these theories are not only intellectual statements. These concepts and beliefs also often make statements about every ground of our being and, as such, often have a strong affective (emotional) content. Intellectual objectivity thus shades over into the area of subjective value system (Hammond-Tooke: 1989:33).

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Health is defined as the positive state of physical, emotional, mental, personal, and spiritual well-being, a condition of balance of an individual with nature and his or her social world (based on World Health Organisation conceptualization) (Winkelman 2009:432).

Primitive medicine/ Folk medicine/ Traditional medicine: refers to nonscientific medicine and may be a set of beliefs and practices shared by or engaged in by almost everyone in the society; it may also be the special province of a differentiated group of recognised healers (Coe 1978: 136).

Traditional Health Practitioners: Traditional Health Practitioners are generally divided into two categories – those that serve the role of diviner-diagnostician (or diviner-mediums) and those who are healers (or herbalists), while the herbalist then choose and apply relevant remedies. The diviner provides a diagnosis usually through spiritual means, while the herbalist then chooses and applies relevant remedies (Richter 2003:8).

1.8 CHAPTERS OF THE STUDY

***Chapter one*:** This chapter provides a clear introduction and background presentation of issues of focus in the study; it also presents the problem statement; aims and objectives of the study; major research questions and the rationale of the study.

***Chapter two*:** The chapter comprises the relevant literature. Ethnographic works by different anthropologists and authors have been reviewed and recorded for reference. That was done to ensure correlation with major research questions of the study.

Chapter three: Research Methodology and research design. The chapter also expose the systematic discussions of the nature and type of research methods and choices. It further discusses research instruments, population and location and ethical issues and gives a clear explanation of how the study was conducted.

***Chapter four*:** This chapter provides the discussion of findings and analysis of Fieldwork data.

***Chapter five*:** This chapter presented a concise interpretation of the findings, conclusion and recommendations thereof.

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CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

This chapter explores literature on what characterises traditional healing. It provides a broad description of traditional health practices in the contemporary society. This chapter comprises of three sections follows: Ethnography of traditional healing in South Africa; the anthropology of healing and traditional healing and the contemporary society. The researcher decided to review different sources of literature in order to find the most relevant information which would address the main objectives of the study. This compelled the researcher to consult books, journals and articles authored by Hammond-Tooke and Stayt in order to have an understanding of ethnographic studies conducted in South Africa, more-especially those conducted in the region where the study is undertaken, such as Vhembe where the Venḓa and Tsonga people are predominant. Victor Turner and Thomas Lambo's books were reviewed for the purpose of gaining an understanding of the theories of anthropology of health in general. These helped the researcher to broaden his perspective on the nature of anthropology of healing as practiced elsewhere in the world and on the continent. Ritcher, Thobeka, Tafur; Mathebe; Winkelman; Geissler & Pool; Helman; Walwyn; Gelfand; Freeman and Moetsi; Warren, Slikkervieer and Brokensha; Chavunduka; Ndzimande, Sibiya and Gqaleni; and Netshiombo, Sodi and many more, were also reviewed in order to have a clear picture of how traditional healing and the traditional health practitioners are muddling through with new legislative changes coming with modernity focusing on the research questions of the study.

2.2 THE ETHNOGRAPHY OF TRADITIONAL HEALING IN SOUTH AFRICAN REGIONS

In this section, the researcher looked at the ethnographic works by Hammond-Tooke and Stayt which were conducted in various regions around Southern Africa. The researcher focused on the works involving Vhavenḓa people and the Tsonga/Shangaan people in the Transvaal, currently known as Limpopo Province of South Africa. This is because this study was conducted in Vhembe District Municipality where the two groups are predominant. Reviewing the ethnographies that took place in the region helped the researcher to have the historical record and principles that constitute traditional healers and their practices. Another reason was

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to identify the specific illnesses and diseases they treated and also to identify the dynamics of how they did it without the help of biomedical practitioners and government support.

Hammond-Tooke (1993:185) asserted that, health was a major preoccupation of the people of Southern Africa. Although Alberti reported the absence of serious diseases among the Xhosa in 1801, this was certainly not true of groups living in Transvaal lowveld, where malaria, sleeping sickness and other tropical diseases have always been endemic. The great importance of health was reflected in the fact that healing was linked with the religion, which included witchcraft beliefs as an explanation of evil. Pollution beliefs were not part of religious system and, with their concept of contagion.

The South African Bantu were faced with three possible causes of illnesses: ancestral displeasure, witchcraft or sorcery, entailed dire consequences for the person accused and found guilty. The prospect of public execution for witchcraft made it essential for the verdict of guilt to be unequivocal and backed by the highest authority. This was the work of the diviner (IsiXhosa - *igqwirha*, IsiZulu - *Isangoma*, seSotho – *mokoma/ ngaka*) Among South African healers, differences in healing practices have been noticed. However, similarities have been identified particularly among the Baeda, Tsonga and Sotho healers (Hammond-Tooke, 1993:187)

Healers have been playing an important role in the health of the members of the black society. This was linked to the fact that there were two types of healers; namely, the diviner and the herbalist. The diviner was specially called to the profession by the ancestors and worked with divine assistance. On the other hand, the herbalist, (Zulu and Tsonga, *inyangas*, Xhosa - *igqwirha*; Sotho - *ngaka*), was not called by the ancestors. They were usually men who chose or decided to learn the 'trade' under another specialist. Herbalists could be compared with modern pharmacists; they are the masters of medicines and have vast knowledge of plants, roots and other substances. Diviners were analogous to medical doctors.

Stayt (1968:263) defined an herbalist as 'nganga in the ethnographic study in Bavenda people. Nganga was defined a medicine-man as one who can also posses divinatory dices, yet he is not necessarily credited with the occult powers of *'mungoma'* a diviner. Nanga can be consulted on practically every occasion when an event occurs outside the natural order of things. Nganga herbalist is less powerful while *mungoma* diviner is credited with powerful occult powers. Within these two groups, there are a large number of specialists who, after understanding their

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general principles of calling, have learnt the specialised treatment of certain diseases or catastrophes, often inheriting the knowledge from a long time of specialist ancestors. It is believed that there is no man skilled in everything in traditional healing.

Ethnographic studies conducted in South Africa identified differences in divinatory practices among the healers. The Sotho, Venḓa, Tsonga/Shangaan, Xhosa, and the Zulu's practices have been identified as different. However, among these tribes, there are some similarities which have been identified; such as, Venḓa, Tsonga and Sotho, who practice divination by means of dice: a set of bones or ivory tablets, together with specially selected astragalus bones and other objects. It was believed that the gods/ ancestors guide the falling of the dices after they were blown and a short prayer is made by the healer. Then, the dices were read off according to specific rules in order to find meanings of the causes of illnesses or problems. Among the Nguni healers, divination is practiced by becoming a spirit medium who diagnoses the causes of illnesses, either through going into a trance and acting as a mouth piece for the controlling ancestor, or by the exercise of what seem to be 'psychic' gifts of clairvoyance (Hammond-Tooke, 1993:186-187).

It has been a norm that every person who believed that he/she been called by the spirits of the ancestors to become a healer to undergo a training. Each healer would testify different symptoms indicating the state of being called by the ancestors to become a healer. This involves a series of persistent events through dreams and a trance. To some this may manifest itself in the form of a long illness which is cured by means of submitting to the spirits of the ancestors. This whole process is known as 'thwasa'. It involves ancestral dances and travelling long distances in search for medicines and meditations (Hammond-Tooke (1993:187-190).

Every nanga in the Bavenda people is paid after the patient was healed. If the patient is not cured, the nanga is not paid. Payment is in the form of money or in-kind. If the patient is healed and does not have either money or in-kind payment, he/she would leave with the nganga a token such as bracelet to show that he/she will come back to pay as soon as possible (Stayt, 1968:269).

The Bavenda attribute almost all diseases either to the evil influence of ancestors' spirits or witchcraft. Some of the illnesses include the following: malaria *(dali),* bleeding with mouth or nose *(nombe),* headaches, smallpox *(thomba),* snake-bite, vomiting, Tuberculosis (TB) *(lufhiha), 'thusula'* drop, *'tshipengo'* mental illness, Stayt (1968:271).

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The literature quoted above shows to the researcher that healing in the South African people is also perceived as a complex phenomenon. Looking at the causes of illnesses, it is believed that both supernatural and natural intervention can cause an illness or a disease. This makes the distinctive roles of the diviner and herbalists more functional within the society. Among South African healers, differences in healing practices have been observed. However, similarities have been identified particularly among the Bavenda, Tsonga and Sotho healers. Each person after understanding the calling by the ancestors to entire the profession of traditional healing, undergoes a training process known as *'thwasa'* in Zulu and Tsonga.

The researcher decided to include the theoretical framework of how traditional medicine works in order to gain insight into what traditional health practitioners do. Lambo (1997: 162) asserted that the character and effectiveness of the medicine for the mind and the body always and everywhere depend on the culture in which the medicine is practiced. In the West, healing is perceived to be a private matter between the patient and therapist. In Africa, healing is an integral part of society and religion, a matter in which the whole community is involved. This means that an understanding of the healing process is interwoven with different cultural beliefs such as rituals, ceremonies, symbols and rites. Turner (1986:41) defined redressive rituals as something that include divination into the hidden causes of misfortune, conflict, and illness (all of which in tribal societies are intimately interconnected and thought to be caused by the invisible action of spirits, deities, witches, or sorceress). In this regard, Lambo is of the view that, it seems impossible to speak of a single African viewpoint because the continent contains the broad range of cultures. The Ga, the Maasai, and the Kikuyu, for example, are as different in their specific ceremonies and customs as are the Bantus and the Belgians. Yet in sub-Saharan black Africa, the different cultures do share a consciousness of the worldview. They have in common a characteristic perception of life and death that make it possible to describe their overriding philosophy. (In the United States, Southern Baptists and Episcopalians are far apart in many of their rituals and beliefs, yet one could legitimately say that both share a Christian concept of life (Lambo, Article 31, 1997: 163). The researcher planned to include this literature in order to find out how traditional health practitioners operate as a group or if it is possible to operate as a group or not. This would give the researcher an opportunity to ask questions regarding how they are organised in their associations. The use of folk medicine is not only attributed to uneducated people or non-Westernised families in Africa; highly educated people in Africa have been found to use folk remedies. These include sacrificing of goats and the use of charms in order to gain favour with teachers and leaders (Lambo, Article 31, 1997: 163).

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The researcher took note of the role of effecting magic, supernatural powers and distributing charms in traditional healing system. The inclusion of this literature would assist the researcher to seek clarity in fieldwork on the question of how the link between traditional health practitioners and biomedical practitioners in contemporary society can be discovered since it depicts the area of clash between these two healing systems.

The causes of illness are not simply attributed to the unknown or dropped into laps of the gods. Causes are always linked to the patient's immediate world of social events. As Victor Turner's study on the Ndembu people of central Africa revealed, diviners believe a patient ''will never get better until all the tensions and aggressions in the group's interrelations have been brought to light and exposed to ritual treatment''. In Lambo's work with the Yoruba culture, supernatural causes are regarded as agents and consequences of human will. Sickness is the natural effect of some social mistake – breaking a taboo or breaking a kinship rule (Lambo, Article 31, 1997: 163). The present researcher planned to use this literature to provide insight into finding the difference between traditional healing practices and biomedical practices in order to point out the link and inquire regarding the possibilities to be linked with the hospitals (Turner, 1986).

The review of the ethnographic studies conducted in Africa revealed that the concept of health and illness in Africa is interwoven. Health is not look upon as an isolated occurrence. It reflects the integration of the members of the community, and the family. Healing does not necessarily mean the absence of a disease but an indication that a person is living peace and harmony with others, environment and that he is keeping the laws of the gods and the tribe. Therefore, the practice of medicine is more that the administration of drugs and portions. It involves ritualistic or ceremonial activities which could be personal and communal those are expressed towards the promotion of human well-being.

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2.3 TRADITIONAL HEALING AND THE CONTEMPORARY SOCIETY

Looking at the ethnographic studies and the anthropology of health in general, it is imperative to survey relevant literature in the contemporary anthropology of health. Traditional healing in South Africa has a negative history which the democratic government is attempting to address. This compelled the new government to implement new legislature to improve the image of traditional health practitioners and to regulate their practices in the contemporary society. This governmental endeavours that aimed at improving the image of traditional healers and their

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practices, created the new world of changes in traditional healing practices which has been operating under the guidelines of spiritual beliefs since time immemorial. Now this appears to the researcher that these governmental efforts are open to new challenges since the public health fraternal has been dominated by the biomedical practice who are also addressing the same issue of health. Therefore, the researcher decided to review the following concepts which have something to do with contemporary debates on health with the aim to answer the general questions of the study.

2.3.1 A comparison between traditional healing practices with biomedical healing practices

The researcher planned to compare these two healing systems in order to gain understanding into the guiding principles of the two systems. This would help the researcher to facilitate interviews and focus group discussions on the area of exploring the possibilities for collaboration between these two healing systems. This would help the researcher to recognise the valuable information during the interviews.

In traditional healing there is a holistic conceptualisation of health, wherein spiritual, physical, emotional, and mental wellness are regarded as inseparable, while in Western mental health, the focus is often exclusively on the mental and emotional components. (Winkelman 2009:179). Hence, when a client seeks the help of a Traditional Health Practitioners, he/she is in a position to address his/her spiritual, physical, emotional, or mental wellbeing in one consultation or with the same healer. One observes this often in many minority clients who seek traditional healing as their first port of call, thus making allopathic medicine their alternative method. Because of the cultural philosophy of health and illness, ethnic minority clients represent and present their illness and psychological discomfort with the mind-body-spirit conceptual framework that is understood by Traditional Health Practitioners Buhrmann (1982). For example, Buhrmann (1985:26), in her work with the Zulu people in South Africa, observed that they do not divide their illness into different categories of somatic, psychological and psychosomatic; they do not split them into good and bad parts, but express their distress as ''when part of me is ill, the whole of me is ill, irrespective of what the illness is''. On the other hand, Western allopathic medicine tends to view illness as a form of biological malfunctioning which expresses itself through chemical, anatomical, or physiological alterations; thus healing is viewed as the scientific process of treating the disease through appropriate medical, surgical, and chemical interventions.

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The researcher decided to include the concept of culture on traditional healing because culture is dynamic, it is adaptive, and therefore, it is imperative to understand cultural theories on how patients are handled.

According to (Tafur et al. 2009), studies on culture, illness and healing is not a new thing. The Arab historian and philosopher, Ibn Khaldun (1332-1406 [1967-68]) in 14th century conducted an important study linking culture and health, particularly mental health. The socio-cultural environment of the individual; the network of meanings of illness and healing and the way that the individual conceptualised his/ her illness and cure construct a schema of wellness. The meaning of illness for an individual is grounded in the network of meanings an illness has in a particular culture, the metaphors associated with the illness, the care patterns that shape the experience of the illness and the social reactions to the sufferer. Similarly, Burgra and Bhui (1998) assert that culture shapes the language and experience of the emotions, which in turn signal to other members of that society that a person is ill and in need of help. Thus a close correlation exists between a patient's cultural beliefs about his/her illness and his/her understanding of the treatment of such distress'' (Moodley, 2000:163). Studies on the relationship between culture, illness and healing have also supported the idea that illness is thought of as a disharmony between the individual and his/her environment – including social relationships, relationship with the natural world, as well as relationship with the spirits and ancestors. For example, Latino healers in New York City locate the causes of many health conditions in social relationships or sociosoma, which is based on diverse cultural belief systems that highlight the interconnectedness of the individual with the physical and social environment. Illness in the context of culture is holistically interpreted. If one aspect of person's life is out of balance this may lead to physical, psychological, spiritual or behavioural problems''. In traditional healing philosophy, illness does not simply refer to the problem associated with the body and mind, but also the spirit, where the ancestors, gods, spirits, deities and the environment are all legitimate points of reference for understanding causation and treatment. This is in sharp contrast to Western models of health care that understand illness as located in the body and mind of the individual. Consequently, treatment focuses predominantly on the individual (Foster 1978:5).

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2.3.2 Different approaches used by traditional healing practices and biomedical healing practices in diagnosing diseases

One of the objectives of the study was to gain clarity on how THPs define themselves. This is in other words attempting to find out how they diagnose illnesses and how they treat those illnesses. The researcher precisely used the following literature to address that question in the study. Since these two healing systems use different procedural and diagnosal approach, Liebenberg and Mathebe (2006:33) state that in Western medical model, a disease is primarily a biological phenomenon (viruses/ germs or microbes are regarded as causes of sicknesses). To cure them one needs specialised medical attention. This is approved by a medical doctor, often a specialist, and if a disease is serious, the patient will be hospitalised. The biomedical model uses technological devices to detect the illness. This is a different approach to traditional healing system, where diseases are explained or understood in religious and magical terms. Pre-modern societies believed that human illness was caused by evil spirits. Healing techniques were grounded in superstition, sentiment and tradition. It was explained in relation to supernatural intervention or linked to certain behaviour. Different cultures view health as the wellbeing of the whole person, both physically and spiritually, unlike Western emphasis, which focuses on the link between health and body. A traditional medical practitioner always seeks revelation from the spirits/ ancestors regarding the kind of illness and the cure Geissler & Pool (2005:46).

2.3.3 The attitudes of biomedical practitioners (BMPs) towards traditional health practitioners (THPs)

Attitudes between THPs and BMPs cannot be overlooked in this study. The main purpose for surveying these attitudes was to identify the rationale of the attitudes between biomedical practitioners and traditional health practitioners. Understanding the grounds of the attitudes between these co-existing healing practitioners can expose prospects for the harmonious relationship of which the study seeks to understand.

The negative attitude demonstrated by biomedical medical practitioners widely known as western doctors or scientific doctors have been renowned. According to Geissler & Pool (2005:142) the ethnocentric view of Western doctors can be traced to the invention of colonialism and the power of Christianity in Africa. Others argued that medical discourses fed into racial segregation and supported imperialism. More recently, medicine has come under

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scrutiny by historians and anthropologists looking not just at what good medicine does in medical terms but at what it did to the whole African and colonial and post-colonial social relations. Liebenberg and Mathebe (2006:33) denote that ''scientific medicine professes to be superior to the other approaches to health such as traditional healing and homeopathy''. This criticism is two-pronged: Firstly, it questions the scientific method as the arbiter of valid knowledge. Secondly, it refers to doctors' prejudice against alternative medicine.

According to (Tafur et al. 2009: 83), many Mexicans and Mexican-Americans incorporate traditional medicine into their healthcare practices; few share this information with their physicians and other healthcare providers. A study concluded that 69% of Mexicans Americans do not report the use of herbal remedies to their physicians/ health providers (Rivera 2002). Several theories suggest that this lack of communication exists because of language barriers, people's fear of being reproached by their physicians/ health providers and health providers' reluctance to believe in folk remedies to treat and cure illness (Gomez-Beloz and Chavez, 2001; Poss 2003).

2.3.4 Traditional Health Practitioners' limited understanding of modern diseases which are caused by viruses, human anatomy and pathology.

The literature survey revealed to the researcher that traditional health practitioners frequently have the challenge of lack of advanced understanding of human anatomy, pathology and modern diseases. The researcher decided to include this information in order to gain access to the many other hidden challenges traditional health practitioners have in the contemporary society.

Hammond-Tooke (1993: 185) asserted that, generally speaking, there is no doubt that indigenous knowledge of human anatomy and physiology was very limited among the healers in Southern Africa. The results of the study conducted by Walwyn (2010) have shown that many THPs offer treatment for HIV/AIDS despite a somewhat limited understanding of the virus, the symptoms of infection and its treatment. Furthermore, the medicines are too expensive, relative to both patient incomes and the biomedical equivalents, have no recorded evidence of efficacy, and are not quality controlled in most respects. Despite these factors, many patients continue to consult THPs for HIV-related illness and use traditional medicines. The persistence of this support is due to many factors, including; an ongoing belief in the

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efficacy of traditional medicines, which is considered to have been passed down through generations from the ancestors.

The limited knowledge of human anatomy is more common among traditional medical practitioners. Traditional Health Practitioners can hardly explain what is happening inside the human body nor describe the functions of body organs to the extent of linking it with how their medicines are going to heal the affected part of human body. The worse part of this problem is that they lack biomedical modern technological devices such as X-rays which can help them understand the anatomy of the human body; the microscopes which will help them see the nature of viruses, but this does not mean they don't know how to prescribe the medicines for the specific conditions. The issue is that they focus on the functional role of their medicines which is also named after the conditions they address and avoid going deep into details of how it happens Hammond-Tooke (1993: 185).

Gelfand (1985:72) stated that compared with scientific Western practice in this study (biomedical practice), the *nganga* in this study (Traditional Health Practitioner) takes a very limited history of the patient's complaint and performs even less of physical examination. He does not rely on symptoms and signs denoting the organ affected. He shows little knowledge of anatomy, physiology or pathology, but reaches his diagnosis through a mystical approach in which the illness is generally attributed to the outside force, such as spirit or evil-doer. Another thing is that traditional medical practitioners have limited knowledge about the pathophysiology of the diseases, meaning they hardly know what is happening inside the human body concerning the particular disease. For example, in the study conducted by Walwyn (2010) in four provinces of South Africa, one of which was Limpopo Province, revealed that traditional health practitioners have limited understanding of the HIV/AIDS and its management. Walwyn (2010:16) is of the view that with respect to capacity development of THPs, it is recommended that training in areas such as an understanding of the HIV and the pathology of the disease should be urgently addressed.

2.3.5 The need for incorporation of traditional health practitioners into an overall health system

According to Walwyn (2010:11), many recommendations for including traditional health practitioners into the public health sector have been made by different researchers and organisations. However, the need for clarity on how this can be implemented in the

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contemporary society remains unclear. The researcher decided to include the following literature to bring into light the need for further investigation along this area if incorporation.

It was indicated in chapter 1 of the study that the WHO formally recognised the importance of collaborating Traditional Health Practitioners with the public health sector in 1977. Walwyn (2010:11) revealed that arguments in favour of the incorporation of traditional health practitioners into the overall health system are highly persuasive, especially in the context of South Africa's HIV epidemic and the inability of the public health sector to cover the health care needs of all HIV-positive patients. However, even those who support a more significant role for THPs have articulated a set of minimum standards that must be met as a pre-condition to this step, including:

- The systematic evaluation of African traditional medicines (ATMs)
- The standardisation, processing and packaging of traditional medicines, training on HIV to ensure a high level of prevention (of HIV) and care (of patients)
- The development of mechanisms to regulate the practice of traditional healing.

Moodley and West (2005) revealed that more and more people are seeking out the services of the Traditional Health Practitioners alongside conventional treatments, thereby engaging in dual interventions. A suggestion was made that accessing traditional healing alongside counselling may provide the client with holistic care that addresses the needs of the body, as well as the mind. (Tafur et al. 2009) stated that, collaboration between Western counselling and professionals and Traditional Health Practitioners is encouraged. However, it can prove to be challenging and, in some cases, may even have some ethical concerns. For example, given the emphasis on sound ''empirical'' evidence for interventions in counselling and psychotherapy and the lack of such evidence in traditional healing systems, referrals to Traditional Health Practitioners may be difficult even if clients allude to this possibility.

According to Freeman and Moetsi (1992), Traditional Health Practitioners should be incorporated into the healthcare systems (within a primary care approach) as ''first-line'' health practitioners. Healers may help ease the pressure on overburdened clinics and hospitals by treating minor, self-limiting and other conditions in which traditional therapies are effective and appropriate.

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(Tafur et al. 2009:83) asserted that despite prejudices regarding the use of folk remedies, studies conducted in west Texas have found that more than 75% of Mexican-Americans use complementary or alternative therapies to treat their illnesses and suggest that Mexican-Americans use traditional remedies because they prefer them to allopathic healthcare and integrate traditional remedies into their daily self-care routines (Bushy, 1992; Eisenburg et al., 199; Rivera 2002). In some states in Mexico, up to 40% of births are attended to by a *partera*, or traditional midwife, and this number may be higher for those people who live in rural villages outside the cities. Traditional Health Practitioners are an important resource in many rural Mexican communities, and people often choose this type of health care over western medicine because it is delivered in a culturally appropriate way.

As in most societies, individuals have access to multiple health care alternatives, including traditional or folk medicine. Traditional healing systems or folk medical systems are a well-developed and culturally ingrained way of treating physical, psychological, and spiritual illness (Patchter et al., 1992; Rivera, 1988; Trotter, 1991) as quoted by Warren, Slikkervieer and Brokensha (1995:496).

Warren, Slikkervieer and Brokensha (1995:496), work in medical anthropology has clearly demonstrated that cooperation between traditional and Western–trained medical professionals can make a more effective delivery of human health care. This can be achieved by improving effective communication between patients and medical practitioners and among practitioners. They should not develop the tendency of destructive criticism, and arguments. Compliance will then serve as a key to effective combination of these two medical systems.

According to Freeman and Moetsi (1992:1183-1190), when comparing Western scientific healing with the traditional approach to healing, one realises that both systems are not without shortcomings. Western therapists can learn much from Traditional Health Practitioners for the benefit of their patients, while there is much that traditional therapists can learn from Western scientific healers. Instead of western therapists denigrating non-scientific Traditional Health Practitioners, they should focus on the positives of traditional healing; Traditional Health Practitioners, too, should be prepared to learn from the West.

Netshiombo (1997:18) asserts that collaborative efforts between Western and traditional health system have been documented in Africa and other parts of the world. Torrey (1986:188) asserts that collaborative efforts between Western and traditional African health systems have been

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documented in Africa and other parts of the world. Dr. T. A Lambo, a Nigerian psychiatrist, and local indigenous therapists exchanged information and patients in 1954. Dr Lambo is quoted as saying: ''we assessed the work of these healers and found their results in certain areas were better than ours. They understood the philosophy of the people and were especially adept at handling African dreams.'' Dr Lambo further suggested that, ''just as New Yorkers have faith in their priests, the Yoruba have faith in the *'nganga'* (healer), and faith is half the battle towards cure.''

Recent research in Mali has demonstrated that collaboration between modern health services and Traditional Health Practitioners can dramatically improve prompt attendance at modern health facilities, and reduce mortality (Burford and Bodeker 2007:249).

In Uganda, where there is only one doctor for every 20 000 people, there is one traditional health practitioner per 200-400 people. In such settings, partnerships may be the only way that effective health care coverage can be achieved in managing the epidemics of AIDS and malaria. Clearly, such partnerships not only make good public health sense but, based on a growing body of pharmacological evidence, may also yield important preventative and treatment modalities. In light of the widespread availability of traditional health care services in Uganda, it is inevitable that people suffering from AIDS will turn to traditional health care practitioners for treatment. Collaborative health care programmes have been established in many African countries, including Malawi, Mozambique, Uganda, Senegal, South Africa, Swaziland, Zambia and Zimbabwe (Burford and Bodeker 2007:268).

The following literature was included by the researcher with the aim to highlight how other countries attempted to incorporate the two healing systems. Knowing how others managed to do it would inform those who want to do it with experience on how to do it. This would allow the fieldworker an opportunity to point out what are the current links and efforts that have been made to bring into play the concrete link between health care professionals.

Netshiombo (1997:210) is of the opinion that patients should not be put into a position of choosing between the two approaches. Rather, they should be helped from the vantage point of cooperation between the scientific and traditional. A good decision on how patients will choose the healing system can be made possible by illustrating the differences of these healing systems.

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Freeman and Motsei (1992:1183-1190), propose a number of alternative means of co-operation. Firstly, each health system should recognise the efficacy and limitation of the other system. Hereafter, mutual referral could take place, or both a biomedical practitioner and a traditional sector, respectively, could treat different aspects of a given problem. Secondly, traditional healers might be seen to be an acceptable and accessible health resource and could therefore be used to promote health care that essentially evolved within the modern health sector. They could, for example, serve as health educators. Thirdly, an integration of the two systems should be investigated. These options need not to be mutually exclusive.

Although the Traditional Health Act recognises the role of THPs, these practitioners are not fully recognized and incorporated into the conventional health sector. There is little evidence of THPs interacting with the government, local health care systems or being involved in formal health service delivery. This has left a gap and some confusion with regards to the continuity of care. The confusion results in clients taking concurrently the medication from the traditional and conventional healthcare practitioners (SAMA, 2006). Additionally, the partnership between the traditional and conventional healthcare system is not clearly defined Ndzimande, Sibiya and Gqaleni (2014: 510).

Chavunduka (1986) describes the situation in Zimbabwe, where Traditional Health Practitioners were legalised in 1981. He asserts that for some three years after this legislation, the popularity of the healers grew as a result of an increased awareness of their successes. In addition, the colonial stigma attached to traditional healing began to disappear.

In Zimbabwe, all biomedical students spend part of their training in rural areas in order to gain first-hand experience on traditional medicine Barrett (1996). Mali is one of the few African countries that has a national policy promoting traditional medicine, and whose National Formulary includes 'improved traditional medicines'. One of these is 'Malarial', a formula comprising three different anti-malarial herbs, based on a traditional recipe: leaves of *Cassia occidentalis* L. (Caesalpinaceae), leaves of *Lippia chevalieri* Mold. (Verbenaceae), flowerheads of Spilanthes oleracea L. This underwent a series of randomised controlled clinical trials before being marketed. The trials showed that Malarial led to clinical improvement in most cases, although not parasite clearance, and was less effective than chloroquine. However the studies were conducted before the emergence of significant chloroquine resistance in Mali. The Department of Traditional Medicine, which is part of Malian Ministry of Health, is continuing a research to develop more effective herbal anti-malarias, based on traditional

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knowledge. The aim is to produce more effective standardised traditional anti-malarias, and also to disseminate knowledge to villagers about plants they can cultivate and prepare themselves, if they have no access to health care Diallo et al. (2004) In: (Burford and Bodeker 2007:246).

2.3.6 Some collaborative workshops between Traditional Health Practitioners and public health workers in South Africa

The researcher planned to bring this scenario where in South Africa, traditional health practitioners and biomedical practitioners managed to conduct a workshop which tested the possibilities and advantages of working collaboratively. Having this kind of information handy could help the researcher to dig more useful information from the fieldwork that can be additional to the existing once.

In many parts of Africa, traditional healers (herbalists, spiritualists or those practising both) play an important role in people's health including in the lives of those affected by HIV and AIDS. In 1994, WHO recommended upgrading their skills and collaborating with them at a formal level. Accordingly, a few collaborative initiatives were attempted between traditional and biomedical practitioners for HIV prevention, education and counselling, and were evaluated for effectiveness, efficiency, sustainability, relevance and ethical soundness. One such attempt was made with the Inanda healers from the Valley of a Thousand Hills, KwaZulu Natal, South Africa, in 2000. A group of 16–20 healers attended one day, monthly workshops to learn about HIV transmission, prevention, treatment and care. Participants also discussed traditional and cultural sexual practices and safer sex beyond condoms to prevent HIV transmission. The workshop resulted in the establishment of a referral network between the traditional healers and the formal health sector. The region has seen an increase in requests for HIV testing, counselling and support through the healers. Traditional healers' involvement in meeting sexual and reproductive health needs of positive people is a viable option especially in high HIV prevalence settings (Bharat and Mahendrab 2007:107).

2.3.7 Vulnerability to HIV/AIDS and other diseases through traditional healing practices

The following information demonstrates how traditional health practitioners are vulnerable to contamination of modern diseases through their healing practices or methods. The inclusion of

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the following information demonstrates the how rife is this problem affecting THPs and need for finding out how these challenges can be addressed in the study.

Tafur et al (2009), indicated that a number of researchers have identified HIV risk practices among Traditional Health Practitioners. In a study conducted by Chipfakacha (1997) in Botswana, found that some healers use the mouth for sucking blood (blood-letting); Somse et al. (1998) found among healers in the Central African Republic that a large majority 75% of those who reported enemas as a treatment method had refused enema equipment without sterilisation. In Zimbabwe Traditional Health Practitioners commonly 'bite out' an 'object', taking a patient's blood into their mouths, that has been inducted into the patient's body by witchcraft Wilims et al., (2001), Peters et al., (2004) reported from Nigerian patients who had visited Traditional Health Practitioners that 77% got incisions made with unsterilised blades. Herbal preparations were then rubbed into these actively bleeding skin cuts, using unprotected fingers, which were in direct contact with the patient's blood. According to Warren, Slikkervieer and Brokensha: (1995:496), work in medical anthropology has clearly demonstrated that cooperation between traditional and Western –trained medical professionals can make more effective delivery of human health care. This can be achieved by improving effective communication between patients and medical practitioners and among traditional health practitioners.

Thobeka (2008: 21) indicated that '' there are some advantages of working collaboratively between biomedical practitioners and Traditional Health Practitioners in HIV/AIDS interventions. Through these means, researchers could ''(1) expand the number of people actively involved in disseminating information and participating in counselling; (2) provide avenues for altering healing practices which might form a possible transmission route for HIV''.

2.3.8 The benefits of traditional healing

The researcher found it practical to highlight the literature on the overall perceived benefits of traditional healing in the contemporary society.

Barry and Yuill (2008:66) summarises the benefits of traditional healing in the following manner:

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- It provides an explanation of ill health and diseases in the context of a person's individual lifestyles.
- It provides a more egalitarian relationship between a patient and practitioner.
- It offers an alternative to high-tech medicine which may not be affordable by poor patients.
- It treats the whole person i.e. spirit, soul and body.
- It encourages individuals to take care of their health.
- It is closely associated with the natural world and healing power of nature (Lupton 1995:126).

2.3.9 The Traditional Health Practitioners' organisation (THO)

In the Vhembe District Municipality of the Limpopo Province in South Africa where this study have been conducted, it was not easy to access traditional health practitioners as a group until 2007, when the Deputy-Minister of Environmental Affairs and Tourism, Ms Rejoice Mabuḓafhasi, launched the Vhembe Traditional Health Practitioners Association (Dzebu, 2007). The researcher has included the general information about Traditional Health Practitioners' organisations in South Africa in order to understand about the size and the viability of this organisation towards promoting the general goals of the Department of Health in South Africa.

The Traditional Health Practitioners' Organisation (THO) is the biggest Traditional Health Practitioners umbrella organisation in South Africa and was established in 1970 (Hodges 2003). It lists 69 000 Traditional Health Practitioners in Southern Africa as its members, with 25 000 of those residing in South Africa. Traditional Health Practitioners who intend to join the THO have to attend a one-day workshop, which introduces them to THO activities, and a five-day workshop on traditional primary health care. Members also have to produce a good character reference. Presently, the THO has provincial branches in Mpumalanga, Limpopo, KwaZulu-Natal and the North West province, while the head office is located in Johannesburg. The 'South African Traditional Health Practitioners Health Care Group' is another example of an umbrella body of Traditional Health Practitioners. It has a number of branches throughout South Africa, and focus specifically on home-based care, Direct Observation Treatment (DOT) support for people with TB, Voluntary Counselling and Testing, education on HIV/AIDS and 'street counselling'.

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2.3.10 Financing traditional healing practices

The researcher planned to have a general understanding of how traditional healing practices are financed. The main aim was to study about the relationship between THPs and their patients with regard payment procedures. The other reason was to look at how the governments around the world subsidise the THPs.

According to Burford and Bodeker (2007), the costs of traditional health care services are paid entirely out-of-pocket. At a global level, out-of-pocket payment is the most financing mechanism for traditional, complementary and alternative medicine. In most African and Middle Eastern countries, as well as a large number of countries in Latin America, the Caribbean and Asia, no public financing mechanism or private insurance programmes exist.

2.3.11 Specific legislation relating to Traditional Health Practice

Traditional healing in South Africa experienced a tough history yet it lived to tell the tale. The researcher included the following narration of various pieces of legislation in order to see how some governments around the continent regarded traditional healing practitioners, how the then government of South Africa and the democratic government regarded traditional healing practitioners.

Richer (2003:8) stated that various pieces of legislation (such as the Witchcraft Suppression Act of 1957 and the Witchcraft Suppression Amendment Act of 1970) explicitly prohibited diviners/Traditional Health Practitioners from practicing their trade in Colonial Natal. The attitude of governments towards traditional medicine varied from laissez-faire to outright rejection, as was the case in Mozambique and Tanzania. Nevertheless, since the collapse of colonialism, the African social-cultural identity has slowly been revived and with it traditional medicine as part of that cultural heritage (Pretorious, De Klerk & Van Rensburg 1991:47).

According to Clement (2007:10), the marginalisation of THPs was also reflected in the National Party's legislation which disregarded traditional medicine as a health resource. Western medical health practitioners on the other hand were located on a higher social standing with certain rights and obligations that were denied to Traditional Health Practitioners (Helman, 1996). In 1974, the South African government and South African Medical and Dental Council made their rejection of traditional healing official in a law barring those not registered with this Council (and in 1982 was amended to include those not registered with the South

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African Associated Health Services Professions Board) from performing any procedure pertaining to medical practice. In reality, however, Traditional Health Practitioners continued to practice and were generally not harassed by the authorities. Since 1990 the government, who had until 1994, mainly concerned with the health of the white population, has developed the national plan based on the concept of affordable health care to all the inhabitants of South Africa. Traditional healing is envisaged as being part of this plan (Freeman 1992).

Despite this exclusion, there have always been sentiments of certainty that THPs are here to stay. But there have been difficulties in idealising the legislative framework within which the registration, organisation and recognition of Traditional Health Practitioners would be located. The development of the 1990 National Health Plan that thought to conceptualise affordable health, served as a starting point for addressing these difficulties (Freeman, 1992). In South Africa and in many other countries, there has been a liberation of socio-cultural life which Thornton (2002) argues has resulted in a renaissance of interest of the traditional health practice Clement (2007:10).

Marah & Clement (2007:13), in the Water Research Commission Report (WRC Report No. 1521/1/07), stated that ''the government recently passed Health Practitioners Act (Act No 22 of 2007) which recognises the high number of THPs and legitimises the practice of traditional health modalities. The process of passing this Act began in 2003, and included broad consultation throughout the provinces. This Act demanded an intimate understanding of traditional health practices and raised ethical questions around qualifications and practice. This applies to the traditional health practice, to the people engaged in or learning traditional health practice as well as to matters incidental to the health practice in South Africa.

The aim of the Act as laid out in the background of the study in the first chapter is to provide for:

- The establishment of the Interim Health Practitioner Council of Republic of South Africa;
- A regulatory framework to ensure efficacy, safety and quality of Traditional Health care Services; and
- Control over the registration, training and practice of THPs and to provide for matters incidental thereto.
- Treatment and preventative measures in Traditional medicines.
- Objectives, quality, universal norms and standards of Traditional Medicine.

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- The analysis of the Act was outlined in (WRC Report No. 1521/1/07) by (Marah & Clement 2007:14) in the following manner:
- The economic setting within which traditional healing is mostly located is critical because the sector predominately acts as a health and medical resource for the poor. This is an extremely price sensitive segment of the population. As such the possible impact of the regulation on pricing of the THP services needs careful consideration. This is not addressed explicitly in the Act.
- As important as it is to acknowledge that the Council is a by-product of the Act, it represents a vehicle for the regulation of the traditional health sector. One of the questions of resources and independence. This raises two key questions such as who funds it, if funded by the government, how it will retain and sustain its independence.
- Even though the Council is given responsibility in the promotion of health for the population, the Act does not explicitly mention the role of THPs in specific Health, Hygiene and Sanitation (HH&S) issues. While it is not necessarily desirable to regulate such involvement, it may be helpful to encourage training standards of THPs in terms of certain areas of community health.
- The Act mandates the Council to promote Traditional Health Practice which complies with universally accepted health care norms and values with a view to improving the quality of life of the general public. However, it does not specify what is meant by universally accepted health care norms and values. The Act generally seems more openly concerned with ensuring compliance, control and regulation.
- Traditional health practice is a very complex and contested terrain, with a diversity of practices and principles. The heterogeneity assumed in this Act can be seen in how it points out distinct categories within traditional healing, but such distinctions are limited to the question of practice. A very central component in traditional healing, i.e. the spiritual (defined by issues such as witchcraft and displeasure by ancestors in order to find a cure) has not been given much attention. Traditional healing, as opposed to its biomedical counterpart that often relies on tangible and material causation is highly abstract. An attempt to regulate its practice in order to define its influence in the broader health care sector could potentially distort and obscure the traditional health practice.

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CHAPTER THREE
RESEARCH METHODOLOGY

3.1 INTRODUCTION

This section presents a description of the research design for this study. It also gives a detailed explanation of the methods of data collection, key informants, sampling procedures, ethical measures and method of data analysis has been used.

3.2 RESEARCH DESIGN

This is an anthropological study which was conducted following ethnographic research design. Fieldwork is the most characteristic element of any ethnographic research design. Classical ethnography requires six to two years or more in the field Fetterman (1989:18). The researcher decided to spend a year and half conducting fieldwork following qualitative research design.

Qualitative research is a goal-orientated investigation into the social and cultural phenomena. It was developed mostly in anthropology and sociology, as a tool for accessing the specific data among the particular populations. The goal-orientation implies that there is always an overall goal of the qualitative study, which goes beyond the sole purpose of scientific inquisitiveness, beyond accumulating knowledge. Data collected using qualitative methods is collected with the intention of further organizing it as the tool for some kind of social action, or intervention; so the study had to be designed that way Zikic (2007:123).

3.3 RESEARCH METHOD

It is therefore, worth stating that the researcher decided to use qualitative methods in this fieldwork study which targeted the traditional health practitioners as key informants. The nature of traditional healing practices involves myth, taboos, cultural and religious beliefs which are subjective in nature. Therefore, any attempt for seeking understanding regarding their practices in relation to modernity and legislature will require much of their perceptions, life experiences and suggestions. Because of this, the researcher decided to use qualitative approach in order to delineate the nature of THPs and their experiences in the contemporary society as stipulated in the objectives of the study.

Qualitative research is social research and an ethnographic one in itself. That means not only it is based mostly on interviewing and observing, eventually using the focus groups, but also

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that it is designed to meet some certain form of problem-solving based, not on scientific proofs, but rather on possible or creative conclusions to questions that cannot be answered in the context of the 'logic' or accepted scientific paradigm, although not so strictly suggested Zikic (2007:125).

Qualitative methods of data collection have become popular in contemporary research within modern societies mainly because they are seen to "reach the part other methods cannot" that is, the views of ordinary people in the real world. Implicitly, the methods are a valuable but purely functional means of gathering data to answer an initial research question Zikic (2007:131).

Qualitative anthropological research helps understand the local context, and it is a crucial prerequisite for interpreting relations and meanings shaped within it. By investigating the perceptions of the targeted population, it adds depth to the study in general, by enabling and exploring the reasons standing behind the facts. It could also identify issues and/ or trends which could emerge within the targeted population while the study is still ongoing, and could serve as a tool of extending itself not just into being part of policy making, but of policy applying too. Its ability to reach marginalized groups relies heavily upon mutual trust between the researcher and the researched, which could be used – and is used this way in some communities Rhodes as quoted in Zikic (2007).

3.4 DATA GATHERING TECHNIQUE

3.4.1 Interviews

The researcher used semi-structured interviewers with open-ended questions. A semi-structured interview is most valuable when the fieldworker comprehends the fundamentals of a community from the emic or ''insider's'' perspective. At this point, questions are more likely to conform to the native's perception of reality than to the researcher's Fetterman (1989:48). Because of that, the researcher decided to use interviewing technique to get the opportunity to gain insight into the views of Traditional Health Practitioners regarding their experiences in the contemporary society.

Fetterman (1989:47) defines an interview as the ethnographer's most important data gathering technique. Interviews explain and put into a larger context what the ethnographer sees and experiences. They require verbal interaction, and language is the commodity of discourse. The

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ethnographer quickly learns to savour the informant's every word for its cultural or sub-cultural connotations as well as for its denotative meaning.

The researcher used semi-structured interviews in the home language of the interviewees. Interviewing is crucial part of qualitative fieldwork methodology. It helps best to understand the meanings that individuals give to their lives and the social phenomena that they have experienced. It focuses on the understandings and significance that people give to their life experiences, in regard to the main topic of study. Interview should be based on semi-structured topic guide, which in turn shouldn't be considered to be some rule-book. Its questions have to be open, in order to generate the discussion, with prompts, aimed to help facilitating the discussion. It is clear that the accent is not just on pure responding to researcher's questions, but on creating such conversational discourse, which will be suitable enough to enable building capacity for in-depth understanding of persons, relations, acts, situations, and processes of significance for the topic of study Zikic (2007:127).

Semi-structured interviewer-administered questionnaires were conducted in the home language of the Venḓa and Shangaan speaking participants.

3.4.2 Key informants

According to Bernard (1995:166), key informants interviewing is an integral part of ethnographic research. Good informants are people who you can talk to easily, who understand the information you need, and who are glad to give it to you or get it for you. In this study, the researcher was fortunate to get informants who were open-minded and were much enthusiastically willing to pose their views in the study.

Informants in this study were individuals and groups of Traditional Health Practitioners found in the various parts of Vhembe district Municipality in Limpopo Province. These were found to be knowledgeable about the information required by the researcher as postulated in the objectives of the study in chapter one. A total of 9 individual Traditional Health Practitioners interviewed. Two separate focus groups were conducted. One bigger group comprised 12 Traditional Health Practitioners; the second smaller group was comprised of 4 Traditional Health Practitioners. All these focus group discussions were conducted in Thulamela Local Municipality which is under the Vhembe District in Limpopo Province.

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Table 3.1: Statistics of languages spoken in Vhembe District Municipality

Municipality	Tshivenḓa	Xitsonga/Shangaan	Afrikaans	English	Sepedi	IsiZulu	Sesotho	IsiNdebele
Mutale	97 %	1 %	1 %	0 %	0 %	0 %	0 %	0 %
Musina	61 %	5 %	6 %	3 %	10 %	1 %	11%	1 %
Thulamela	65 %	33 %	0 %	1 %	0 %	0 %	0 %	0 %
Makhado	69 %	22 %	2 %	1 %	3 %	0 %	1%	0 %

From the IEC South Africa statistics of 2013, statistics above is accurate and the majority of people living there speak Tshivenḓa and Xitsonga.

3.4.3 Focus groups discussions

The researcher also found it interesting to include focus group discussions, comprised of traditional health practitioners in the study. Reflecting on the literature on traditional healing, the researcher recruited the group of traditional health practitioners in order to grasp the collective views of the informants regarding all the objectives of the study since traditional health practitioners have different specialisations and experiences on the profession of healing. This means a gathering of different THPs will ultimately provide rich data which will be relevant to the research objectives depending on the creativity of the researcher. Bernard (1995:224) asserted that, in the hands of a skilled moderator, focus groups produce remarkable results. The researcher decided to recruit focus groups with the intention to discuss all the objectives of the study taking into consideration the gestures of the traditional health practitioners as a group during the discussion.

According to Walliman (2011:100), focus groups can be seen as a type of group interview. However, one that tends to concentrates on in-depth interview on a particular theme or topic with an element of interaction. The group is often made up of people with relevant experience or knowledge about the subject/ research problem, or those that have a particular interest in it. In this study, the researcher interviewed a group of 12 Traditional Health Practitioners and a smaller group of 5 Traditional Health Practitioners. According to (White, 2005:147), the number of participants depends on the objectives of the research which means that the size of focus groups might consist of between five and twelve people. Smaller groups of between four to six people are preferable when the participants have the great deal of share about the topic or have intense or lengthy experiences with the topic under discussion. The role of the researcher was to take field notes for further analysis in the study.

White (2005:146) indicates that group members should introduce themselves and tell a little about themselves. In this study, the researcher planned to introduce himself to the group

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members. The introduction of the group discussion included welcome, overview of the research topic, and ground rules. The researcher encouraged the group members to speak one at a time in order to grasp their views clearly as the researcher was taking notes and exact phrases and statements made by participants which will be much useful in the analysis of data (White 2005:146).

During the focus group discussion, the researcher decided to request the participants for the permission to take photos and use a video camera for future reference. The traditional Health Practitioners accepted the request and eventually allowed the researcher to use his video and photo camera. The traditional Health Practitioners were proudly dressed in colours of their customs and beliefs. They allowed the researcher to take photos and video record them. Field notes were taken and were used when analyzing data made after each session.

3.4.4 Location of the study

The study was conducted in the Vhembe District Municipality which is found in Limpopo Province of South Africa. Vhembe District Municipality is constituted by four municipal borders namely, Makhado, Mutale, Thulamela and Musina Local Municipalities. People who live in Vhembe district, have intrinsic faith in indigenous medicine or traditional healing practices as well as in biomedicine. As Marah and Clement (2007:16) have indicated ''most of the African people live with a foot in two worlds'' denoting the African traditional world-view and biomedical/ western world-view on healing.

There is a lack of decent health services in a fast-growing population of Vhembe District Municipality (Limpopo Provincial Government. Department of Health: Annual Performance Plan: 2011/12-2013/14. pg.16). The majority of the patients struggle to access decent biomedical health care services. Patients continuously complain of a poor relationship between them and health care workers in hospitals and clinics. Both traditional healing awareness and biomedical healing awareness is marketed through the local radio stations. A large number of members of Vhembe Traditional Health Practitioners Association both registered and those intending to register attend monthly meetings at Thulamela Art Centre auditorium which is found at Thohoyandou town in Vhembe area. These collective efforts by Traditional Health Practitioners proved to the researcher the dynamism of tradition and adaptability that comes with change – modernity. These factors motivated the researcher to choose this area for the study.

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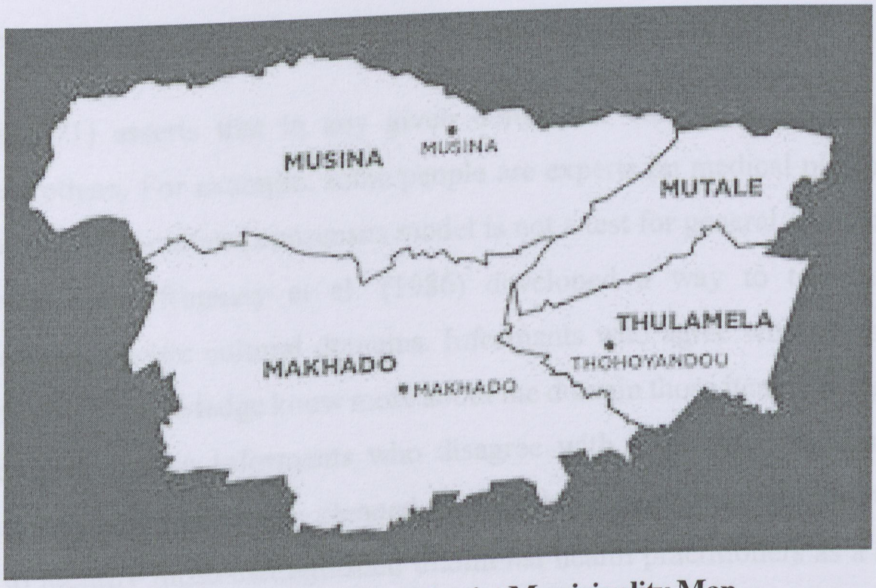

Figure 3.1: Vhembe District Municipality Map

This map shows that Vhembe District Municipality has four local municipalities; namely; Makhado, Mutale, Thulamela and Musina Local Municipalities. This study focused only on those traditional healers living in these local municipalities.

3.5 SAMPLING PROCEDURE

Sampling is defined as the studying of the subgroup of the population in which the scientific investigation is being conducted, rather than studying the entire population. According to Terre Blanche (2006:49), sampling is the selection of research participants from an entire population, and involves decisions about which people, settings, events, behaviours, and/ or social processes to observe. Before the researcher or an organisation conducts a research, it should be clear which respondents it wishes to interview, as it is extremely difficult, if not impossible, to interview every individual in a given population. This is because it will be costly, time-consuming and unfeasible, unless the population is extremely small. Therefore, the main concern in sampling is representativeness of the population, to which the researcher aims to draw conclusions.

Qualitative research typically although not exclusively employs non-probability sampling techniques. This means that it is not usually intended that the findings of a particular study will be generalisable, but will apply only to the specific population under investigation. Hence the sample size is not determined by the need to ensure generalisability, but by a desire to investigate fully the chosen topic and provide information-rich data obviously, much smaller numbers in probability sampling Zikic (2007:128).

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3.5.1 The cultural consensus model of informant competence

Bernard (1995:171) asserts that in any given domain of culture, some people are more competent than others. For example, some people are experts on medical plants while others are experts on cars. The cultural consensus model is not a test for general competence, only of particular competence. Romney et al. (1986) developed a way to test informants for competence within specific cultural domains. Informants who agree with one another about some items of cultural knowledge know more about the domain those items belong to (are more competent in domain) than informants who disagree with each other. In this context, the researcher was fortunate because he planned to study his own cultural groups which made it easy for him to identify those distinguished traditional health practitioners as a starting point and later, relied on their recommendations for others they deemed suitable to contribute in the study as informants.

The sample of this study was therefore, chosen on the bases of being likely to be knowledgeable, informative and experienced about the phenomenon under investigation. This means that for the purpose of this study, participants had been purposively selected. The researcher selected the most willing information-rich Traditional Health Practitioners living and practicing their duties as Traditional Health Practitioners in Vhembe district. This can be supported by the words of Bernard (1995:165), ''an important question for ethnography then, is: are the few informants really capable of providing adequate information about culture? The answer is: Yes, but it depends on two things: choosing good informants and asking them questions they know about. In other words, we must select informants for their competence rather that just for their representativeness.

3.6 ETHNOGRAPHIC TOOLS USED IN THE STUDY

3.6.1 Pen and paper

The most common tools ethnographers use are pen and paper. With these tools, the fieldworker records notes from interviews during or after each session Fetterman (1995:73). Looking at the advantages of using these tools, the research recorded legible data in an organised manner bearing in mind that this data would in a later stage of data analysis be used as verbatim quotations.

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3.6.2 Photo camera

Camera has a special role in ethnographic research. Cameras document people, places, events, and settings over time. They enable the researcher to create a photographic record of specific behaviours Fetterman (1995:82-83). The researcher decided to use the camera to document specific behaviours and affirming material reality.

3.6.3 Video recorder

Video recordings are extremely useful in micro-ethnographic studies. Ethnographers usually have a fraction of a second to reflect on a gesture or person's posture or giant. This can also allow the ethnographer to stop the video and continue it and watch it over and over again, each time finding new layers of meaning or non-verbal signals from the informants. Fetterman (1995:85). The researcher under the permission of the Traditional Health Practitioners recorded the focus group discussion which managed to address the glimpse of each research question.

3.7 METHODS OF DATA ANALYSIS

Qualitative data analysis depends heavily on the presentation of selected anecdote and comments from informants- quotes that lead the reader to understand quickly what took you months or years to figure out Bernard (1995:362). Qualitative health research often fails to distinguish between normative statements (what people say should be the case), narrative reconstructions (biographically specific reinterpretation of what has happened in the past), and actual practices (what really happens). Anthropological practice ensures awareness of these distinctions even when interpreting interview data, by "situating" an interviewee's statements and the circumstances of the interview as far as possible in the broader context of that person's life Zikic (2007:132-133).

Anthropology views the familiar afresh through focusing on classification and on understanding rationality in social and cultural context; it highlights the value of data gathered informally and the differences between what people say, think, and do; its emphasis on empirical particularity helps to avoid inaccurate generalizations and their potentially problematic applications Lambert (1996) as quoted by Zikic (2007). A particular way that anthropology achieves this is by its focus on classification and meaning.

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Qualitative research requires logical reasoning. Therefore, it makes considerable use of inductive reasoning, organising data into categories or themes and identifying patterns (relationships) among the categories (White 2002:82).

The researcher conducted fieldwork investigations in different parts of the Vhembe District, generating the data. Later, the researcher insightfully analysed the raw data provided by Traditional Health Practitioners into patterns or classifications with the direct precise quotes recorded during the interviews.

3.8 ETHICAL CONSIDERATIONS

Ethical measures are principles with which the researcher binds himself / herself (Schulz, 2002:17). The essential purpose of research ethics is to protect the welfare of the research participants. Research ethics, however, involve more than a focus on the welfare of the participants and extend into areas such as scientific misconduct and plagiarism (Terre Blanche et al 2006:61). In this study, the researcher adhered to the following research ethics:

3.8.1 Permission

Ethnographers must formally or informally seek consent to conduct their work Fetterman (1989:130). A formal University Higher Degree Committee (UHDC) letter has been carried along to present to the informants that the investigation was specifically for academic purpose. This letter has been used together with the consent form see appendix C.

The participants were given adequate information pertaining to the study before data collection (Schulz, 2002: 17). In this study, the researcher gave all the participants ample information regarding the aim of the research, the procedures which was followed, possible advantages and disadvantages for the participants, how the results of the research will be used and make an assurance that the purpose for the research is not to intrude in their business as Traditional Health Practitioners. This enabled the participants to make an informed decision on whether they want to participate or not. No form of deception was made to ensure participation of the participants.

3.8.2 Honesty

The researcher did not raise any expectations on the part of participants by promising them something he could not offer. In other words no financial compensation was promised to the

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informants to deceive into them participating in the research. The researcher explained clearly that the research is primarily for academic purposes, not for profit gain.

The researcher also applied autonomy and respect as ethical principles for the dignity of persons. This involves the total freedom of research participants to voluntarily engage in the study. The identity and dignity of the communities and individuals was prioritized (Terre Blanche et al 2006:67).

3.8.3 Trust

Ethnographers need the trust of the people they work with to complete their task. An ethnographer who establishes a bond of trust will learn about the many layers of meaning in any community or programme under study Fetterman (1989:132). It is worth mentioning that the researcher in the study decided to gain trust from the key informants mainly because they demonstrated their complaints regarding other researchers who used their knowledge for self-enrichment. It was therefore a need for the informants to be assured that their knowledge was going to be used for academic purpose.

3.8.4 The principle of fairness

The researcher was constantly mindful of the principle of justice. This implies that research participants would at all times be treated with what is due to them; they will be treated with fairness and equity during all stages of the research (Terre Blanche et al 2006:68). In this study, the researcher explained what he would do with the data, which is not a means to intrude in their businesses. This means that participants' confidentialities would not be compromised at any time except by their permission. No private or secret information would be divulged as a right to confidentiality of the participants (Huysamen, 1994:134). For this reason, the use of concealed media devises such as video cameras, photo cameras, and microphones was done as according to their permission in this study.

3.9 LIMITATIONS OF THE STUDY

Zikic (2007) denotes that one should not forget that fieldwork is a highly personal experience. The meshing of fieldwork procedures with individual capabilities and situational variation is what makes fieldwork such a highly personal experience. The validity and meaningfulness of the results obtained depend directly on the observer's skill, discipline, and perspective. This is

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both the strength and weakness of observational [illegible] Strydom, (2007:118) states that "potential restrictions are often many even in the most carefully planned research study and it is important that they be listed in the study".

Therefore, it is worth mentioning that the researcher did not experience any challenge pertaining to the understanding and usage of the languages spoken by the Venḓa and Shangaan/ Tsonga speaking participants who are found in Vhembe District Municipality. This is because the researcher is fortunate to share both cultural backgrounds of the Vhavenḓa and Tsonga/ Shangaan ethnic groups and know the dialects and the dynamics of both languages under study.

Time constraints was one of the limitation in this study mainly because the method of data collection was interviews and focus groups discussions which required a lot of time for personal visit and facilitation while at the same time conducting other business activities.

Another challenge pertained to refusal by some of the participants who were recommended by other participants as the most relevant informants who could contribute positively to the study. Their reasons for refusal were based on the stereotypes regarding all researchers in the field of anthropology of health as knowledge smugglers for commercial purposes, while the informants were not going to be paid.

3.10 CONCLUSION

In this chapter, the research design and rationale for using qualitative methodology was discussed. Ethical issues were dealt with. Methods for data collection and analysis were discussed. The next chapter will present the analysis and interpretation of the fieldwork data.

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CHAPTER 4

DISCUSSION AND ANALYSIS OF FIELDWORK DATA

4.1 INTRODUCTION

This chapter presents and discusses the findings of the study. A variety of individual Traditional Health Practitioners were interviewed and also focus groups of Traditional Health Practitioners were conducted around Vhembe District Municipality. This chapter commences with provision of the profiles of the participants and further discusses the fieldwork data which is analysed into classifications or themes and categories.

4.2 RESEARCH PARTICIPANTS

It was in the agenda of the researcher's interest to record the profile of the participants in terms of such attributes as age, gender, occupation, the mood of the interview and educational qualifications. The table1 below summarises the profile of the participants.

Table 1 below summarises the profile of the participants

Table 4.1: Age of the participants

Name of Municipality Under Vhembe District	N of P	Age of P	Gender of P	Occupation of P	Educational qualifications of P	Mood of the interview	N of focus group
Mutale	4	All were between the age of 30 & 70 years	3 = F 1 = M	THPs	Only 1 THP matriculated, the rest did not.	The mood was good	None
Musina	1	Between 30 and 45 years	Female	THP	Matriculated	Good	None
Thulamela	4	Between 40 & 65 years	2 = F 2 = M	THP	2 had tertiary certificates, 1 did not matriculate & 2 matriculated	Good	2 focus groups. 1 with 12 THPs & another with4 THPs
Makhado	1	Between the age of 50 & 65 years	M	THP	Matriculated	Good	None

N= Number, P= Participants, F= Female & M=Male, THP(s) = Traditional Health Practitioner(s).

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Table 1 above, it indicated that all participants were traditional health practitioners. They all reside in Vhembe District Municipality which is represented by four local municipalities namely; Mutale, Musina, Thulamela and Makhado municipality. Participants were between the age of 30 and 65. Most of them did not go far as education is concerned. Much of their incomes are generated from their occupational duties of traditional healing practice. All individual interviews and focus groups discussions enjoyed a good mood. Individual interviews were 9 whereas focus groups were 2. One focus group was comprised of 12 THPs while the other was comprised of 4 THPs.

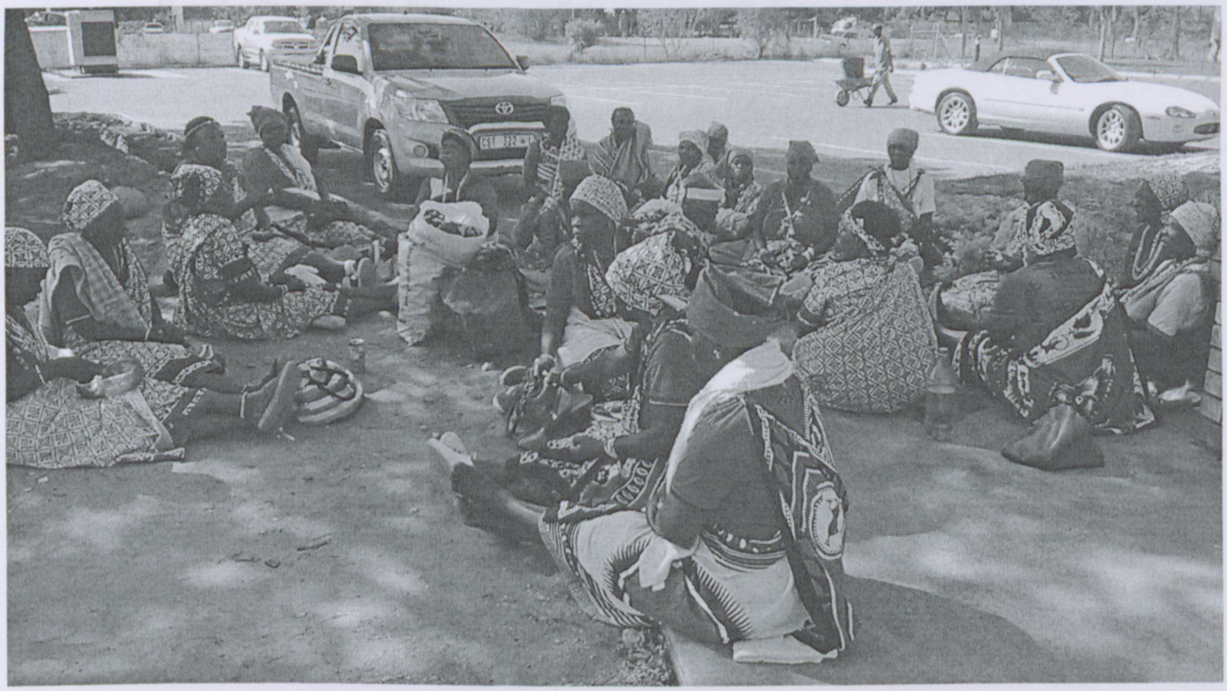

Figure 4.1: **This photo was taken during focus group discussion at Thulamela Local Municipality of Traditional Health Practitioners taken after Vhembe District Traditional Health Association monthly meeting.**

4.3 THE SELF CONCEPTS OF TRADITIONAL HEALTH PRACTITIONERS FOUND IN VHEMBE AREA

This study managed to capture the views of Traditional Health Practitioners on how they define themselves. Those views are classified into themes and categories.

4.3.1 How do they define themselves?

The following categories of how they define themselves have been identified in the study and they are as follows: conservative Traditional Health Practitioners, modern Traditional Health Practitioners and twofold Traditional Health Practitioners.

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4.3.1.1 Conservative Traditional Health Practitioners (Maine wa tshikale)

Conservative Traditional Health Practitioners are explained as ''those who hold on their primitive ways of perpetuating their healing practices, who do not want to compromise their practices with modernity, who believe their healing traditions and beliefs should be treated as static and not dynamic. They believe traditional healing should not be affected by modernity, instead, it should affect modernity''. This was confirmed by old Traditional Health Practitioners who said '

> We don't own traditional healing. It is a gift from our ancestors; we therefore do not do as we wish about it. We do whatever the spirits of our ancestors wish all the time. We therefore can't change how traditional healing should be perpetuated regardless of modernity. That is why when the spirits of our ancestors visit us, they use same voices, actions, diviners bones, charms and use same herbs they been using during their times. Because of that, we remain obedient to the same way of practicing our healing traditions''.

The conservative Traditional Health Practitioners believe that partnering with any modern Traditional Health Practitioners organisation, which are recognised by the government, will in the future distort the value, image of Traditional Health Practitioners and the nature of traditional healing system which will apparently enrich biomedical healing system with their knowledge offered with no compensation. This category is very reluctant to affiliate with modern Traditional Health Practitioners' organisations. This is what another well experienced Traditional Health Practitioners said

> I don't have any problem answering your questions as a researcher, but don't ever try to recruit me to affiliate to any Traditional Health Practitioners' organisation or associations because I and many other real Traditional Health Practitioners who never compromise the truth about traditional healing will never collaborate with either modern Traditional Health Practitioners and biomedical practitioners because I do not want to displease the spirits of my ancestors.

This is a challenge because it will be difficult for the government to address the needs of divided candidates who are on the other hand known as a single category of traditional health

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practitioners by members of the society. This means, Traditional Health Practitioners at the moment have formed groups which have different values and beliefs, and they do oppose each other more especially with regard the issue of collaboration between traditional health practitioners and biomedical practitioners yet they are in common in other areas.

4.3.1.2 Modern Traditional Health Practitioners (Maine wa tshizwino-zwino) who call themselves Traditional Health Practitioners (THPs) or 'Doctors'.

With the passing of the new legislation - Traditional Health Practitioners Act (Act No 22 of 2007), the status of Traditional Health Practitioners improved nationwide including those Traditional Health Practitioners in Vhembe district municipality as confirmed by traditional hears in the study.

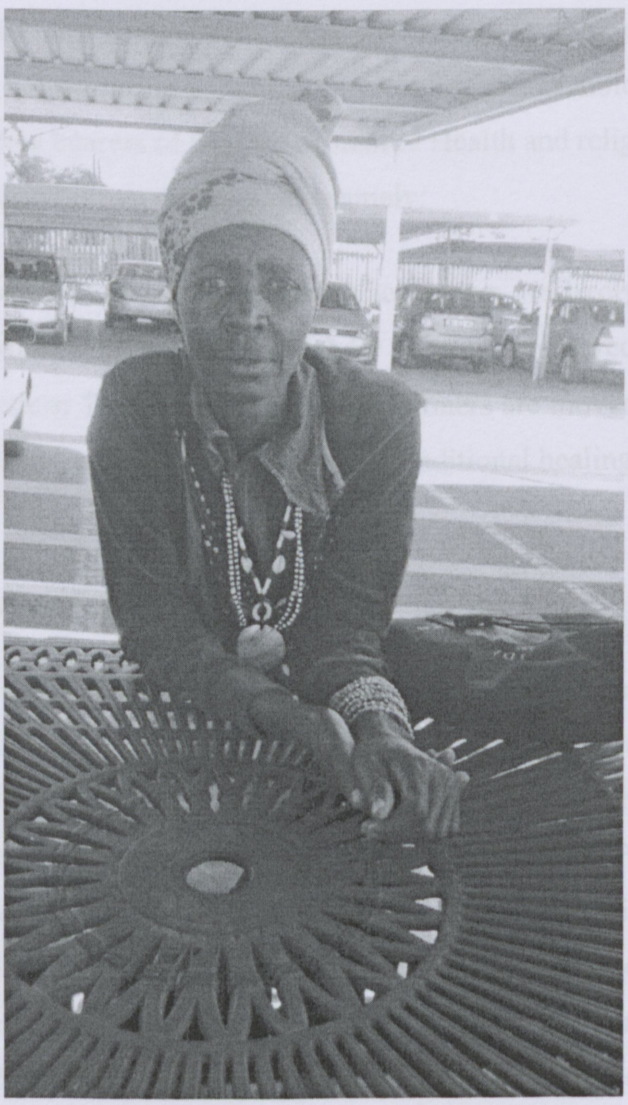

Figure 4.2: An example of an image of a modern Traditional Health Practitioner.

Modern Traditional Health Practitioners is described by informants as:

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> Any Traditional Health Practitioners who after accepting the call as a Traditional Health Practitioners, maintain the status of being loyal to the current government's health initiatives, programmes policies by means of affiliating with modern Traditional Health Practitioners organisations or associations established under Traditional Health Practitioners Act of 2007. Those healers who continue to adapt with modern changes to try to fit in the modern society yet relying in the spirits of their ancestors to render their services and at the same time collaborating well with biomedical practitioners like nurses and biomedical doctors in the modern hospitals are considered as modern Traditional Health Practitioners.

This study identified that this category of Traditional Health Practitioners is criticised by the conservative group for collaborating with other modern health stakeholders such as biomedical doctors, politicians, office bearers of the Department of Health and religious leaders. The main cause of criticism is based on two assumptions namely:

- Assumption that modern Traditional Health Practitioners are likely going to disclose the heritage of traditional healing practices which by norm is considered a secret.
- Accusations that modern Traditional Health Practitioners are moved by the love of money rather than by passion to sustain the sacredness of traditional healing system and the will of our ancestors.

Another Traditional Health Practitioners said:

> A group which is more recognised by the government for communication, support, and collaborative purposes is the modern Traditional Health Practitioners. Those are the once which have been formed in response to the 2007 Act of Traditional Health Practitioners for regulatory purposes. This is because the government is seeking a way to gather some African knowledge and African sciences in order to promote public health, economy and environment as embraced by the main idea of African Renaissance as according to former President Thabo Mbeki's politics.

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Interestingly, the study managed to identify finger-pointing between modern Traditional Health Practitioners and conservative Traditional Health Practitioners. The following is an example of how modern Traditional Health Practitioners view conservative Traditional Health Practitioners:

Conservative Traditional Health Practitioners are unrealistic and ignorant of reality. This is what they say:

There is no Traditional Health Practitioners in these modern days who is not affected by modernity in one way or another to the extent of compromising some traditional beliefs towards change. For example, Ancestors also adapt with modernity because every Traditional Health Practitioners uses modern facilities in the process of rendering his or her services. For example,

- They use modern cars as a means of transporting ourselves, collecting herbs and our patients.
- They use cellular phones to connect with our clients and referring them to other relevant healers for a particular illness or conditions;
- They use modern bottles to store our medicines instead of calabashes for example, Coca Cola bottles, Mayonnaise or Peanut Butter bottles, plastic bags with the names of the shops to carry our herbs;
- They use modern clothes instead of animal skins;
- They use modern directory sign boards to advertise us and place them on public roads in order to attract clients;
- They sleep in comfortable modern beds;
- They use modern razors instead of porcupine thorn/ feather and
- They transfer their patients to hospitals and tell their clients to come back after being helped with biomedical technology.

Participants concluded with the following statement after providing the list of proofs that every Traditional Health Practitioners today is subject to change towards compliance with modernity when distributing healing services.

> This is just to mention the few. There are still many more other things which conservative Traditional Health Practitioners are guilty of doing if they think they do not need to change. For example, laboratory test

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> of their medicines. Therefore, it is advisable for conservative Traditional Health Practitioners to find better ways to comply with modernity since there are modern diseases which affect both Traditional Health Practitioners and non-healers and they need joint responsibility to find solutions to cure them.

The researcher attended the meeting with Traditional Health Practitioners, biomedical practitioners, and government health workers from Vhembe Department of Health, prophets, pastors, traditional leaders and nurses. The meeting was held at Donald Fraser Hospital which falls under the Thulamela Local Municipality of Vhembe District Municipality. On this day, Traditional Health Practitioners continued to reprimand other stake holders who attended the meeting for continuously defining them wrongly as 'Traditional Health Practitioners'. A lady who is a chairperson of a sub-structure of Vhembe Traditional Health Practitioners Association known as Ms. Mtavini Chauke of Ha-Makuya area which falls under Mutale Local Municipality said:

> The new democratic government of South Africa gave us a new name which is fully acceptable to us, that name is 'traditional health practitioners' (THPs) in the place of a 'Traditional Health Practitioners' (TH). Therefore, we as traditional health practitioners feel excluded from the whole health fraternity if we are called healers because we do not focus on healing bodily pains, rather we include all other areas affecting the entire human health, for example, we offer different kinds of counselling to our patients that is why I say the term 'health' is suitable for defining us because it defines healing in a holistic way, and that is exactly what we do when we render our services. So please call us traditional health practitioners or doctors. We are doctors because we diagnose and prescribe a medicine to our patients, unlike a nurse who takes orders of the doctor in the hospital.

The same sentiment was repeated by the chairperson of the Traditional Health Practitioners association of Saselamani sub-branch at Malamulele. This is what Mr. Hobyane who is also a traditional health practitioner said:

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> When you call us Traditional Health Practitioners, you should understand that you have described us correctly. We are health practitioners.

The researcher in the focus group of traditional health practitioners in Thohoyandou town which is found in Thulamela municipality was told that:

> We are all doctors here despite lack of formal education acquired from higher learning institutions. This is because we do everything biomedical doctors do in the process of dispersing their services. For example, we diagnose the patient, prescribe the medication process and admit patients the same way biomedical doctors do.

4.3.1.3 Twofold Traditional Health Practitioners (Maine wa u ʈanganyisa tshi-Khiresite na tshikale) a diviner who also mixes with faith healing.

The study also identified twofold Traditional Health Practitioners in Vhembe District Municipality. They are defined by conservative and modern Traditional Health Practitioners as those who work as diviners: ''vho maine vha muya na ʈhangu'' and also as faith healers in the category of Zionists faith healers Hammond-Tooke (1989). Participants describe them as ''those who ask their patients to choose how they want to be treated, either through diviner's bones as a Traditional Health Practitioners or through spirit of the prophet without the use of diviner's bones over the same condition of an illness''. It was confirmed by participants that there are many healers of this kind in the modern society of Vhembe district. This category is criticised by both conservative and modern Traditional Health Practitioners as money mongers and charlatan.

4.4 THE CALLING OF TRADITIONAL HEALTH PRACTITIONERS

All Traditional Health Practitioners who were interviewed were in agreement regarding how they explained their calling. Traditional Health Practitioners described of themselves as people chosen by the spirits of their ancestors to perform duties relating to health. They explained themselves as not focusing alone on bodily healing, but on other aspects that affect the people's economic, social and political well-being such as 'tshinyama' which means bad luck in Tshivenḓa language, u sa beba - barrenness, 'ufara muḓi' (Venḓa language) or ''ku biyela

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muti'' (Tsonga language) which means to protect the home with powerful remedies which will prevent enemies such as witches from entering homes for evil intentions, and many more.

4.4.1 It involves dreams

Mr. H. Dzebu of Muledzhi Village at Thengwe area in Mutale Municipality, defined a Traditional Health Practitioners as ''a person who responded to ancestral calling to become a healer and that call reveals itself through dreams/ visions or through an illness which cannot be cured through biomedical treatment and only cured by accepting the call from the ancestors. It takes another Traditional Health Practitioners to interpret the meaning of the dreams/ visions or the kind of illness in order to understand and approve someone as having the call of becoming a Traditional Health Practitioners''. After someone's conviction, it is then that the person will be referred by a Traditional Health Practitioners to another Traditional Health Practitioners who have a special calling for dealing with those services. After that, the patient will be admitted to the family of a Traditional Health Practitioners for training. The training processes also known as 'twasa' is to prepare the candidate to be a Traditional Health Practitioners''. This involves a series of rituals administered by another Traditional Health Practitioners for the period that cannot be specified after the candidate is admitted in the senior Traditional Health Practitioners' home who is also a specialist or assigned by ancestors in this regard''. Mr. Dzebu accepted the ancestral calling while he was still a youth. He said

> I was a well-known church goer who would be intergraded in church programmes in Pentecostal churches before I became a Traditional Health Practitioners. It all started with dreams of working as a healer. The second step was an illness which could not be cured in Hospital. That was swollen legs without any natural cause. Because my father is a Traditional Health Practitioner, he sent me to Mrs Mulovhedzi who revealed that I have the spirit of my grandfather who was a healer. She eventually initiated me through the whole process of becoming Traditional Health Practitioners. Now I specialise in healing 'tshipfula' which means a wound that cannot be cured through biomedical treatment such as cancer, I also heal woman's diseases such as pains relating to menstruation, womb problems.

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4.4.1.1 It may involve illness caused by the spirits of the ancestors if someone is refusing to accept the call to work as a Traditional Health Practitioners

Hammond-Tooke (1989:47) asserts that the ancestor's beliefs provide an explanation of sicknesses and misfortune. Although the illness caused by the ancestor is seldom fatal. The usual reason for the ancestral interference in the affairs of the living is (a) neglect of the customs of the home', the necessary rituals that should be performed, particularly at the pivotal points of the life circle for example, (birth, initiation, marriage and death) and (b) failure to accord due respect to seniors. There is thus a close relationship with morality and the integration of the wider descent groups.

A Traditional Health Practitioners known as Mrs. (Makhado) Alice confirmed the ancestral intervention in the following manner:

> Ancestral spirits are forceful beings, they punish you if you resist their will, and they can cause different attacks, pains and misfortune which are not meant to kill you, but are calling for your attention to obey their will. She added ''illnesses of non-naturalistic traces are usually preconditions for all healers to respond to ancestral calling as Traditional Health Practitioners and these illnesses may manifest differently from person to person but incurable through biomedical healing practice. For example, deafness, swollen legs, resisting to eat food and living by water alone, jumping into the deep and dangerous pools, incredible bad luck, dizziness, vibrations and mental illness, and many more''. She added, ''if a patient is suffering these conditions, it is only Traditional Health Practitioners who can initiate that person into the services of working as Traditional Health Practitioners. That will be one of the few ways to cure that patient. The other effective way could be strong prayers of modern healing ministries. Since consulting with biomedical practitioners in clinics or hospitals will be a waste of time and money because biomedical practitioners will not detect anything wrong with that patient.

All Traditional Health Practitioners confirmed that ancestors may strike a person with an illness which cannot be cured in the biomedical hospitals and clinics. It was agreed by the participants

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that this kind of illnesses are not meant to kill a person but to seek a person's attention to listen to the voices of the ancestors. Participants referred to this tactics by ancestors as strategic call for attention. This was confirmed by the words of another Shangaan participant in Thulamela municipality ''vunanga bwa vabweriwa'' which means the initial sign for becoming a Traditional Health Practitioners is an illness. Other Traditional Health Practitioners in contrast, said it does not always take an illness for someone to be initiated as a healer. It may take other calamities such as bad luck, losing money, temporary mental disorders and many more. It always takes Traditional Health Practitioners to interpret those signs and link them with a calling by the ancestors to become a Traditional Health Practitioners.

4.4.1.2 It may involve ''U lilela dzina'' in Tshivenḓa language or 'ku rilela vito''

Literally, ''U lilela dzina'' or 'ku rilela vito'' means crying for a name, but contextually, it means suffering an illness or ill-being associated with the name of the dead person whose spirit wants to come back to the world of the living and manifest through itself the life of a living child/person.

This concept is believed by the interviewees as part of the calling by the ancestral spirits. However, this concept may happen to anybody including those who are not supposed to be Traditional Health Practitioners. This concept has been defined as suffering from non-biological causes of illness which manifest itself in different ways. These conditions are believed to be more common to children. The child would cry without stopping, day and night, while refusing to eat or breast-feeding, yet when the guardians of the child consult the biomedical doctors for cure, the biomedical doctor's machines will not detect any biological problem associated with the child's condition. It may become an illness which might threaten the life of the child. In this case, a Traditional Health Practitioners is consulted to detect whose name the child is crying for. Participants referred to this crying as not merely referring to literally crying tears, but as the situation where one of the ancestors is worried that he/she is being forgotten and that his/her spirit wants to continue working with people in the world of the living, but that can only be done through the body of the living, that is why crying for a name is common to young children. This condition was associated to the acts of jealous by the spirits of the ancestors. They strike an illness to the child in order to get the parents' attention who will consult with the Traditional Health Practitioners or with the other religious world-views for solutions. It was confirmed by the interviewees that, In this case, if the spirit of the ancestor was a Traditional Health Practitioners that is where crying of the name become part

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of the calling into becoming a Traditional Health Practitioners. If the child is named after the name of that person identified by the Traditional Health Practitioners, it is believed by the participants that the same life styles, behaviour and healing gift will manifest through the life of that child till he/she dies.

4.4.1.3 It involves a training called 'ku thwasa' in Tsonga language

This study identified controversial information regarding the training of a Traditional Health Practitioners by another Traditional Health Practitioners. Some participants asserted that a real Traditional Health Practitioners does not undergo training by another Traditional Health Practitioners because he/she will receive direct revelations, tasks, and dreams from the ancestors from the beginning of the mission of working as a Traditional Health Practitioners. It should be noted that participants referred this kind of Traditional Health Practitioners as few and of a noble rank in the class of Traditional Health Practitioners. Another category is what participants reported as compulsory to undergo training called 'ku thwasa' since it starts with an illness or diverse calamities which requires the attention of another Traditional Health Practitioners. Family members of the patient usually are the once who offer support and encouragement to the patient who are in most cases are unwilling to undergo such training or receiving such tasks.

4.4.1.4 It may involve series of unusual conditions such as accidents

A participant in Mutale municipality testified on how she suffered various calamities before she was initiated as a Traditional Health Practitioners. The following are some fascinating stories

Respondent number 1:

> I grew up going to church and continued after I was married. I was visited by the spirits of my ancestors in a strange way''. She said, ''each time when I entered the church entrance (Dutch Reformed Church), I would become blind or deaf; I would be taken to a nearby church which was Zion Christian Church (ZCC). All forms of prayers were performed and I would be cured for some times and when I return to church, the same strange things would repeat.

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Respondent number 2:

> One time I was walking near the river. I found 'ṱhangu' which is a dice or a diviners bone used for discerning causes of illnesses and how they should be cured or knowing other problems affecting patients. I took it and threw it away but to my amazement, when I woke up in the morning, I found that same 'ṱhangu' at the gate of my home. I realised that it was the very same 'ṱhangu' which I threw away twenty kilometres away from my home. I was very shocked and terrified to the extent that I took it and showed my brother. He advised me to consult with a Traditional Health Practitioners. I refused to consult with a Traditional Health Practitioners because I was a Christian and chose to consult with a prophet (Zionist priest) whose practices shared a lot of common similarities with those of Traditional Health Practitioners. That prophet managed to detect the spirit of my ancestor and promised to remove it through holy water that was given to me. I was told by the prophet to throw it away at the same place where I originally found it after sprinkling it with holy water. I obeyed everything as I was told. To my amazement, I found it again at the same place at the gate of my home the following day in the morning. This time I took my brother's advice of consulting with a Traditional Health Practitioners. Traditional Health Practitioners right away detected the spirits of the ancestors and convinced me to undergo the process of being initiated as Traditional Health Practitioners.

Respondent number 3:

Another Traditional Health Practitioners confirmed that a real Traditional Health Practitioners must firstly become critically ill before becoming a healer. She gave an example by how she was initiated as a Traditional Health Practitioners. She said:

> I initially hated traditional health practices. I liked churches. I was a Christian convert who was baptized from my youth. While I was in the church, I became critically ill, my family took me to the hospital and I was not cured, I was taken to the pastor and was not cured. My family

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finally was convinced to take me to Traditional Health Practitioner where I was forced to go since I had no other option to take by then. I had swollen legs, dizzy and lost appetite. I could not eat food for extended time. A Traditional Health Practitioners said, ''this lady is not sick. All these symptoms are evidence that her ancestors are calling her to become a Traditional Health Practitioner, if she accepts the calling and be initiated, these symptoms will disappear immediately'. I finally accepted the calling and indeed I was healed from all those symptoms. That did not stop me from going to church by then but, immediately when I go to church; the same symptoms would come back until I surrendered my life to traditional healing practices. now I specialise with initiating other Traditional Health Practitioners to become Traditional Health Practitioners though I do heal other illnesses such as 'gokhonya', *'u simetshela'* which means performing rituals to cause a barren woman to conceive, healing children's illnesses such as 'ngoma lukala' and many more.

The researcher visited Vhembe District Traditional Health Association monthly meeting at Thohoyandou In-door Sport Centre. This is what a group of Shangaan/ Tsonga Traditional Health Practitioners said when explaining how one could realise his/her ancestral calling.

Respondent number 4:

vunanga i moya wa vokokwani loyu munhu a u rilelaka, moya lowu loko wu ta e ka wena u nga wu amukeli, wa ku tova hi vuvabyi byo kari ku endlela ku ri u za u swi bona kuri wona wu lava yini e-ka wena, swa hambana ma tele ya swona, swa endleka munhu a kumeka a nghena matini e-ka ndzhawu yo tsavisa, kumbe a pfimba milenge, kumbe a nga ha dyi swakudya nkari wo leha kambe yena a hanya hi mati ntsena, minkari yin'wana wa wa a titivala, kumbe a rhurhumela a kha a vulavula i rhito ro ka ri ngari ra yena hi ntumbuluko'' this means traditional healing is about the spirit of the ancestors which a person inherit, this spirit, if it visits you and you fail to welcome it at once, it will buffet you with an illness as a strategy to gain your attention. It differs the way it happens. It happens that a person may jump into the

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> fearsome pools, or his / her legs may become swollen, or he/she may not eat food for a long time and live by water alone, sometimes he/she may fall down and his body will vibrate, that person may speak using a strange voice which is not his/her natural voice.

From stories given by respondents above, the researcher realised that some Traditional Health Practitioners become Traditional Health Practitioners as a result of pressure exerted to them by the spirits of the ancestors. That pressure came in strange and severely harsh manner. All Traditional Health Practitioners who participated in the study demonstrated some forms of resistance to the calling as Traditional Health Practitioners but, as a result of awful pressures they finally submitted to the will of the ancestral spirits.

4.4.1.5 It involves 'ngoma'

According to Janzen (1992), the term 'ngoma' is widely recognised as connoting performance, drumming and dancing, celebration and ritual therapy. According to Cory, some 'ngoma' were devoted to ancestor worship and divination. All the participants confirmed that all traditional healers went through 'ngoma' initiation ritual and often times continue to perform 'ngoma' ritual throughout the traditional healing practices for various reasons. Traditional health practitioners confirmed that it takes another traditional health practitioner to initiate another through the process called 'thwasa'.

4.5 TYPES OF TRADITIONAL HEALTH PRACTITIONERS

This study identified three types of Traditional Health Practitioners. A well-known Traditional Health Practitioners at Mutale differentiated them in the following manner:

> There are three types of Traditional Health Practitioners namely: *''maine wa ṱhangu a shumaho mga mimuya ya vhadzimu''* a spirit-controlled Traditional Health Practitioners who uses diviners' bones/ dices for detecting problems affecting the patients, a knowledge-driven Traditional Health Practitioners known as Herbalist and the *tshigoma-mutanda* known as fake Traditional Health Practitioners''.

She clarified in the following manner:

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- **Spirit-controlled Traditional Health Practitioners / diviner or *''Sangoma''*** in IsiZulu ***(Maine wa ṭhangu)/ ''Mungome''*** is a man or woman who is used by the spirit of the ancestor to detect and cure illnesses gaining revelation through the use of sacred bones known as 'ṭhangu' in 'Tshivenḓa' language.
- **Knowledge-led Traditional Health Practitioners/ herbalist *(Muḓivhi wa mishonga)***

Is a man or a woman who through interaction or working for a long time with a spirit-led Traditional Health Practitioners, gain experience or knowledge of the herbs on certain kind(s) of illnesses(s) they cure and how they are used. She added, this is the same way biomedical practitioners such as nurses and doctors in hospitals gain their insight and knowledge or training in colleges and universities about their work.

It was identified in the study that services of herbalist are closer in theory and practice to biomedical system. It was revealed that herbalist does not rely on the spirits' revelation(s) in the process of curing illnesses. He/she rely on knowledge or experience passed on to him/her by family member, friend, relative or experienced diviner. It was reported by participants that this kind of knowledge is acquired through a continuous service of working under another herbalist or diviner but some form of indigenous knowledge regarding healing are shared among ordinary community members.

- **Fake Traditional Health Practitioners *(Tshigomamutanda)***

Is commonly a man who uses evil spirits and charms or 'muti' to drive his evil practices in favour of his client(s) or himself. Those practices may include ritual murder, magic use for harming enemies of his clients or himself for financial or in-kind benefit.

4.6 THE GENERAL OUTLOOK OF MODERN TRADITIONAL HEALTH PRACTITIONERS IN VHEMBE DISTRICT MUNICIPALITY

Once the n'anga is qualified he/she must acquire special clothes and use special equipment; otherwise, his spirit will not assist him or else he/she may become sick if he fails to wear them. It is true that n'anga today, especially those practicing in urban areas, do not wear the traditional dress to the same extent as those in the remoter districts, but, nevertheless they usually wear some special items, which are often concealed by their outer clothing. Clothed according to the ancient custom, the n'anga, he /she feel reassured and more confident of his own powers. Further, he/she knows that is pleasing the spirits upon whose assistance he relies. His/her dress

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is the uniform that distinguishes him/her from all others and is the badge of his/her profession Gelfand (1985:7).

Most of traditional health practitioners in Vhembe District Municipality are easily identified by mere looking at the kind of dress, and other symbols they attach or put on themselves on a daily basis. Whatever they put on always reflect, spiritual beliefs, cultural beliefs and modern fashions. Things which they generally put on regardless of gender include:

- bangles made of copper, silver, plastic and gold on their hands
- Red, white and black beads around their hands and neck or legs.
- Red and white cloths,
- Animal skin, necklace made of beads with animal horn, nail shell or animal bones.
- Braided hairs some with beads
- Others do not put on any of this kind of dressing or symbols and cannot be easily identified by mere looking at them as Traditional Health Practitioners.

This is what a male traditional health practitioner who had been practicing traditional healing for over 35 years said while commenting on whether attaching symbols is compulsory to Traditional Health Practitioners or not ''vunanga a hi fungo'' this means traditional healing is not focused or rooted on signs'' he continued,

> Traditional healing is about the spirit of the ancestor. One can do a very good work as a traditional health practitioner without any sign that he or she has attached himself with''. He continued, ''any sign which a Traditional Health Practitioners attach to him/herself has nothing to do with the ability to heal, but with cultural demonstrations of one as a healer. That is why I look just like any noble person by how I dress though I am a highly experienced traditional health practitioner.

By this, the participant signified that it is highly expected that modern traditional health practitioners may not be easily recognised by how he/she looks referring to the code of dressing.

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4.7 THE KIND OF ILLNESSES / DISEASES OR CONDITIONS THAT TRADITIONAL HEALTH PRACTITIONERS CURE

It is clear that one of the objectives of this study was to identify and document what traditional health practitioners do in the modern society. This study identified the cosmology of traditional health practitioners who participated in the study and further discussed what they do in the process of healing their patients.

4.7.1 South African Traditional Health Practitioners' world-view/ cosmology in brief

Hammond-Tooke (1989:32) asserted that in attempt to understand the nature of traditional healing in South Africa, an essential first step is to try and place it with wider framework, for the ideas and practices associated with traditional healing are not bizarre and ad hoc examples of pre-operatory thought, but are part of a wider system of concepts that underlies and reflects perceptions of the world and of humanity's place in it. This cognitive system is usually referred to as a cosmology or worldview.

4.7.1.1 Belief in Supreme Being

Happiness in true sense is to be found in the pursuit of abstract beliefs, i.e. the non-visible and non-provable. It is about serious intense faith. In Africa, there is belief in the existence of the Supreme Being who is approachable through the ancestors, who serve as mediators between Being and brotherhood of man Broodryk (2006:158).

4.7.1.2 How happiness or well-being is perceived

Happiness is spiritual, mental, and physical. Spiritual happiness is about abstaining from earthly wrongdoings and the elimination of obstacles affecting peaceful and meaningful life. Activities which hinder spiritual life are, for example, the social milieu people find themselves in – where they may be on obsession with material gain and greed, where people are exploited, where the pursuit of self-interest is a goal, and where physical, emotional and institutional violence are used Broodryk (2006:157-158).

4.7.1.3 The Vhavenḓa Traditional Health Practitioners world-view in brief

Van Rooy (1978) explains that a Venḓa person views himself/herself as part of a greater totality, in which everything has a fixed and inter-related place. This totality comprises all

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things as we know them. From this perspective, well-being is measured against the degree of harmony which exists within a community' since the group is of more importance than the individual. This harmony however, may be disrupted when certain forces within the totality are manipulated for the benefit of an individual, rather than that of the community. In most African rural societies, harmony is of the utmost importence and its disruption is seen as a great evil. The principle of a limited cosmic good is closely related to this view. The idea of the limited cosmic good means that there is finite measure of cosmic good available within the totality. This cosmic good is shared amongst all members of the community according to their individual status. It refers to both material and spiritual aspects, such as health, wealth and a general sense of well-being. Due to the limit on cosmic good, an increase in goodwill or wealth for one individual inevitably also means an equal decrease of goodwill or wealth for another Netshiombo (1997).

Traditional Health Practitioners in Vhembe District Municipality maintain a different worldview from biomedical healing system on the understanding of causation and management of illnesses or conditions. Traditional healing and practices is sometimes based on the belief in the supernatural. In some cultures, supernatural forces are considered to be of such immense importence in the general conceptions of health and illness that the religious rites, invocations, magical methods and all forms of sorcery constitute integral parts of traditional healing and are indeed applied to the advantage of patients (Pretorious, De Klerk & Van Rensburg 1991:49).

The researcher identified different categories of conditions, illnesses and diseases which Traditional Health Practitioners in Vhembe District treat. The following categories are classified based on the cosmological view of African Traditional Health Practitioners.

4.7.1.4 A man or patient is seen as a whole being / holistically

Broodryk (2006:103) asserts that it is in the African sense that it approaches a person as a human being and as a totality, as practised by 'sangomas' (African psychologists) and sages (wise people) who in this study are identified as Traditional Health Practitioners. It is therefore not only one isolated action or symptom (as expressed by an individual) which qualifies for attention, but the whole being in a holistic way.

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4.7.1.5 Healing process takes a collective approach

The study identified collective approach to healing as one of the common things Traditional Health Practitioners do in disseminating their healing practices. This can be done in conjunction with other caring persons. Traditional African beliefs are more concerned with the collective interests of the group than of an individual Broodryk (2006:104).

This was confirmed by the following statement of Traditional Health Practitioner:

> The illness of one family member affects the entire family members. Spiritual ceremonies such as *'malombo* dance' should be performed under the instructions or supervision of a family Traditional Health Practitioners. These ceremonies take an involvement of the entire family members each believing that he/she will receive blessings from the ancestors by their participation. Those working from far will come back to support the ceremony which came through the illness of one family member.

4.7.1.6 Healing processes involves performance of rituals

The performance of rituals in the healing practices done by Traditional Health Practitioners in Vhembe district is not uncommon. Traditional Health Practitioners confirmed that certain conditions involving patients can only be addressed by observing certain series of rituals before a patient can experience a healing. This was confirmed by the words of another participant who said:

> The example of ill conditions which requires a series of performance of rituals is *'U simetshela'* this means to cause a barren woman to become pregnant. It requires a range of rituals to be performed by both the healer and the barren woman until she conceives.

4.7.1.7 It involves observance of African traditional religious beliefs

The study identified that Traditional Health Practitioners inspire and guide their patients with advices that generate African religious beliefs associated with their healing practices. This was confirmed by a Traditional Health Practitioners

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> Healing processes cannot be separated from the will of the gods/ ancestors. This means the patient must be in good terms with his ancestors as they are the once who will work together with those of the Traditional Health Practitioners to restore a patient to health.

In this regard, the study revealed that the Traditional Health Practitioners do encourage their patients to obey the will of their ancestral spirits for the sake of their well-being.

I would argue that as long as Traditional Health Practitioners continue to base their healing practices on the observance of the will of the gods or ancestral spirits, the majority of patients who are already affiliated to other monotheist religions such as Christianity, Islamic and Judaism would not like to be associated with Traditional Health Practitioners. Those patients whom because of pressure or frustrations, would choose to consult with Traditional Health Practitioners during the night or disguise themselves to avoid public attention.

This argument is based on the focus group discussion with Malamulele Traditional Health Practitioners. This was one of the statement picked from the discussion ''many Christians and pastors consult with us during the night and request us to keep their identity secret''.

All Traditional Health Practitioners who were interviewed confirmed that all sicknesses and diseases which were known by the ancestors can be cured by the Traditional Health Practitioners who have a special calling in that regard. Mrs Mulovhedzi said:

> In the field of traditional healing, every family is renowned for its speciality in curing specific illnesses or diseases. She added that there is no Traditional Health Practitioners who knows everything that is why we refer our patients to other Traditional Health Practitioners or to the hospitals if we detect that the condition of the patient can be effectively dealt with by other specialists such as biomedical doctors.

4.7.1.8 It involves 'Zwiila' Taboos

According to Gelfand (1985:38), taboos are commonly used in Africa as related to the well-being of a person. Some taboos are confined to a particular sex, age-group, a group of people, pregnant women, particular places, and the use of medicines. Sometimes traditional health practitioners warn their patients of the danger of not observing taboos. Failure to observe these taboos will lead to disease, misfortune and even death.

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This study encountered several views of the traditional health practitioners who related some causes of the illnesses and failure to recover from an illness to failure to observe taboos. Interviewees demonstrated that some of the modern health crises are caused by the modern generation's failure to observe taboos. One of the participant gave one example, he said:

> Thusula/ ḓorobo'' illness is the example of men failing to observe the taboo which denote that a man is not allowed to sleep with a woman during her periodical menstruation.

4.7.1.9 It requires the interpretation of Dreams

Torrey (1986:188) asserted that Dr Lambo is quoted as saying: ''we assessed the work of these healers and found their results in certain areas were better than ours. They understood the philosophy of the people and were especially adept at handling African dreams'' Turner (1986).

The study identified that one of the main roles of Traditional Health Practitioners perform in the Vhembe district is to interpret dreams which are associated with the causes of illness or ill-being by patients. In this regard, patients will consult with Traditional Health Practitioners who will interpret and prescribe the treatment for the condition or illness in a holistic in manner. A participant stated that:

> Traditional healing is founded on dreams and interpretation and it continues to depend on them for its existence, attaching meanings on figures or symbols appeared on those dreams. For example, dreaming a river has its meaning, as much as dreaming any existing and nonexistent creatures. Nothing in a dream is taken for granted.

4.7.1.10 It involves ancestral worship

The interviewees confirmed that it is part of the Vhavenḓa and the Shangaan/Tsonga world-view to show some form of religious respect in a form of worship of the ancestors as part of their healing practices. Participants confirmed that ancestral worship is a means of building closer relationship with gods who will reveal secrets about causes of ill-being and solutions thereof. In this regard, the study identified that healing is entirely perceived holistically i.e. It involves appeasing the spirits of the ancestors to stabilise conflicts in the family, causing

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prosperity in family members, in the farms, removing bad luck from family members, and healing sick bodies.

4.7.1.11 It involves ''u vhonisa'' which means seeking revelation to the cause(s) of ill-being

Venḓa Traditional Health Practitioners defined ''u vhonisa'' as a consultation done by an individual to the diviner. The purpose for the consultation is the one called 'u vhonisa'' which means to seek specific revelation about the cause of the problem experienced by either the individual or relatives of the one consulting. Only a Traditional Health Practitioners who uses spirits of the ancestors are consulted for these cases.

This study also identified some classifications of ''u vhonisa''

4.7.1.12 It involves ''u vhonisa tsho ḽaho mufu'' this is a search for the revelation of causes relating to the death of another.

Traditional Health Practitioners asserted that one of the common role which keep them busy regardless of modernity is on helping clients who consult for ''u vhonisa''. Traditional Health Practitioners confirmed that a group of family members usually visits them in the morning or during the day or invite the Traditional Health Practitioners to their homes for the performance of this ceremony. They also confirmed that they prefer indirect speeches which will leave them with assumptions of the causes of the problem instead of pointing out names either of persons involved in killing or of the disease that killed the person.

4.7.1.13 'U vhonisa vhulwadze' in Tshivenḓa language or 'ku lavisisa vuvhabzwi'' seeking revelation from Traditional Health Practitioners concerning the cause and the cure of the illness.

Participants referred to this as the service that is rendered by diviner using bones. During this process, the Traditional Health Practitioners cross-questioned the patient together with his/her companions. The healer does his/her work, relying to his/her spirits and seeking clarification from the patient or companions if what he/she is saying is true or false. Traditional Health Practitioners reprimands the patient and all attendants say ''siyavuma'', which means 'we believe', after saying ''vumani bo'' which is an order meaning 'believe'! The patients confirm that the traditional healer will tell the patient about the true cause of an illness, the cure and refer to the most relevant healer if the Traditional Health Practitioners does not specialise in

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such kind of services. It was also confirmed by the patients that sometimes the patient and his/her companions may display sceptic attitudes but they do not tell the Traditional Health Practitioners that the y disagree. That was regarded by Traditional Health Practitioners as a sign of respect to the Traditional Health Practitioners. Participants indicated that if the patient is not convinced by what the Traditional Health Practitioners said, he/she will just leave the family of the Traditional Health Practitioners peacefully and proceed to consult with other famous Traditional Health Practitioners. The researcher was shocked to hear the confirmation provided by the participants concerning the diviners providing misleading information to the clients as very common to the Traditional Health Practitioners who do not observe the belief called 'u ila' in Tshivenḓa language or 'ku yila' in Shangaan/Xitsonga language all these words means to keep oneself pure from impurities such as continuously engaging into marital rights or disobedience to the voices of the ancestors. It is believed by Traditional Health Practitioners that the fundamental punishment for not obeying the will of the ancestors will result into muteness by the ancestors which will at the end let the fame of the Traditional Health Practitioners declining. Finally, patients reported that the Traditional Health Practitioners will become a fake Traditional Health Practitioners if he/she insists to disobey the will of the ancestors.

4.7.1.14 ''U vhonisa thundu yo xelaho'' this means to consult from the diviner to see the where abouts of the lost or stolen asserts.

All the participants agreed that it is their duty to see where the lost goods or asserts are. It could be stolen livestock, vehicles, money, cellular phones and many other things. This was reported as the work of the diviner who uses spirits and the bones.

4.7.1.15 Illnesses caused by the spirits

The really important religious entities are the spirits of the deceased ancestors. Ancestors are believed to look after the interests of their descendants, but they can also send illness and misfortune if moved to wrath Hammond-Tooke (1989:47).

Mr Dzebu confirmed this in this manner:

> Traditional Health Practitioners are good at curing spiritually related illnesses such as caused by witchcraft or magic. He added, ''those are the illnesses which cannot be detected by the use of modern biomedical

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> technologies; in fact, medical technological devices may detect that a patient is in a normal condition whereas in reality the patient is critically ill. Therefore, in such conditions, we know that those symptoms can be dealt with by Traditional Health Practitioners (diviners)'' For example, mental illness.

Traditional Health Practitioners explain mental illness as caused by two conditions namely; brain damage caused by accident and by a spirit or magical powers caused by witchcraft curses. Traditional Health Practitioners claim that biomedical doctors can deal with naturalistic condition but they cannot cure the spiritual condition of mental illness. Traditional Health Practitioners explain that only Traditional Health Practitioners and faith healers who are having the special gift can heal that condition. Mrs Mulovhedzi (Munzhelele) who is experienced Traditional Health Practitioners confirmed that:

> Not every Traditional Health Practitioners can deal with the condition of mental illness except few appointed families by the ancestral spirits. She added that, ''Mr. Tshikovha is the traditional specialist in this regard.

4.7.1.16 Mental illness/conditions

Detaining spirit-possessed people in western mental institutions is also incomprehensible; because they cannot cure a spirit possessed person- it is a sangoma's task to cure the affected person. Due to the sangoma's psychic training and experience of ancestral spirits as well as their own purification, they have learnt to ''see'' and not just to observe. ''seeing'' implies moving beyond sensory perception and understanding. Sangoma regard themselves as being engaged in a war of good against the evil forces in nature'' Broodryk (2006:94). The study discovered that mental illness or disorder is one of the conditions which traditional health practitioners cure. This was confirmed by traditional healers who said:

> Mental illness is exclusively cured through spiritual means and not biomedical means and it is the role of traditional health practitioners.

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4.7.1.17 'Ku biyela' in Tsonga language, 'U fara' in Tshivenḓa language which means to conceal asserts ceremonially.

Participants confirmed that one of the broader role of Traditional Health Practitioners is in the area of concealing asserts. It was confirmed that it is one of the duties which keep modern Traditional Health Practitioners very busy. This is because there is no restriction as to which asserts are qualifying to be concealed or not. This simply means any assert which the client desires will be concealed on the condition of a payment. Asserts include, homes, business premises, cars, offices, livestock kraals, and many more. The researcher was surprised to hear Traditional Health Practitioners saying, they do conceal some other religious churches of the double-minded pastors. Participants supplied the researcher with the reasons for 'ku biyela'. They say, it is mainly for protection against other forces of magic or witchcraft, prevention of vehicles, livestock from being stolen, to attract customers to the business, to cause other people to become total subordinates to your authority as a leader and many more. This was confirmed in focus group which was dominated by the Shangaan Traditional Health Practitioners at Thohoyandou while waiting for their transport just after attending the Vhembe District Traditional Health Practitioners Association's monthly meeting. This is what they said ''ha biyela miti, mavhengele na hi kwaswo''. This means we conceal everything including homes and shops.

4.7.1.18 ''Malwadze a tshirema'' this means diseases which lack biomedical names while they are popularly known by their indigenous

Barry and Yuill (2008:66) recoded that one of the limits biomedicine have is that it is unable to 'cure' certain conditions.

A Traditional Health Practitioners confirmed that there are illnesses which are known by indigenous people and cured by Traditional Health Practitioners which biomedical practitioners do not have medical terms for them because they are commonly found among the indigenous people more especially black people. Such illnesses include:

4.8 MEN'S ILLNESSES

4.8.1 U wela

Traditional Health Practitioners in the study defined 'u wela' as men's illness which is caused by the condition when a man had sexual intercourse with a woman who committed abortion

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and fail to undergo purification process either traditionally or through biomedical processes. Traditional Health Practitioners who participated in the study were common in how they explained the symptoms of 'u wela' illness which include:

- Weight loss which is a result of continuous diarrhoea and vomiting,
- Incredible headaches
- Loss of appetite,
- Severe pains in genital area where pubic hair grow including penis,
- Urine with blood, no erection of penis, ,
- Eyes become white,
- Hair become thin like a cat's hair,
- The tips of the nails become white and taste salty,
- ''ngoma''- fontanel also play like that of a baby,
- Inability to go to toilet for a very long time, and
- Severe pains during urination.

Participants in the study confirmed that this kind of illness cannot be cured in the hospital or through biomedical practice. They claimed that it requires a painful healing process by a specialised Traditional Health Practitioners. It was confirmed that the healing processes include series of rituals which should be done by both an affected man and the woman who infected him, cutting with a sharp razor the scalp of a man to remove the tainted blood which is believed that it blocked the free flow of blood in the body, drinking of a woman's urine which is mixed with traditional herbs. It is believed that if the man fails to identify the woman or this woman fail to cooperate to the extent of bringing her urine, the healing processes will fail.

4.8.2 Ḍorobo / Drop- Gonorrhoea

Ḍorobo has been described as the disease which discharges in the form of drops will come out of his penis. Some itchy pimples will develop on the penis and will be painful when urinating. This illness is said to be caused by sleeping with an 'infected' woman or when she is menstruating. Traditional health practitioners report this illness as an easiest one with regard its treatment because it requires the mixture of herbs without observing rituals. Again, traditional health practitioners claim that biomedical practitioners cannot cure this disease. This was confirmed by this statement:

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Most of our patients suffering from 'Ḍorobo' always report to us that they have been to clinics and hospitals for biomedical treatment and were only healed temporarily and the same state repeated. This means biomedical practitioners are only controlling the symptoms rather than dealing with the real cause of the disease.

4.8.3 Lukuse

All participants were in common on how they defined and categorised 'Lukuse'. They defined Lukuse as men's illness though others argued that it can also be women's illness. They described this illness as a deadly disease because it does not have symptoms which can be easily identified by mere observation. It was reported as the illness which does not cause pains to a candidate. Interviewees asserted that the person having this illness will see it after losing a number of wives which he married and died. This is because it is believed that this illness come as a result of 'mashunwa' which means somebody who is known as a witch is responsible for that condition. Informants said ''a patient is bewitched while he is still young that he should not stay with a wife by making his seamen poisonous so that his wife should die when he sleep with her. Informants confirmed that cases like this cannot be addressed through biomedical treatment because they involve performance of rituals based on beliefs, myth and taboos.

4.9 FEMALE ILLNESSES

4.9.1 Gokhonya/ Goni

A Shangaan Traditional Health Practitioners known as Mjaji Maluleke who lives at Mhinga Village in the Malamulele area defined it as 'rigoni'. She described it as an illness that begins with the mother and then transferred to the child. This definition was confirmed by all Traditional Health Practitioners, Venḍa and Shangaan. Its treatment involves both mother and child. Traditional Health Practitioners exclaimed that only traditional health practitioners are able to cure it. They explained this illness as very dangerous to the child and not the mother and as having the capacity to kill the child before he/she is born.

All participants confirmed that the symptoms of gokhonya in the mother include: a growth in the vagina. That growth can be identified in numbers i.e. they can be two three or so on. Healing procedures include cutting them out using razors and applying medicines to heal the wound.

Participants outlined the symptoms of 'gokhonya' as follows:

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It was further explained that healing processes include moulding of a baby using clay, is either an artefact moulded a form of a baby boy or a baby girl and then folk medicines will be given to the mother and the artefact assumed to be a real baby will be kept secret in the yard of the Traditional Health Practitioners. If the patient conceives, she will pay only after the child is born. If she doesn't pay, the Traditional Health Practitioners may decide to destroy that artefact and the child will die. Traditional Health Practitioners confirmed that those who conceive after consulting with them all come back with doubled payments because of excitements.

4.10 CHILDREN'S ILLNESSES

4.10.1 Ngomalukala

An old woman participant who is a herbalist who specializes with healing women and children's illness, freely shared her knowledge about 'Ngomalukala' illness said ''There are two types of ''ngoma''- fontanel, there is an ordinary 'ngoma' which is curable in biomedical treatment, the other type is known as 'Ngomalukala' which is not curable through biomedical treatment except through traditional healing. She said ''the child will have diarrhoea, the colour of the watery stools is always green, tiredness, vomiting is another symptom. This 'ngomalukala' differs with the other normal 'ngoma' by how it manifests itself. This one remains still; it stays down instead of moving up and down. The skin will shrink and the veins will be much visible and look like the old man whom in Tshivenḓa language is known as 'mukalaha' that is why this ngoma is called 'ngoma-lukala' it denotes that when the child is suffering from 'ngoma-lukala' will look like 'lukalaha' which means a tiny elderly man. If he is a boy, will look like old man and a baby girl will look like old lady. The illness may take long time before it shows itself clearly. Weight loss which is the result of vomiting and diarrhoea will finally lead the child to death. It takes only less than six month for untreated child suffering from this sickness to die while it takes less than three weeks to be cured if treated.

4.10.2 Tshiivha

Participants reported 'Tshiivha' illness as falling under the category of children's illness. It was confirmed that if the illness is not treated while the child is still young, he/she can grow with that illness. Symptoms of the illness include:

- Falling down unconsciously

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- A temporary loss of memory
- Becoming like a *'dodo'* fool – failure to analyse questions which will reveal itself by answering irrelevant answers that shows that this person did not even hear the question.

> Some participants said *'tshiivha'* illness is nicknamed *'tshifakhole'* which means an illness where a patient experiences a temporary state of death. Other participants referred to it as having a biomedical term known as epilepsies. THPs confirmed that biomedical practitioners fail to cure this illness whereas they can cure it. They claim that biomedical practitioners can only control the symptoms by providing the patient with tablets in a regular basis but fail to uproot the real cause of the illness.

4.10.3 *''U thusa vhana''* indigenous immunisation

Participants included 'u thusa' as Traditional Health Practitioners's popular roles. Participants described 'u thusa' as a traditional immunisation processes which is done differently by traditional health practitioners. It is also done differently depending on the gender of the child. This process implies observation of rituals and supply of indigenous herbs which some of them are cooked with soft pap to be consumed by the child daily till the period unspecified but it is when the child is grown up. This children's meal is known as 'tshiunza'. This 'u thusa' is dualistic in nature; it serves for natural and supernatural role in the life of the child. This process is done ceremonially and involves naming of the child, offering gifts to the child such as a small piece of land, offering of 'ludede' which is a wool tied around the waist of the baby. Lastly, 'u ṱhavhela' which means skin cutting for the application of folk medicines inside the body of the child through the bleeding cuts. This process is painful as it is done directly to the child without the use of pain killers. This is purposed into protecting the child through supernatural means. The whole process of 'u thusa' is holistic and its primary aim is to protect the totality of the child's life.

In Vhembe District is dominated by, two indigenous groups which have their own world-view of understanding illnesses and diseases. Those groups are Venḓa group and Shangaan/ Tsonga group. They do have indigenous terms for distinguished illnesses and diseases. Those diseases include all naturalistic and chronic diseases which have both indigenous names and biomedical names such as ''lufhiha'' in Tshivenḓa language (Tuberculosis (TB) in English, ''tshipfula''

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in Tshivenḓa or (cancer) in English and many more except new diseases such as HIV/AIDS and Ebola.

4.11 HEALING OF BAD LUCK ''TSHINYAMA'' IN TSHIVENḒA LANGUAGE OR ''XINYAMA'' IN SHANGAAN/ XITSONGA LANGUAGE.

One of the most popular roles which Traditional Health Practitioners play in the modern society of Vhembe District Municipality is heal those conditions identified as ''tshinyama'' or ''badi'' which is bad luck in English. A Venḓa speaking Traditional Health Practitioners defined ''Tshinyama'' as unpleasant social and biological conditions which are influenced by either the displeasure by ancestral spirits or evil spirits in the life of a person''. Traditional Health Practitioners who were interviewed proudly reported that these are some of the conditions which can only be cured by them or faith healers.

The researcher observed a lot of advertisements about treating bad luck related conditions made by modern Traditional Health Practitioners in all major towns found in Vhembe District Municipality which are Thohoyandou, Louistrichardt/ Makhado, Giyani and Musina. People hired by Traditional Health Practitioners would distribute small posters with the contact details of those Traditional Health Practitioners and the list of conditions which they claim they can cure or heal.

4.12 *'KU ENDLA GANDZELO''* BUILDING A FAMILY ALTER LIBATION

Informants confirmed that it is the Traditional Health Practitioners' duty to create the family alters which in Shangaan is called 'gandzelo' which means the place of worship. An appointed Traditional Health Practitioners will come and perform rituals to formalise this place. This process also differs from how Traditional Health Practitioners do them. Some may plant of the 'Marula' tree or other types of trees, placing a stone. The Traditional Health Practitioners will sanctify that place to the family ancestors and recommends every family member to honour that place. Family members would be told that if they want anything from their ancestors, they should come with snuff and traditional beer or wine and pour there while praying or mentioning requests. It is believed that the ancestors are drinking that wine/beer. It has been confirmed also by participants that libation makes the ancestral spirits to be happy and when they are happy, they bless the family members with healing, prosperity, and good luck, such as getting an employment, to be loved by your boss and to be protected from wrath.

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4.13 CREATING LUCK

The study has been conducted in the rural areas of Vhembe District where most of the people are not employed. The majority depend on social grants for survival. It is because of this reason that most of the people consult with Traditional Health Practitioners for supernatural intervention to address such conditions aiming to achieve smooth life. Traditional Health Practitioners confirmed that most of the people regardless of gender and age, consult with them for luck to win Lottery, and to become rich. It has been confirmed by all traditional health practitioners that luck is associated with spiritual involvement and that it takes a traditional health practitioner to facilitate the whole process. A critical Traditional Health Practitioners said:

> clients who consult with Traditional Health Practitioners for luck should watch out for fake Traditional Health Practitioners since they will recommend ritual killing or murder for strong remedies or *''tshinwanakadzi''* which is described as a talking spirit which can be kept in a small house within the home yard of the client and that *'tshinwanakadzi'* is very dangerous since it feeds on human blood and it prefers the blood of close relatives of the owner. Therefore, I recommend that clients should perform libation in order to please the ancestors who will offer them luck.

4.14 OFFERING OF PROTECTIVE FOLK MEDICINES

Traditional Health Practitioners confirmed that most of politicians consult with them for fortification with spiritual power to secure their unstable positions. Most of the politicians in Vhembe District Municipalities do not rely on expertise that is linked with education, rather, they rely more on supernatural powers to control their subjects and fellow-workers and to gain undeserving favours from their seniors. Another Traditional Health Practitioners said:

> If a politician does not consult with us, he or she will consult with powerful prophets for supernatural power to woo supporters and for protection from evil attacks by enemies.

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4.15 HOW IS THE RELATIONSHIP BETWEEN TRADITIONAL HEALTH PRACTITIONERS AND THEIR PATIENTS?

This section discusses the nature of the relationship between traditional health practitioners and their patients. Interviewees confirmed that their relationships with their patients are generally good and that they are based on the world-view of 'ubuntu' African philosophy.

4.15.1 The relationship between Traditional Health Practitioners and their patients are based on the African philosophy of ''ubuntu''

In this section, ''ubuntu'' is defined by (Broodryk 2006: 16) as a comprehensive ancient African world-view based on the values of intense humanness, caring, sharing, respect, compassion and associated values, ensuring a happy and qualitative communal way of life, in the spirit of family.

4.15.2 Traditional Health Practitioners view their patients as both clients and visitors

Makhudu (1993:40) described 'ubuntu living' as ''every facet of African life shaped to embrace Ubuntu as a process and philosophy which reflects the African heritage, traditions, culture customs, beliefs, value systems and extended family structures''. A patient is both regarded as a client and a visitor at the same time by a Traditional Health Practitioners. In this regard, the patient will be responsible for payment of all healing services done by a Traditional Health Practitioners whereas the Traditional Health Practitioners will feel obliged to provide other necessities such as food, shelter and other basic services like water, electricity and entertainment. For example, a patient will not ask for permission to watch television, he or she will just sit and watch. This was confirmed by a Traditional Health Practitioners who said:

> Traditional Health Practitioners are generally generous because they do not put money first; rather, they put the life of a patient first. It is true that the patients will pay at the end of healing services performed to him/her, but that does not mean if he /she does not have money will not be treated. He/she will be nicely cared for just like any visitor in the family.

4.15.3 Their relationships are based on honour of human dignity.

Mrs Mulovhedzi said:

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those areas of patient's condition to ensure quality health care. Because of that, patients develop trust on Traditional Health Practitioners.

4.15.6 Avoidance of being penalised by Vhembe Traditional Health Practitioners Association (VDTHPsA)

One of the roles of the VDTHPsA is to ensure that Traditional Health Practitioners are operating fairly to their patients. Any Traditional Health Practitioners who violates the ethics governing the behaviour of the Traditional Health Practitioners is punished by dispossessing the certificate of practice as a Traditional Health Practitioners which means he or she will lose recognition as a legitimate Traditional Health Practitioners. This was confirmed by a Traditional Health Practitioners who said:

> Nowadays it is not good enough to operate as Traditional Health Practitioners without papers (certificate) issued by a recognised Traditional Health Practitioners' organisation. I have joined VDTHPsA mainly for learning from others, getting updates regarding services of health practitioners more especially those that affect us as Traditional Health Practitioners and for defence or protection on legal issues. Therefore, compliance with the rules and regulations of the organisation remain vital to me and I will abide by them to avoid penalisation since that will ruin my work as a modern Traditional Health Practitioners.

4.15.7 Is influenced by sharing common cultural values and beliefs

This study managed to reveal that there are benefits to both traditional health practitioners and their patients which are associated with sharing common cultural values and beliefs. A Traditional Health Practitioners confirmed this by saying:

> The fact that we speak the same language, eat same food, share worldview of believing in the spirits of the ancestors, makes it simple for us to maintain good relationship with our patients.

Another Traditional Health Practitioners said:

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I have never heard of any Traditional Health Practitioners arguing with his patient over anything pertaining healing servicers and practices. This is because there is always a consensus between Traditional Health Practitioners and the patient influenced by sharing same worldview of traditional healing.

4.16 HOW ARE TRADITIONAL HEALTH PRACTITIONERS LINKED TO HOSPITALS AND ARE THERE POSSEBILITIES TO FORM LINKAGES?

This study revealed the dilemma which Traditional Health Practitioners face with regard linking with modern hospital. It has also explored wiry possibilities on how they can be linked as suggested by Traditional Health Practitioners. However, three types of link between Traditional Health Practitioners and public hospitals have been identified. Those links include: personal health care consultation, for collection of hand gloves and patient transfer.

4.16.1 The existing link between thps and bmps

4.16.1.1 For personal health care consultation and treatment

All Traditional Health Practitioners proved themselves to be aware of their rights regarding health care services for every citizen and they take the advantage of that. In many ways, Traditional Health Practitioners confirmed that they make use of biomedical healing as offered in the hospitals when they are suffering from some of naturalistic diseases which they know well that biomedical practitioners have far more advanced in curing them than any Traditional Health Practitioners can attempt to cure them. Here is what another Traditional Health Practitioners said showing his personal link with the hospital.

> When I have pains in my body caused by natural injuries or infections, and when I suspect Malaria infections, I quickly start my car and rush to the clinic with my clinic record book for treatment and check-up''. A female Traditional Health Practitioners said ''my ancestors are not angry with me when I visit my local clinic for checkups and treatment of naturalistic diseases and I do encourage my patients to consult with clinics for biomedical diagnosis even before consulting with me as a Traditional Health Practitioners.

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4.16.1.2 For collection of hand gloves

All the interviewed Traditional Health Practitioners confirmed that nurses and doctors in local public clinics, and hospitals are happily and willingly providing hand gloves to them free of charge.

A Traditional Health Practitioners confirmed this link with the hospitals by saying:

> Though in many ways, nurses and doctors in hospitals in Vhembe District Municipality are usually harsh to people consulting with them, but with regard supplying hand gloves to Traditional Health Practitioners, they are so much friendly and supportive.

4.16.1.3 For patient transfer

The findings of the research conducted at Mangaung revealed that medical practitioners are often apt to interpret cooperation as meaning that Traditional Health Practitioners will refer patient to them and not vice versa. (Pretorious, De Klerk & Van Rensburg 1991:48).

The researcher was impressed by the kind of respect and trust which Traditional Health Practitioners displayed regarding the role biomedical practitioners can play towards healing their patients. Traditional Health Practitioners confirmed that they constantly transfer their patients to the hospitals for conditions such as HIV test, Malaria test, sugar diabetes test, inserting of drips if necessary, adding blood, adding water in the body and bandaging open wounds caused by accidents. Traditional Health Practitioners confirmed that they transfer their patient before admitting them and sometimes during the healing processes after some days of admission in their homes. Another Traditional Health Practitioners said:

> The role of Traditional Health Practitioners in these modern days is to heal spiritually related illnesses and addressing all socio-political ill-beings that affect the society. Though in the past, Traditional Health Practitioners were general practitioners healing both biological and spiritual oriented diseases of which I think it was because both patients and Traditional Health Practitioners had no option, now that there is advanced biomedical care available in local clinics and hospitals which focuses on biological part of human conditions, hence it is offered free of charge, because of that, Traditional Health Practitioners do transfer

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their patients rather than competing with biomedical practitioners and as such, we place more focus on the spiritual part of the patient's conditions.

4.16.1.4 Traditional Health Practitioners' link with hospitals as a group

The research conducted in Mangaung in South Africa revealed that ' for any linking programme between traditional health practitioners and biomedical practitioners to be successful, it is necessary for four specific groups to cooperate, namely, the authorities responsible for health care delivery, the western health trained care workers, the Traditional Health Practitioners and the clients. While of all these parties are faced with certain dilemmas, it is possible for these problems to be surmounted by cooperation to the mutual benefit of all concerned. Better and more frequent communication between western-trained health practitioners and Traditional Health Practitioners could result in health care delivery which is more culturally relevant and appropriate. In the event of successful linking of two healing systems, the position of Traditional Health Practitioners who are in mixed group with no standardised training and no official locus standi would be adjusted dramatically. (Pretorious, De Klerk & Van Rensburg 1991:47).

4.16.1.5 For attending meetings and workshops

The study identified another existing link between Traditional Health Practitioners with biomedical health practitioners in Vhembe district. The researcher attended one of the meeting held at Donald Fraser Hospital with biomedical practitioner, traditional leaders, Vhembe district health officials, religious pastors and Traditional Health Practitioners. The purpose for the meeting was to discuss about how to reduce child mortality rate in Vhembe district. The meeting was successful and harmonious since all stakeholders who include Traditional Health Practitioners participated effectively giving their views which showed their concern to the well-being of the society.

4.17 OBSTACLES THAT PREVENT THE LINK BETWEEN THPS AND BMPS

Traditional Health Practitioners confirmed that at the moment there is no formal link between Traditional Health Practitioners and modern public hospitals. The following were given as reasons or conditions why there is no formal link between Traditional Health Practitioners and

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hospitals. Traditional Health Practitioners indicated that it is only when these conditions are met that the link or collaboration with biomedical hospitals can be achieved:

4.17.1 Lack of space that can satisfy the needs and services of THPs

Traditional Health Practitioners in Vhembe District Municipal area indicated that there are no traditional buildings conducive for the kind of healing services they offer for their clients. They also indicated that it will not be easy for the government to provide such kind of infrastructure not because of lack of funds, but because of how those infrastructures should be designed. This was confirmed by one of Traditional Health Practitioners:

> Every Traditional Health Practitioners depend on the instructions revealed by his or her ancestral spirit and those instructions differ from person to person. These include the design of the traditional surgery with various charms to be hanged or placed there''.

> Another Traditional Health Practitioners stated that ''for certain illnesses which will require the healing process known as 'u thwasa', then the Traditional Health Practitioners will have to admit those patients in his home surgery for a longer process which will require going to the bush for herbs, going to the river for ceremonial or ritual cleansing. The hospital's environments in Vhembe District Municipality are not conducive for such kind of ceremonies or rituals.

However, another Traditional Health Practitioners who spoke in favour of modern traditional healing practices said:

> Infrastructure does not mean anything, what matters is that the spirit of divination who is concerned with healing sick people. He added, a real Traditional Health Practitioners can carry his or her charms anywhere when necessary just like our ancestors always did, for example, visiting the home of the client or to where he or she works for healing processes to be conducted there.

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4.17.2 Different world views between Traditional Health Practitioners and biomedical practitioners on the cause, understanding and healing of diseases.

Friction is evident between 'Western' medicines or biomedicines that look at 'material causation' to understand and treat an illness; and traditional medicine that generally looks towards the 'spiritual' origin such as witchcraft and displeasure by ancestors in order to cure an ailment Ritcher (2007). South Africa is characterised by what Helman referred to as medical pluralism. Specifically this refers to co-existence of diverse therapeutic modes that are often based on entirely different premises and defined by different cultural paradigmatic world-views (Helman, 1984:60). Traditional health practitioners confirmed that different world-views is a problem not only towards collaboration THPs with BMPs only but also with traditional health Practitioners amongst themselves. It was confirmed that THPs use different approaches towards healing or treating the same illness yet achieve same results. Because of that, chances for collaboration with BMPs are very slim.

4.17.3 Fear by Traditional Health Practitioners of losing their trade to biomedical practitioners

Traditional medicine is governed by a tradition of secrecy, it is to be expected that healers will be hesitant to divulge secret practices, recipes of extracts from medical plants and mystic formulae even in the biomedically acceptable part of traditional medicines and practices is sometimes based on belief in the supernatural. (Pretorious, De Klerk & Van Rensburg 1991:49). Many health workers expressed scepticism about collaboration between these two systems, while healers feared losing their treatment secrets to scientists and researchers (Burford and Bodeker (2007: 269).

All Traditional Health Practitioners who were interviewed in Vhembe area demonstrated a doubt that if they become transparent to biomedical practitioners on how they manage diseases more especially with regard disclosing the names of herbs they and how they use them, they think biomedical practitioners will always improve out of that and they will ultimately lose their trade on the hands of biomedical doctors. This was confirmed by this statement from one of those Traditional Health Practitioners

> Biomedical practitioners are intruders of our indigenous knowledge and they do so to advance their practices which they exclude us from sharing all the benefits of the results of what we initiated at the end.

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> Because of that, we insist to keep our practices secret as a strategy to protect our cultural heritage given to us by our ancestors.

Thornton (2002:9) asserts that a fear from Traditional Health Practitioners that scientists will steal their knowledge, which could impact on their livelihoods through the loss of intellectually property rights, is also a barrier to closer co-operation between these two disciplines/ field of medicine.

4.17.4 Fear to lose their social status and influence in the society

Marah and Clement (2007:17) reported that across the board, all those who were interviewed referenced the position of trust and status that THPs hold in communities. Because of the respected role THPs play in the society, they are given high status as leaders within society (Van Wyk, 2009).

Traditional Health Practitioners confirmed that community members in Vhembe Municipal area are currently treating them with respect mixed with fear. One of Traditional Health Practitioners said:

> It is good for us as Traditional Health Practitioners that people treat us with respect even in these modern days, but our fear is that as time progresses, if biomedical practitioners succeeds on getting closer to us to observe our practices, they will apparently intrude in our practices which will mute and weaken our influence in the society which our ancestors and us have enjoyed till this day.

Thornton (2002:9) added, in some stances, Traditional Health Practitioners view what the modern, western and white as a threat to African identity since knowledge of African culture and nature is the root of their power and identity.

4.18 WAYS FOR SUCCESSFUL COLLABORATION AS SUGGESTED BY THPS

4.18.1 Channels of communication should be improved

Participants in the study showed appreciation on the existing communication between them and BMPs in the public health sector but, they were not satisfied. Some THPs said they often get outdated information from their fellow THPs who are better linked with the leaders of

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VDTHPsA. Interviewees recommended the improvement of channels of communication such as making use of local radio stations for calling meetings since they are willing to attend. This was confirmed by THPs:

> Public officials should inform us in time, making use of stakeholders such as traditional leaders, cellular phones and local radio stations.

The researcher visited the Vhembe District Traditional Health Practitioners Association and observed how healers were collaborating with politicians, how they gladly received T-shirts of a political party which was represented by delegates, how they complied with the whole programme of the day, for instance, the ceremony was opened with the word of prayer by Pastor Farisani Tshenuwani who is a well-known clergy and politician. Traditional Health Practitioners never complained, rather, they appreciated the visitors for coming and informing them with political issues like how to vote, why they should vote and the role they can play to transform the society they live in. During that day, the researcher interviewed a group of Traditional Health Practitioners regarding collaboration with biomedical practitioners. This is what their leader Mr. Ṋeluvhola said:

> We are working high and low to find ways to convince all Traditional Health Practitioners to unite so that together we may find ways to work in harmony with the local hospitals. This would open the platform of communication between educated biomedical practitioners and Traditional Health Practitioners which at the end of the day will benefit both Traditional Health Practitioners, patients and biomedical practitioners. He added, we are happy because we now have biomedical practitioners who promised to have a meeting with us regarding collaboration.

4.18.2 Discussion conferences should be organised

Interviewees suggested that it could be much helpful to arrange discussion meetings than to expect collaboration overnight. A well informed THP said:

> One of the main mistakes the government has been making is to exclude us in their discussions about collaboration meanwhile we are the candidates involved who must voice out means for collaboration.

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4.18.3 Clear description of areas of collaboration between THPs and BMPs

It has been put clear by the participants that these two healing systems are two separate worlds which cannot become one but at the same time, it has been revealed by the participants that there are possibilities for collaboration in certain areas of health practices as it is important to do so. One of the suggestions made by participants for identifying areas of collaboration was associated with the success in organising discussion conferences with biomedical practitioners with traditional health practitioners. One of the examples on areas of collaboration between THPs and BMPs is on the area of treating modern diseases such as HIV/AIDS since both biomedical practitioners and traditional health practitioners are currently attempting to cure it using different approaches.

4.18.4 Criteria of appointment of those eligible for working in the public institutions should be identified

The interviewees predicted the possibilities of conflict amongst traditional health practitioners when the time for working collaboratively with biomedical practitioners come with financial compensation because they are too many and the government will not afford to employ all of them neither a quota of them. Therefore, THPs confirmed that criteria should be identified beforehand in order to avoid conflicts.

4.19 THE ORGANISATION OF TRADITIONAL HEALTH PRACTITIONERS IN ASSOCIATIONS

This section discusses information provided by informants pertaining to Vhembe District Traditional Health Practitioners Association (VDTHPsA) which has been organised following the passing of Traditional Health Practitioners Act No 22 of 2007.

4.19.1 The general overview of Vhembe District Traditional Health Practitioners Association

In Vhembe district, Traditional Health Practitioners have organised themselves and formed an association known as Vhembe Traditional Health Practitioners Association (VDTHPsA). This association was perceived by the researcher as well organised. All members of the association are Traditional Health Practitioners. They conduct their monthly meetings on the last Wednesday of each month in the town known as Thohoyandou. They use the Thulamela Arts and Culture Centre premises as their meeting place. They have a management committee which

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is responsible for smooth running of the organisation. The committee is in a form of modern structure. This means it comprises a chairperson, secretary, treasurer, and additional members. The committee is responsible to inform all the members about dates of meetings and announcement regarding their duties. This association is strong enough to have representatives in a form of substructures from all four Municipalities which are under Vhembe District Municipality namely: Mutale, Makhado, Musina and Thulamela Municipality. This association maintain its good relationship with other Traditional Health Practitioners associations around South Africa country. For instance, they constantly communicate with provincial and national Traditional Health Practitioners associations for updates regarding their practices as Traditional Health Practitioners. The government also recognises their existence and constantly liaise with them pertaining relevant information they needed to know. For example, Ms Mtavini stated that:

> The government sent the delegate to overseas countries which are advanced in collaborating traditional healing with public hospitals. That delegate was not a Traditional Health Practitioners; he took a video of how Traditional Health Practitioners were doing their services. One of the things did not please us as Vhembe traditional health practitioners was that Traditional Health Practitioners in that country were issuing prescribed roots to patients which were not prepared or grinded, she added, ''we can prefer to prepare the medicines ourselves just like biomedical practitioners do, they give fully prepared medicines such as bottles or pills not things to be mixed at home by a patient.

4.19.2 Conditions of becoming a member of the association

Participants agreed that the system which is followed involves a senior Maine (Traditional Health Practitioner) to recommend his or her graduate. This is done to avoid fake healers from entering into the organisation or receiving certificates while not qualified healers. A joining fee of R500.00 is payable before one can be accepted as a member. The candidate will be asked to complete the form which is written in English. There is a person responsible with helping candidates to translate the language in the process of completing the form.

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4.19.3 Termination of membership from the organisation

Informants confirmed that a member is welcomed to terminate at any time when he/she deem uncomfortable working with the organisation or if intending or for other personal reasons. There is no need to supply reasons for termination because of the acknowledgement of the right of every South African have with regard privacy. Those who terminate peacefully are allowed to keep the certificates.

4.19.4 Dispossession of membership certificates

All participants reported that any member who violates the rules, norms and values of the organisations is summoned to return the certificate. This process of dispossession of certificate involves contacting the tutor of the guilty candidate.

4.19.5 How many meetings

Interviewees informed that meetings are conducted one in a month on each last Wednesday of each month. A date does not mean much, the simple way which will make every Traditional Health Practitioners to remember the day of the meeting should be counted on days rather than dates. This system is developed this way because members the organisation is dominated by old and uneducated people who are unable to use calendars and who do not carry diaries to the meeting. In fact, there is no use of emails, cellular phone text messages, or letters to invite the meetings because of that reason. At least, phone calls are recommended for spreading information or the word of mouth during the meeting and after the meeting.

4.19.6 The election of the management committee

The informants reported that this structure has been elected politically. This means all Traditional Health Practitioners cast their votes for the leader they wish. Any chosen candidate serves for the period of five years. After five years, people will be informed to come and elect again. People who are elected are people who are active in organising, having ability to out-source information for the benefit of the entire organisation. For example, Ms Mtavini Chauke praised the current leader who is Mr. Neluvhola as a man having vision, passion and effective leadership to transform the image of modern traditional health practitioners for the better.

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4.19.7 How the organisation gets funds for management

Affiliation fee is payable by any new member. After the member is registered with the issuing of certificates, there is no further payment. There is no renewal of certificates after the person has received it. At the moment, there is no major funding either from the government or any other funding institutions that have ever funded this association. The management committee is getting stipend from little amount raised by affiliation fee. Members of this association use their own finances to attend meetings. Ms. Mtavini Chauke confirmed this by saying:

> We are glad that our leaders and I are more dedicated to work without payment except a stipend which often times not available at all and yet they do not give up. Most of the time, we use our little amount which we could use to support our children with, but because of dedication our service, we do not panic about that.

4.19.8 The importance of certificate of practice as traditional health practitioners

The picture below was taken by the researcher under the permission of the focus group members. They were all THPs.

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Figure 4.3: A picture of a traditional health practitioner displaying her certificate

A focus group comprised of twenty-two traditional health practitioners was conducted by the researcher. Mrs. Mujaji who is an old woman, agreed when she was asked by the researcher if her photograph could be taken and included in the research document. She has been practicing traditional healing for many years not mentioned. She gladly posed for a photograph holding her certificate of practice as a traditional health practitioner, together with other Traditional Health Practitioners. This is what traditional health practitioners said about the importance of the certificate of practice as a traditional health practitioner:

- It encourages us to be judicious and fair to our patients when dispensing our healing practices.
- It makes us collaborate easily with our biomedical clinics and hospitals since they require it as a proof that they are indeed traditional health practitioners.

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- If a patient dies in our home surgeries, we produce our certificates when needed as proof that we are legitimate health practitioners and we shall be treated the same way medical health practitioners are treated when their patients die in the clinic or hospital.
- When patients who are treated by traditional health practitioners refuse to pay, we use our certificates to begin with claiming processes starting with the association and proceed to court if it leads to that.
- As we have certificates, we no longer pay fees to our traditional leaders when we want to play drums for ancestral dance.

4.19.9 The objectives of the Vhembe Traditional Health Association

The following objectives were picked by the researcher during the interview with the leaders of Vhembe Traditional Health practitioners Association:

To ensure that Traditional Health Practitioners are correctly rendering their healing practices.

- To create the platform for the Traditional Health Practitioners to comply with government stake holders such as politicians, health policy makers and biomedical practitioners
- To create the platform for the Traditional Health Practitioners to contribute in the development of health care services without being treated as subordinate to biomedical practitioners.
- To stay updated with new changes and policies passed by the South African legislatures.
- To guide one another on standardised pricing and alerting members of the association on changes on pricing.
- To discuss ethical principles on how Traditional Health Practitioners should behave in the modern society.
- To combat illicit deeds of fake Traditional Health Practitioners such as ritual murder and conspiracy.

4.19.10 The benefits of Traditional Health Practitioners for becoming members of Vhembe Traditional Health Practitioners Association

The leadership officers of Vhembe District Traditional Health Practitioners Association who entered into the study asserted that this organisation is becoming a good platform for:

- Acquisition of information from other stakeholders and learning one from another;

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- Researchers to conduct their focus group interview;
- Identifying experienced Traditional Health Practitioners to participate in the study,
- Other government department such as department of health, social workers, correctional services for dissemination of information that can be helpful to Traditional Health Practitioners in dispensing their services and the society at large.

Participants asserted that at the moment, politicians and biomedical practitioners are effectively making use of this organisation to share their knowledge with traditional health practitioners. This was confirmed by a Traditional Health Practitioners who said:

> I am proud to say this organisation is so much helpful to me, it corrects me of a lot of wrong things I was doing innocently, it is so much educative and I wish every Traditional Health Practitioners could attend every meeting for the sake of gaining more relevant information regarding our practices.

During the association meetings, Traditional Health Practitioners get the opportunity to know each other and share their personal experiences with one another. Many traditional health practitioners who are active members of the organisation confirmed that they do learn new things and ways on how to identify and manage illnesses in the modern society. These are the words of the Venḓa female traditional health practitioner:

> When we are outside of the hall after the meeting is over, we use that opportunity to know each other and to learn how others manage illnesses and diseases in the modern society.

4.20 WHAT ARE THE ATTITUDES OF TRADITIONAL HEALTH PRACTITIONERS TOWARDS BIOMEDICAL PRACTITIONERS?

Traditional Health Practitioners revealed that there is a mixture of both negative and positive attitudes displayed by Traditional Health Practitioners towards biomedical practitioners. This chapter discusses the attitudes identified in the study.

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4.20.1 Negative attitudes of traditional health practitioners towards biomedical practitioners

4.20.1.1 They believe biomedical practitioners do not have compassion and sympathy for patients

One of the core components of dealing with sorrow of others according to (Trost, 2003:36) is to listen with compassion to someone in pain. Just being emotionally present for someone who is in hurting can help them feel they have been heard and their feelings have been validated. This kind of emotional listening can heal the wound. In this regard, counsellors in biomedical spheres are encouraged to take 'sangomas' styles by assisting others to arrive at their own solution Broodryk (2006:16). All Traditional Health Practitioners who were interviewed revealed this attitude that biomedical practitioners chose to become medical practitioners and achieve that by going to nursing colleges and Universities for training as biomedical doctor and professional nurses doing so by the influence of money and social status, not through spiritual visions or a call from gods. They associate this with the reason why biomedical practitioners lack compassion and sympathy towards patients.

4.20.1.2 They think biomedical practitioners claim to be superior to them mainly because they spend much time in Universities for training scientifically whereas they spend little time for training as Traditional Health Practitioners.

THPs feel belittled and undermined by biomedical practitioners who do not understand their qualifications respect and value SAMA (2006). In the study conducted by Ndzimande, Sibiya and Gqaleni (2014), Traditional Health Practitioners responded that they were not content with the nature of the partnership between different practitioners as they were of the opinion that they were not on the same level as their counterpart in terms of categorization, respect and classification. The researcher visited Traditional Health Practitioners in their monthly meeting at Thohoyandou sport centre hall. This is what they said:

> Apartheid government of South Africa contributed to the subordinate position of Traditional Health Practitioners because their healing practices were undermined due to the fact that they could not be scientifically proven since they are based on belief which is different from biomedical healing which is based on empirical facts acquired through extensive learning from educational institutions like

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Universities and colleges. This contributed towards marginalising the position of Traditional Health Practitioners which is acquired through short traditional course versus long training of biomedical practitioners.

4.20.1.3 They believe biomedical practitioners regard their medicines as unsafe and ineffective for health care.

According to views expressed by representatives of the modern medical sector in a conference on the recognition and registration of healers, it was clear that unless interventions have been scientifically evaluated, there could be no guarantee of safety. Hence they were reluctant to simply recognise and accept registration of healers (Freeman 1992:66).Traditional Health Practitioners indicated that biomedical practitioners have boldly expressed their doubt for the safety of their medicines and healing practices. This was confirmed by a Traditional Health Practitioners who said:

> Biomedical practitioners have been trained to prioritise hygiene which in traditional healing practices remain a challenge in many ways yet not considered as a stumbling block towards achieving healing by Traditional Health Practitioners. For example, a traditional medicine could be used from open pot for days yet not kept from a refrigerator which is ridiculous from biomedical perspectives since medicine should be kept in tightly closed containers and must be kept under a prescribed temperature. Because of such conducts, biomedical practitioners find it difficult to believe in the safety of traditional healing practices.

4.20.1.4 They believe biomedical practitioners cannot cure diseases of spiritual or magical origin whereas Traditional Health Practitioners can cure them

The WHO Traditional Medicine Strategy of 2002-2005 identified the challenges that face the conventional medical system of treatment only addressing the client's symptoms of illness and does not heal spiritual aspects (WHO, 2002).

Traditional Health Practitioners claim that biomedical practitioners cannot challenge them with regard healing illnesses which are believed to be of spiritual origin since biomedical practitioners are trained to deal with biological part of human body. This is what another Traditional Health Practitioners said:

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People who can challenge us on healing conditions of spiritual origin are religious faith healers such as prophets or pastors, not hospital nurses and doctors, these can only perpetuate the condition by offering the divergent medication while the real cause of the illness remain unattended''. Another Traditional Health Practitioners said ''biomedical practitioners can only control or suppress the condition of spiritual origin such as mental illness, epilepsy and many more while Traditional Health Practitioners can heal them completely.

4.20.1.5 They think biomedical practitioners regard them as uneducated or informal health practitioners

Helman (1996:63), stated that, the negative perception of traditional healing are exacerbated by those biomedical practitioners who view THPs as ''...quacks, charlatans or medicine men who pose danger to their patients health''. Interestingly, it is not only westerners who hold these opinions. Traditional healing has also been vehemently opposed by some black medical doctors such as Dr. Nthato Motlana who in the early 90's argued that: '' all of mankind has passed through this stage of being treated by untrained, unschooled people. but as time passed and major scientific discoveries were made, people moved away from the mumbo jumbo and voodoo because they have learned the reality of disease'' (Rissik, 1993).

A highly educated Traditional Health Practitioners who was interviewed said:

> Not every Traditional Health Practitioners is illiterate, there are many Traditional Health Practitioners in Vhembe District Municipality who are highly educated and they became Traditional Health Practitioners not by choice, but by calling of their ancestors. This is what most of biomedical practitioners do not know about Traditional Health Practitioners, they think every Traditional Health Practitioners is uneducated since their practices are not taught at educational institutions and as such they don't understand why we should share the same status as doctors.

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Another Traditional Health Practitioners said:

> It is though a fact that most of Traditional Health Practitioners are not educated mainly because educational system in South Africa was introduced by supper rivals of Traditional Health Practitioners which are Christian missionaries. Anyone with ancestral calling to become a Traditional Health Practitioners would feel uncomfortable and unacceptable at school and as such, many dropped out of schools since they would be forced to attend Sunday school services, Student Christian Movements and to have the knowledge of the Bible as part of their studies. Now that South Africa is a democratic country, everyone have freedom of religion, thought and conscience and the number of educated Traditional Health Practitioners is increasing and Traditional Health Practitioners are no longer ashamed of themselves.

Ms Mtavini Chauke reported that ''most of biomedical practitioners believe we don't know how to give infants proper vitamins. That is not true because we give 'tshiunza' which is made up of herbs harvested from fruity indigenous trees. For example, 'Muembe tree' this tree is explained as a tree which bears sweet and delicious yellow fruit. That tree produces slippery liquid which is good enough for keeping the stomach of the baby soft. Biomedical scientists also confirmed that 'Muembe tree' produces a lot of vitamin C which is essential for the healthy growth of the baby. 'tshiunza' means soft porridge which is mixed with a range of different herbs put together in one pot and is reused each and every day for baby feeding. This 'tshiunza' is given by Traditional Health Practitioners during immunisation process weeks after the baby is born. So there is no way biomedical practitioners can say we don't understand vitamins''.

4.20.1.6 They believe biomedical practitioners regard them as pagans or messengers of Satan

Broodryk (2006:72) stated that belief in the ancestors and the power of traditional sangomas (spiritual communicators) is still very strong, but the Christian and Muslim beliefs have become predominant in certain geographical areas of Africa. This predominant of other religions has created quite some confusion on how to accommodate these to co-exist with traditional beliefs.

Traditional Health Practitioners in Vhembe district believe that most of biomedical practitioners regard them as messengers of untrue god while in contrast biomedical

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practitioners regard themselves as servants of the true God. A Traditional Health Practitioners said:

> It is surprising how most of our clients prefer to consult with us during the night, or visit Traditional Health Practitioners who are far away from their homes where most of the people will not recognise them, or disguise themselves to avoid recognition by others. This shows that South Africans at large socialised to regard Traditional Health Practitioners as pagans and their practices as related to witchcraft.

Hammond-Tooke (1989:47) recorded this 'but there is a problem here, associated with what theologians refer to as 'theodicy'. This is the problem of evil, particularly acute in monotheistic religions; Christianity postulates the existence of another power – Satan, the 'prince of darkness', and his demons – in a dualistic image of a continuing battle between the forces of good and evil.

4.20.1.7 They believe biomedical practitioners are highly favoured by the government of the day than them

The marginalisation of THPs was also reflected in the National Party's government's legislation which disregarded traditional medicine as a health resource. Western medical health practitioners on the other hand were located on a higher social standing with certain rights and obligations that were denied to Traditional Health Practitioners (Helman, 1996).

Marah and Clement (2007) asserted that tightly linked to the apartheid history of racial segregation as a variable in explaining the marginalisation of Traditional Health Practitioners, is also the legacy of colonialism that Ritcher (2003) refers to cultural imperialism and the power of the multi-national pharmaceutical industry. Traditional Health Practitioners have been as a consequence ostracised and their value to communities underplayed. A Traditional Health Practitioners in a focus group in Vhembe district indicated that even though the ANC government tried to address the problem of marginalised position of Traditional Health Practitioners by passing new legislation which recognises their services as acceptable, a lot still need to be done regarding the implementation of certain cervices of Traditional Health Practitioners in public health sector in South Africa. These are the words of one of the Traditional Health Practitioners during focus group discussion:

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Biomedical practitioners are still government's first preference when coming to addressing any endemic which requires medical attention. In this regard, Traditional Health Practitioners are the last category to be considered. No wonder because this has been like this since the invention of the white man in Africa.

4.20.2 Positive attitudes of traditional health practitioners towards biomedical practitioners

4.20.2.1 Traditional Health Practitioners admit that biomedical practitioners are good at healing naturalistic diseases which require the use of modern technologies which they do not have and know about.

Walwyn (2010:13) asserts that for the diagnosis of HIV, at least 69% of the THPs of the study conducted in four provinces of South Africa of which one of those province was Limpopo where the current study has been conducted stated that they refer their patients to the biomedical sector for testing and require a positive HIV test result before the patient can start treatment.

Traditional Health Practitioners in Vhembe district recommend biomedical practitioners for effectively making use of modern technological devices such as X-Rays, HIV/AIDS testing, drips and many others. One of the Traditional Health Practitioners said in Tshivenḓa language:

> ''Madokotela a tshikhuwa a ri kunda henefha kha u shumisa mitshini ya u poṱiela zwi re muvhilini, malofhani kana maramboni a muthu, u fana na dzi X-Reyi, dzi ḓiripi na zwiṅwevho. Zwi tshi ḓa hafho, ri a vha bvulela muṅwadzi nahone ri a kombetshedzea u rumela vhalwadze vhashu khavho na u shumisana navho''. By this they mean: ''biomedical doctors defeat us by their ability to use machines to view what is inside the human body including what is happening in the bones, machines such as X-Rays, drips and the like. In that regard, we salute them and we are forced to send our patients to them and maintain cooperation with them''.

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4.20.2.2 Traditional Health Practitioners believe that they cannot replace biomedical practitioners entirely in the modern society because of their inimitable services.

Traditional Health Practitioners admitted that biomedical practitioners have a valuable contribution towards the health of the contemporary society which they cannot ignore. All interviewed Traditional Health Practitioners confirmed that they also consult with biomedical practitioners for certain conditions which they are suffering from because they knew they would find help exclusively from them. One of the Traditional Health Practitioners said:

> We love biomedical practitioners because they help us a lot, in both our personal health care needs as individuals and during our healing practices for our clients whenever we need their expertise.

While another Traditional Health Practitioners said:

> Biomedical practitioners have intensive knowledge regarding modern diseases which are caused by viruses and stress. And again, they know how to respond to them while we don't know about modern viruses such as 'Ebola', HIV/AIDS, and conditions caused by stress.

4.20.3 What are the challenges faced by traditional health practitioners in their practices?

One of the main research questions of this study was to identify challenges faced by Traditional Health Practitioners in the modern society. This study identified seven challenges driven from the raw data which was provided by Traditional Health Practitioners who live and practice their services in Vhembe District Municipality. Those challenges include: Lack of government support on basic health care services, Lack of modern health facilities, Lack of funding for their services, Fake Traditional Health Practitioners, Lack of up to date information regarding modern health problems and how they are managed, Formation of categories of Traditional Health Practitioners and The influence of healing or deliverance ministries and charismatic churches, well-known as ''fire churches'' in Vhembe District Municipality.

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4.20.3.1 Lack of understanding of modern diseases which was not there during the time of their ancestors

The results of this study have shown that many THPs offer treatment for HIV/AIDS despite a somewhat limited understanding of the virus, the symptoms of infection and its treatment. Furthermore, the medicines are expensive relative to both patient incomes and the biomedical equivalents, have no recorded evidence of efficacy, and are not quality controlled in most respects Walwyn (2010:15).Traditional Health Practitioners are of the view that due to modernity, there is a need for them to be trained on identification of new diseases and how they are managed. All Traditional Health Practitioners in Vhembe who participated in the study confirmed that they cannot cure HIV/AIDS since their ancestors do not know about it as well. But another Traditional Health Practitioners suggested that:

> The government should provide workshops focused on alerting us about these new diseases, looking at symptoms, preventative measures, and how they are managed. That can save many Traditional Health Practitioners lives together with their patients.

A Tsonga Traditional Health Practitioners posed a challenging statement by saying:

> Vanhu va teka wu nga ku tinanga ta xintu ti tiva swilo hinkwaswo-kwaswo, a hi swona, nanga yi fana na munhu wunwana ni wunwana. Nanga yi hambana ni vanwanyana e ka ku bweriwa swilo hi moya, ni ntokoto, loko yi nga bweriwanga, yi fana ni munhu wuni na wunwani. Ha dyondisana matsungulele hi xihina ntani hi tinanga e ka leswi hi nga swi tivi ko. Na nfumo u fanerile ku hi dyondisa swinwanyani hi nga switiviko''. This means ''people assume that a Traditional Health Practitioners know everything, it is not true, a Traditional Health Practitioners is just like anyone, a Traditional Health Practitioners differ from others when coming to revelations by the spirit of the ancestor and experience, if he/she is not told anything by the spirit, he/she is just like any person. We as Traditional Health Practitioners do learn from one another on what we do not know. The government should also inform us on what we do not know.

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The researcher is of the view that, training of Traditional Health Practitioners is urgent since Traditional Health Practitioners share the same mortal body as of his/her patients. This means that transmission of cross-infection such as HIV/AIDS are possible through the natural means of body liquids such as blood and mucus. Ignoring this can result in a large number of Traditional Health Practitioners together with their patients dying unnecessarily.

4.20.3.2 Lack of modern health facilities

Despite the fact that traditional healing relies on spiritual and natural resources to render their services, they think modern health facilities could help them enhance their health practices. All Traditional Health Practitioners who participated in the study said:

> There is no Traditional Health Practitioners who can ignore the in influence of modernity in his or her healing practices, for example, every Traditional Health Practitioners have a mobile phone, uses modern razors, and empty used bottles to store medicines, modern plastic bags, modern houses and many more. Therefore, it would be better if Traditional Health Practitioners could access facilities such as diagnostic test, hand gloves, malaria kit test, HIV/AIDS test and cars to transport their patients to the hospital. All these facilities remain a challenge to modern Traditional Health Practitioners.

4.20.3.3 Lack of funding for their services

Traditional Health Practitioners match their services with those of biomedical practitioners and found out that the government provide sufficient funding for biomedical practices and not consider the practices of Traditional Health Practitioners. This was confirmed by a Traditional Health Practitioners who said:

> We as Traditional Health Practitioners do not mind spending our own finances for the healing processes of our patients without being concerned of whether we shall get it back or not''. She added, we use our cellular phones units, hire cars, accommodation and spend the last money we have which we should have spent it for our own family affairs and use it for the benefit of others.

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4.20.3.4 Fake Traditional Health Practitioners

Labuschgne 2004, described a real Traditional Health Practitioners as someone who do not destroy people through his or her practices and those who kill others as fake healers. One of the major challenges which Traditional Health Practitioners face in the modern society is that of fake Traditional Health Practitioners. Traditional Health Practitioners confirmed that fake Traditional Health Practitioners are many these days. They say fake Traditional Health Practitioners tarnish their names and traditional health practitioners. This is what another Traditional Health Practitioners said:

> The new South Africa's legislature of 2007 that was established to regulate Traditional Health Practitioners' practices, came with both good and bad results, one of the good result include improving and recognising the status of Traditional Health Practitioners which makes them benefit economically from their trade, whereas the negative result of this Act is that it is failing to control the influx of Traditional Health Practitioners who do not have genuine calling from gods or ancestors who only want to become partakers of the benefits of being a Traditional Health Practitioners.

Traditional Health Practitioners agreed that:

> There are many fake Traditional Health Practitioners in Vhembe District Municipality who do not even deserve to be called Traditional Health Practitioners.

Five Traditional Health Practitioners who call themselves real Traditional Health Practitioners described fake Traditional Health Practitioners as:

- ''Lovers of money,
- Those who demand payment before a patient is healed,
- Those who overcharge the patients,
- Those who do not stay in one place for a longer period,
- Those who keep changing their residential address and telephone numbers,
- Those who commit ritual murder for medicines,
- Those who mixes both Christianity and traditional beliefs,

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- Those who have shrines at the bush,
- Those who cannot mention the name of his or her ancestor whom he/she inherited the divination spirit from,
- Those who have only one or two diviners bones known as 'ṭhangu',
- Those who provides charms or poison to kill others for the sake of money, and
- Those who can assist criminals to escape jails or win court cases in order to get money''.

4.20.3.5 Lack of up to date information regarding modern health problems and how they are managed

Green (1997) asserts that information sharing and educational programmes in South Africa have resulted in THPs providing correct HIV/AIDS advice as well as demonstrations of condom use. One such programme trained 1510 THPs and it was calculated that during the first ten month of the programme, some 845,600 of their clients may have been reached with AIDS/STD prevention messages.

A focus group of Traditional Health Practitioners conducted in Thohoyandou town found in Vhembe District of Limpopo province, acknowledged that modernity is bringing them new challenges which their ancestor never experienced. Traditional Health Practitioners recognised the need for updated information regarding modern health problems. This is what another Traditional Health Practitioners in a group said:

> The issue of HIV/AIDS is a broader concept which involves other concepts like mother to child transmission of the disease, patient to practitioner and practitioner to patient transmition of the disease, the general understanding and the management of HIV/AIDS has now become an issue of high concern to Traditional Health Practitioners to be well informed about them.

Both male and female Traditional Health Practitioners who were interviewed acknowledged the need for a workshop where Traditional Health Practitioners could be informed about modern illnesses and how they are managed. A female Traditional Health Practitioners said:

> I treat many woman and children on their conditions of 'gokhonya illness', I cut both mother and a child with razor, I find myself not sure whether they had Aids or not or whether I transferred the virus from

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mother to child or from child to mother or from me to them or from them to me. This was not a challenge during the times of our ancestors because Aids was not there, but it is a challenge to us because Aids is there and it has killed many Traditional Health Practitioners in their practices.

4.20.3.6 The influence of healing or deliverance ministries and charismatic churches, well-known as "kereke dza mulilo'' which means "fire churches''

Hammond-Tooke (1989:51) stressed that Independent church Movement is one of the most striking features of South African black Christianity (Sundkler 1961; Kienrnam, see entries in List of References).

Interviewees revealed that they are experiencing a new challenge in Vhembe area of competing with religious Christian faith healers such as prophets and Christian individuals and evangelists of the member of congregations recognised as ''fire churches''. These religious faith healers are not those from Zionist prophets, it is a new category altogether. This is the category of women, men and youth who preaches the power of the name of Jesus Christ. They believe that healing can come as a result of God's fire upon the life of the patient. Traditional Health Practitioners in a focus group reported that some of their children who attend those healing meetings come back screaming saying there is fire upon them. Some of their children begin to preach against their parents to repent and destroy by means of burning everything they use in dispensing traditional healing practices. This include 'ṱhangu' in Tshivenḓa, 'Tihlolo' in Shangaan language, 'miṅwenda ya vhadzimu' which means costumes consecrated to the gods which are used when dancing the 'malombo' which is ancestral dance and when treating their patients. Traditional Health Practitioners interviewed in Mutale municipality agreed that these fire churches have dramatic results with regard casting out evil spirits. They confirmed that patients suspicious of being possessed by evil spirits make their first move for solution to fire churches nowadays those patients whom before the rise of fire churches they could make their first move to Traditional Health Practitioners. They further talked about fire churches as being able to communicate with these spirits, some spirits pointing out the names of the witches in the church. These services are offered free of charge or the patient will make free-will contribution. This involves the use of anointing water, anointing oil, and direct verbal commands to the patients tormented by the spirits. This was confirmed by a Traditional Health Practitioners who said:

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> Strong pastors or prophets are able to deal with all health conditions which we specialise in curing them since it is the evil spirits or ancestral spirits who torment patients in a way that biomedical doctors cannot deal with.

Another Traditional Health Practitioners added:

> Pastors and prophets of fire churches have good relationship with biomedical practitioners since they share common world view of understanding the concept of healing since all the Hospitals in Vhembe were founded by missionaries. This obviously makes it easy for biomedical practitioners to collaborate with Christian faith healers and excludes Traditional Health Practitioners. This will ultimately threaten the possibilities for collaboration between Traditional Health Practitioners and biomedical practitioners in Vhembe District Municipality.

Another Traditional Health Practitioners said:

> If a person is called to be a healer by his or her ancestor and is unwilling to accept the call, it is possible for that person to overcome those spirits if he/she consults with tough prophets or ministers of Christian religion who will remove those spirits through powerful prayers''. She added ''when one become a real Traditional Health Practitioners, one of the two things might have happened, first, is either he/she was defeated by the pressure from the spirits associated with the calling from ancestors. Secondly, one gladly accepted the calling from the spirits. This is because an individual has a choice to make whether to gladly accept the calling or fight against the calling, but the fight requires tough prophets who are gifted by God to do so

4.20.3.7 Internal power wrangles within Traditional Health Practitioners' association

Traditional Health Practitioners associations who initially agreed to work together have continued to have internal power wrangles, which have sometimes interfered with project activities (Burford and Bodeker (2007: 270).

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Traditional Health Practitioners who were interviewed in Vhembe area, reached consensus that there is a problem involving fighting for leadership positions in the associations. These were the words of another Traditional Health Practitioners:

> Most of the Traditional Health Practitioners are expressing their concern towards those who are not loyal to the existing leadership in the associations and in different committees from district level to the local branch levels.

4.21 TRADITIONAL HEALTH PRACTITIONERS' SUGGESTIONS FOR RESOLVING THEIR CHALLENGES

It is of the utmost importance for this study to document the suggestions for resolving challenges faced by Traditional Health Practitioners in the modern society of Vhembe District Municipality after they raised the challenges which they face in dispersing their services. The researcher using thematic approach identified the following suggestions raised from what Traditional Health Practitioners said in the fieldwork.

4.21.1 The government should provide THPs with basic health care facilities and training on how to use them

The government should train traditional health practitioners on prevention of cross infections when dealing with patients who need to be treated illnesses that involve blood or any fluids from human body. In this regard, the government should provide gloves and training on how to use them.

Meissner (2004) recorded that many traditional health practitioners are keen to learn more about modern medicine and are willing to undergo some sort of training in order to improve their healing skills. However there are those who feel their calling comes from god or ancestors, who regard dreams and revelations as sources of their knowledge.

All Traditional Health Practitioners who participated in the study showed their interest in undergoing the training facilitated by biomedical practitioners. Some of the4 Traditional Health Practitioners such as Mrs Mthavini said she was privileged to undergo HIV/AIDS training. This is what she said:

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Biomedical training is more helpful to us as uneducated Traditional Health Practitioners since we gain knowledge which saves both our lives and the lives of our patients.

4.21.2 The government should promote collaboration between biomedical practitioners and Traditional Health Practitioners

Traditional Health Practitioners in Vhembe district demonstrated the need for their collaboration between biomedical practitioners in the modern society. Walwyn (2010:11) noted that Arguments in favour of the incorporation of traditional health practitioners (THPs) into the overall health system are highly persuasive, especially in the context of South Africa's HIV epidemic and the inability of the public health sector to cover the health care needs of all HIV-positive patients. However, even those who support a more significant role for THPs have articulated a set of minimum standards that must be met as a pre-condition to this step, including:

- The systematic evaluation of African traditional medicines (ATMs)
- The standardisation, processing and packaging of traditional 0medicines
- Training on HIV to ensure a high level of prevention of (HIV/AIDS) and care of patients
- The development of mechanisms to regulate the practice of traditional healing.

A focus group was conducted by the researcher with Traditional Health Practitioners, who were interviewed in Vhembe area; they did not hesitate to say they needed collaboration with biomedical practitioners. These were the reasons they provided for collaboration:

- The advancement of technology of biomedical health practice on curing biologically related illnesses such as burns, bone fractures, HIV/AIDS testing and management, and many more, make Traditional Health Practitioners feel confident to comply with biomedical healing system rather than competing with them.

4.21.3 The government should finance discussion programmes between THPs and BMPs

Traditional Health Practitioners explains that this new democratic government of South Africa is aware of the need for collaboration between traditional healing practices with biomedical healing practices but is not doing enough to support and identifying strategies to make it

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happen. One of the strategies revealed by Traditional Health Practitioners is to finance discussions programmes which will comprise representatives from Traditional Health Practitioners' organisations, politicians, social scientists, anthropologists, government bureaucrats and biomedical practitioners in order for them to come out with decisions which will be representative of all groups' concerned rather than imposing decisions taken from central government which often exclude Traditional Health Practitioners and their rights. A chairperson of Saselamani Traditional Health Practitioners association known as Mr. Hobwane indicated that:

> Collaboration is needed, but for it to be possible, the government should promote bottom-up approach of development instead of top-down approach, this means Traditional Health Practitioners should be involved in decision making process towards collaboration with biomedical health practitioners.

4.21.4 The government should provide basic workshops to train them on new legislative policies relating to their services

The researcher was impressed with the way Traditional Health Practitioners opened their hearts to support the need for them to be informed on new legislation. Traditional Health Practitioners showed themselves to be submissive with the new changes that come with new democratic government. For example, they value the need for every Traditional Health Practitioners to have a certificate of practice as a Traditional Health Practitioners. They do make follow-up of information from those who attended the meetings of Traditional Health Practitioners association in case they were absent. They do this to stay informed with what was happening and announcement for the next meetings in order not to be left behind with new changes affecting their practices. This was confirmed by a female Traditional Health Practitioners who said:

> For me to continue with conducting my healing practices legitimately, it is a must to attend the district meetings of Traditional Health Practitioners association in order to be taught on how best we can render our services without violating the rights of our patients and dilapidation of natural environment. This means the government should make use of this platform to conduct workshops which will highlight more of the

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rights of Traditional Health Practitioners, their patients and natural environment.

Marah and Clement (2007:19) shared their impressions of the benefit of working Traditional Health Practitioners ''across the board all institutions who have engaged THPs in their initiatives state that it has been an extremely valuable exercise. It is also a common experience that overall THPs are very open to learning, engaging the biomedical understanding of health and networking with other practitioners.

4.21.5 The government should make use of the VDTHPsA to create the platform of debate between Traditional Health Practitioners and biomedical practitioners

Marah and Clement (2007:19) asserted that given the diversity of approach, training and client base the real benefit of working with THPs happens when a simple and consistent message can be disseminated through their network.

At this point in time, VDTHPsA is a good platform for the government to start negotiations with Traditional Health Practitioners regarding debates which will focus on transforming both Traditional Health Practitioners and biomedical practitioners from negative attitudes towards one another which hinders harmonious relationship between them which ultimately affects patients. The Traditional Health Practitioners who is a chairperson of the Vhembe Traditional Health Practitioners Association said:

> We are well connected with all tears of South African government and also with the international community. We do attend meetings pertaining traditional healing nationally and internationally with the sole aim to advance traditional healing to be more useful in the modern society''. He added, ''thus why you see highly learned people, doctors and high profile politicians visiting our meetings. You are also welcomed to come again as a researcher, we can give you the platform to interview us as a group since we want people to have a clear understanding of who we since people have negative stereotypes about who we are as Traditional Health Practitioners.

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4.21.6 The government should provide awareness programmes targeting Traditional Health Practitioners in Vhembe District Municipalities

Participants showed their openness by repeatedly saying if ever there are something which the government intends to share with THPs, they should just inform them in good time so that they attend because they have seen the usefulness of attending workshops focused on awareness programmes. A young Traditional Health Practitioners who explained himself as having friendship with biomedical doctor stated this point:

> Regardless of how many years biomedical practitioners spent in universities or colleges for training, they continue to attend workshops, in-service training, and awareness programmes in order to stay updated with recent information necessary for their work, but it is not the case with us as Traditional Health Practitioners. In many cases, we are left behind while the world is moving so fast. The government was supposed to consider us for health awareness programmes in Vhembe District Municipality. Participants confirmed that as much as biomedical practitioners need further training and awareness programmes, they also need them as THPs.

4.21.7 The Department of Correctional Services and police stations should create collaborative links to fight corruption and violence that involves Traditional Health Practitioners

Traditional Health Practitioners confirmed that there are many famous Traditional Health Practitioners who are in life imprisonment after they were proven guilty for committing ritual murder in Vhembe District Municipality. A well-known Traditional Health Practitioners said:

> I feel ashamed to introduce myself as Traditional Health Practitioners after hearing series of news about fake Traditional Health Practitioners who are found guilty of murder and rape of other people's wives. Such so called Traditional Health Practitioners should be put in jail to spend the rest of their lives there. To combat such cases, the Department of Correctional Services and police officers should consult with our associations for research, information, debate and strategies to address such challenges.

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4.21.8 Making use of media, such as local radio stations to create the platform for the public mass to debate with Traditional Health Practitioners

Traditional health practitioners demonstrated the need to answer questions which the majority of people living in Vhembe District Municipality have regarding how they operate in the modern society. Another traditional health practitioner said:

> 'ku tirhisa ti radio ta hina to fana na Munghana lo nene FM na Phalaphala FM, swi nga hungusa leswi vanhu va hi tekiesa ko swona na kon hi nga dyonza na swinwanyane e ka vona''.this means ''making use of Munghana Lonene FM radio and Phalaphala FM radio can reduce how the majority of people regard us and we can also learn something from them as well

4.21.9 The government should finance projects aimed at planting herbs which in return will help promote health care and job creation

Traditional Health Practitioners indicated that there are many indigenous herbs which can be planted for commercial purposes and that can also create job opportunities for many people. This was confirmed by a visionary Traditional Health Practitioners who said:

> We have applied for a site which will be used for building offices, store rooms, meeting hall and where we shall plant important herbs that will also attract tourists to our area and will apparently contribute to local economic development but at the moment, we don't have sufficient funds to make that happen.

Traditional Health Practitioners confirmed that plantation of herbs can yield dramatic fruits on local economic development of rural areas and also effect on improving the health of the people since medicines will be easily accessible with lower prices since they will be local products.

4.21.10 Traditional leaders should have a directory of Traditional Health Practitioners living in their areas and encourage them to attend meetings with other stakeholders

Another informant suggested that since Traditional Health Practitioners are the subjects of community leaders, community leaders should organise healers and have a record of those

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practising and encourage them to participate in local meetings with other stakeholders. Ms Mtavini of Ha-Makuya village recommended the multi-sectoral structure which has been established in her village as helpful. She described the structure as comprised of different stakeholders such as nurses, teachers, social workers, police officers, pastors, community leaders, Traditional Health Practitioners and many others. She stressed that:

> This structure will reduce the challenge of fake Traditional Health Practitioners.

4.22 CONCLUSION

The researcher accumulated as much data as it was possibly so. Findings of this study were based on the analysis of the raw fieldwork data and were supplemented with direct quotations of the informants' statements and explanations. The study managed to accumulate a detailed description of the nature of traditional healing in the modern society. The study managed to reveal challenges facing THPs in dispensing their services together with alternative suggestions from THPs on how those challenges can be resolved. The need for collaboration between THPs and BMPs has been encouraged by THPs for reasons which are focused on improving the effectiveness of health care services to both health practitioners and the patients. The study managed to depict the general appreciation from THPs towards the government legislature which recognises their services and improve their status in the public, nevertheless, the study also managed to reveal that the South African government still have a lot to do in terms of financing THPs' programmes which in the modern society they perceive them as important for the enhancement of quality health care delivery.

The following chapter will provide a summary of the findings and recommendations.

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CHAPTER 5

SUMMARY OF THE FINDINGS AND RECOMMENDATIONS

5.1 INTRODUCTION

The main thrust of this study was to investigate the dynamics that characterise Traditional Health Practitioners and their practices in the modern society of Vhembe District of the Limpopo Province following democratic changes that came with passing of the Traditional Health Practitioners Act (Act No 22 of 2007). The study utilised anthropological qualitative research designs. Fieldwork data was gathered with the use of semi-structured interviewer-administered questionnaire. The data that was generated was analysed using classifications and themes. The discussion of data was drawn from quoted statements of the interviewees and supported by quotes from relevant literature. Findings were discussed in line with the main aim and objectives of the study.

5.2 THE RESEARCHER'S CRITICAL REMARKS:

- Reflecting on the information provided by participants, I would argue that potential chances for losing some of valuable knowledge of herbs and how they work from conservative Traditional Health Practitioners are rife. It was reported in the study that the category of conservative Traditional Health Practitioners is comprised of the more experienced healers in the district than the modern ones. It was reported by participants that conservative Traditional Health Practitioners are reluctant to share their knowledge with others. On the other hand, modern Traditional Health Practitioners have demonstrated that despite their disagreement based on other areas of interest, they are still jealous of not wanting to abandon them because they serve as valuable resources to them. However, modern Traditional Health Practitioners are not willing to compromise their conviction in favour of their mentors (conservative Traditional Health Practitioners). Instead, they want to formally comply with changes brought in by the ANC government as demonstrated in the Traditional Health Practitioners Act 22 of 2007. This attracts further investigation regarding the cause of resistance displayed by the certificates carers conservative Traditional Health Practitioners towards sharing their knowledge with other health stakeholders against the wishes of the ANC government which they appreciate it for its contribution towards improving their social and political status in the society.

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- The study identified another interesting debatable tendency of the Traditional Health Practitioners who are found in Vhembe district. The researcher interviewed only Tsonga and Venḓa speaking Traditional Health Practitioners but, the researcher was surprised to find every Traditional Health Practitioners using some Zulu words which are ''vumani bo'' and expected his/her patients to say ''siyavuma''. Even though the Traditional Health Practitioners does not know how to speak Zulu neither his/her patients, this attitude was displayed. It was confirmed by participants that the rest of the Traditional Health Practitioners' services which include interviews, counselling and questions are done in the mother tongue of the Traditional Health Practitioners. If the patient does not understand the language of the Traditional Health Practitioners, an interpreter would be required from the companions of the patient who will interpret and translate the words of the Traditional Health Practitioners into the mother tongue of the patient if he/she does not understand the language. The usage of the word 'vumani bo' and 'siyavuma' and 'thwasa' which are Zulu words raises to the researcher a reasonable hypothesis that Zulu Traditional Health Practitioners' played an influential role on the fundamental practices of the 'sangomas' whom in Tshivenḓa language are called 'mingome' divination in South Africa. This whole scenario appeared to me as an interesting feature that characterizes traditional health practitioners as open minded, flexible and non-discriminative against other people's languages and cultures as long as they contribute positively into their healing practices. These qualities demonstrated by Traditional Health Practitioners appear to me as a usable platform for the government to introduce its programmes aimed at improving public health care.
- After understanding the nature of traditional healing and its practices, I argue that there is a need for close partnership between Traditional Health Practitioners with biomedical practitioners. This is because some traditional healing practices are dualistic in nature. They involve rituals and herbal procedures, spiritual and naturalistic depending on different conditions. Looking at how Gokhonya is treated by Traditional Health Practitioners, I compared the area where Traditional Health Practitioners and biomedical practitioners are in common with regard healing this condition and found that it is in the naturalistic area or surgical aspect of healing. That implies (1) cutting (operation), (2) restoring the opened wound and (3) providing the prescribed herbs/ medicines. So, in this regard, Biomedical practitioners treat everyone's blood as potentially infected with other diseases, therefore, they use hand gloves which Traditional Health Practitioners barely have, and again,

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Traditional Health Practitioners do not use any means to suppress the pain before operating their patients as confirmed by participants, they directly and barehanded cut with razor in a very painful way whereas biomedical practitioners prioritise injecting drugs to suppress the feeling of pain before the operations such as removing teeth, circumcision, and in maternity operations. In these cases, I argue either supply of hand gloves or creation by the government a closer link between Traditional Health Practitioners specialising with the healing of this illness with biomedical health institutions and practitioners. This can be helpful in addressing dehumanising rituals as warned by the government, refer to Appendix A which comprises a Traditional Health Practitioners checklist, and also reduce chances for Traditional Health Practitioners from contaminating other diseases like HIV/AIDS.

- In this study, I perceived traditional health practitioners as more strategic in whatever they do. Looking at the code of conduct, they always reflect their cultural beliefs. The choices of colours relate to those of other community members and only differ on certain things which to them are identical marks of their profession. In my view, since they are compliant with modern changes, it would be of a greater advantage for the government to get closer to them in order to find better ways for incorporation with public health sector. It has been revealed in this study that modern traditional health practitioners are adaptive to modern changes.
- It is in areas like this where Traditional Health Practitioners could unite among each other and find common theory if they intend to collaborate with biomedical practitioners because, it will not be feasible for biomedical practitioners to unite with multi different approaches based on one world-view (traditional healing). It sounds feasible for traditional health practitioners to seek consensus on traditional healing theories among each other first before attempting collaboration with biomedical professionals who use common healing theories in their professions.
- Given the similarities between herbalist's practices and biomedical practices, which only differ on biomedical system's reliance on modern technology and practiced in public spheres like clinic and hospitals, whereas herbalist operate form indigenous perspectives relying on knowledge acquired from elderly people's experiences and other Traditional Health Practitioners. I can argue that collaboration between biomedical practitioners with Traditional Health Practitioners can experience fewer difficulties than when attempting to get all the services of Traditional Health Practitioners (THPs) into public health sector. This is because Traditional Health Practitioners (THPs) is multidisciplinary role and cannot all be incorporated into public Health sector. This is after looking at the wider range of factors

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involved in dispensing diviners' healing services on area of rituals and ceremonies which might require ancestral dancing as an example. Looking at the South Africa's constitution (Freedom of religion), this might raise negative tensions on other patients who are affiliated in other religions given south Africa is trying to silence every religious voice in all public meetings or gathering. It is therefore, my opinion to recommend attempts of incorporating herbalist's services into biomedical practice since they use similar approaches towards the use of natural medicines to cure natural diseases. This would yield more fruits such as discovery of new medicines and incorporating them into public health system. This would also impact positively on job creation through appointment of new staff members who have knowledge of indigenous herbs and planting of indigenous herbs projects.

5.3 SUMMARY OF FINDINGS OF THE STUDY IS AS FOLLOWS:

The study comprised 9 individual participants and two focus groups. This study had eight objectives which this chapter will summarise.

5.3.1 The Self-concept of the Traditional Health Practitioners in Vhembe District

The clear picture of how traditional health practitioners perceive themselves was captured in the study. THPs perceive themselves as traditional doctors who enter this profession after receiving the ancestral calling. THPs perceive themselves as similar in status with biomedical doctors, not nurses because they claim to have similar powers of diagnosing the patient and prescribe the medication to the patient and if the condition requires operation, the THP will do that whereas the biomedical nurse has no power to do so since he/she works under the instruction of the biomedical doctor. THPs recognise themselves in different categories namely, herbalists, diviners and two-fold THPs. Within these categories, some THPs are classified with conservative, modern and fake THPs.

5.3.2 Types of illnesses as they are defined by Traditional Health Practitioners

This study managed to identify illnesses/diseases, conditions and roles which THPs addresses. The THPs adored themselves as able to health certain conditions or illnesses which biomedical doctors cannot cure. The illnesses which they claim to cure are categorised into male, female and children's illnesses. Male illnesses include: '*u wela', 'lukuse', Thusula/Ḍorobo.* Female illnesses include: infertility and gokhonya. Children's illnesses include: 'ngoma-lukala', 'tshiivha' and 'goni'. Conditions were identified which THPs claim to address namely: healing

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illnesses associated with the calling to work as a THP, removing bad luck to a person, creating luck or socio-economic well-being to clients and protecting clients from evil spirits or magical acts relating to witchcraft. It was also revealed in the study that THPs claim to health herbal diseases which have been there during the time of their ancestors even before biomedical practices was introduced in African peoples for example, *'Lufhiha'* TB. These are the diseases which are commonly treated in the hospitals and clinics through biomedical practitioners nowadays. THPs however admitted that BMPs are better advanced in curing surgical conditions and modern diseases than them. And as such THPs prefer sending their patients to BMPs for checkups or refer them for treatment of such conditions.

5.3.3 A description of the relationship between Traditional Health Practitioners and their patients

The study managed to come up with how THPs are relating with their patients. It was identified in the study that the structure of their relationship is based on African world-view of 'Ubuntu' philosophy, respect and guidance from ancestral spirits, sharing common cultural beliefs, positive influence of VDTHPsA and fear to lose clients from the heritage passed on to them by the ancestors. Generally speaking, the study identified the relationship between THPs and their patients as good and harmonious.

5.3.4 Pointing out and exploring the link between Traditional Health Practitioners and the hospitals

The link between THPs and BMPs who are working in the public health sector was seen to be existing on certain areas such as; conducting workshops which addresses modern health challenges, sharing certain goods/ equipment such as hand gloves, public vehicles; transfer of patients to one another who needed a specialised services and communication amongst each other on behalf of the patient. The study also discovered that there are many obstacles which hinder full incorporation between THPs and BMPs those include: different world-view between THPs and BMPs on the understanding of the causation and management of diseases, negative stereotypes towards one another and different approaches used by THPs in healing one disease. The study also identified that for THPs and BMPs to be fully incorporated will require some times of well organised discussions oiled with good communication between THPs and BMPs, aimed at identifying ways and means of incorporation.

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5.3.5 How traditional Health Practitioners are organised

The study also identified how THPs are organised in the VDTHPsA and found that the organisation was organised to meet the government's expectations demonstrated in the Traditional Health Practitioners Act no 22 of 2007. The organisation was democratically elected. The study identified that the organisation was created to form a better link between public health professionals, to improve services of THPs to meet health and political standards of South Africans in the modern society. The study also captured the passion of modern traditional health practitioners to build the image/ status of real traditional health practitioners through the organisation. It was also revealed in the study that THPS and their organisations are ready to work in collaboration with other community stake holders such as police officers, traditional leaders, social workers, public health officials, politicians and other leaders including academics to ensure the total well-being of the society.

5.3.6 Attitudes of Traditional Health Practitioners towards biomedical practitioners

This study identified many positive and negative attitudes which THPs have towards BMPs. Positive attitudes include: the belief that BMPs are better than them on treating surgical diseases or conditions which requires the use of X-Rays or modern technological machines, and the belief that BMPs are more advanced in treating and managing modern diseases such as HIV/AIDS. Negative attitudes include: belief that THPs are able to heal certain diseases which BMPs cannot cure, those are the illnesses of spiritual origin such as mental disorder, and illnesses which require observance of rituals to cure them; the belief that BMPs claim to be superior than THPs because of the long training period they spend in universities and colleges before qualifying to work as doctors and nurses; They think biomedical practitioners regard their medicines as unsafe and not conducive for health care; they think biomedical practitioners do not have compassion and sympathy for patients; they think biomedical practitioners regard them as uneducated or informal health practitioners; they think biomedical practitioners regard them as pagans or messengers of Satan; and lastly, they think BMPs are more favoured by the government than them on addressing diseases.

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5.3.7 Challenges faced by Traditional Health Practitioners in dispensing their services

Many challenges were identified by THPs in the study. They include: Lack of understanding of modern diseases which were not there during the time of their ancestors; lack of modern health facilities; lack of funding for their services; fake Traditional Health Practitioners; power wrangles within Traditional Health Practitioners' association and the influence of healing or deliverance ministries and charismatic churches, well-known as ''kereke *dza mulilo''* which means *''fire churches''*.

5.3.8 Suggestions were made by THPs on how these challenges can be resolved.

This study managed to capture ways to resolve the challenges faced by THPs as suggested by THPs themselves. THPs asserted the following: The government should provide THPs with basic health care facilities and training on how to use them; The government should promote collaboration between biomedical practitioners and Traditional Health Practitioners; The government should finance discussion programmes between THPs and BMPs; The government should provide basic workshops to train them on new legislative policies relating to their services; the government should make use of the VDTHPsA to create the platform of debate between Traditional Health Practitioners and biomedical practitioners; traditional leaders should have lists of the names of Traditional Health Practitioners living in their areas and encourage them to attend meetings with other stakeholders; the Department of Correctional Services and police stations should create collaborative links to fight corruption and violence that involve Traditional Health Practitioners; making use of media such as local radio stations to create the platform for the public mass to debate with Traditional Health Practitioners; the government should finance projects that aim at planting herbs which in return help promote health care and job creation; and lastly, the government should provide awareness programmes targeting Traditional Health Practitioners in Vhembe District Municipalities in order to disseminate information pertaining to health.

5.4 RECOMMENDATIONS OF THE STUDY

- Traditional Health Practitioners should restore their focus on healing bodily or biological ailments which they have reduced drastically in contemporary society of Vhembe District Municipality. They place more focus and emphasis on addressing socio-political and socio-economic ill-being through charms and rituals than physical well-being through natural

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herbs. This is seen on how much they market their services on media, they usually attract clients by stressing more on social, religious, political and economic challenges which people face nowadays than on biological conditions which are destroying many people today. This would encourage them to plant herbs and preserve natural herbs which would contribute positively on local economic development and expand health care in Vhembe District Municipality.

- Collaborative efforts should be focused more on the area of herbalism than in the area of divination. This is because of similarities between biomedical practice and herbalism. Capitalising on the similarities can create a rich environment of knowledge sharing from both BMPs and Herbalists whereas the area of divination is open for criticism because of its element of religion which will violate the constitutional rights of other patients.
- Traditional Health Practitioners should be taught about patient's referral procedure to public health institutions and be provided with referral forms in order to avoid confusion on patients who are not in the power of defending themselves because of the kind of illnesses they are suffering from and the pressure from their relatives who support THPs' services.
- The government should make use of VDTHPsA to offer health related information to update Traditional Health Practitioners on modern diseases and how they are managed.
- Vhembe Traditional Health Practitioners Association should strategise towards reaching a consensus regarding finding medicines that can cure chronic diseases which they claim they can cure them completely such as asthma, diabetes mellitus to the extent of inviting scientists to test the efficacy of their products before recommended for public use.
- The government should finance organisations which will offer in-service training to Traditional Health Practitioners. This is because Traditional Health Practitioners demonstrated the need for basic health care training in the modern society; therefore the government should appoint experts to address this need.
- Basic financial management training for the leaders of traditional health practitioners' association is required for the smooth running of the organisation as a prerequisite for funding of their intended projects.
- Local radio stations should in their programmes of civil education and support include issues about the dynamics of traditional healing in the contemporary society in order to promote health care and sustainable development.
- Further training should be offered to THPs regarding prioritising universal health precautions.

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5.5 RECOMMENDATION FOR FURTHER RESEARCH

This study opened an avenue for further investigation. The following are suggested areas of focus in the study:

- Investigating on how efficacy test for indigenous medicines which are used by Traditional Health Practitioners and community members in Vhembe District can be done.
- Investigation of different methods of healing one disease by Traditional Health Practitioners in Vhembe District Municipality.
- Investigation on the development of Herbalism as a category in the modern society.

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APPENDIX A

ALIGNING TRADITIONAL HEALING AND HUMAN RIGHTS

A Checklist

- Everyone has a right to human dignity
- Traditional Health Practitioners and their patients have to be treated with respect and dignity.
- Patients must not be subjected to degrading rituals or procedures.
- Everyone has a right to privacy
- Traditional Health Practitioners must respect their patients' confidentiality and not disclose any medical information to third parties without their clients' express consent.
- Everyone has the right to equality and non-discrimination
- Traditional healing should not experience discrimination in relation to the practice of 'Western' medicine, where it fulfils the same standards of efficacy, safety, accurate patient information, professionalism and ethics.
- Everyone has the right to freedom of conscience, religion, expression, thought, belief and opinion and the right to culture
- Traditional Health Practitioners and their patients may not be prevented from expressing or practicing their beliefs and traditions, except in cases where it causes undue suffering or infringes on the human rights of others.
- Everyone has the right to the freedom of trade, occupation and profession
- Traditional Health Practitioners must be free to practice their profession.
- Everyone has the right to have their environment protected It is important that in preparing their medicines, that Traditional Health Practitioners do not contribute to environmental degradation, while they should promote conservation and secure ecological sustainable development.
- Everyone has the right to access to health care services
- Everyone should be able to make use of adequate, safe and beneficial health care assistance, and be able to elect being treated by Traditional Health Practitioners.

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HOSPITAL ADMISSION REFUSAL FORM

I, (full name) _____

Of _____

_____

_____ have been advised by Dr ..... that I need to go to hospital for urgent medical care and treatment.

I have been fully informed about the risks and consequences of not going to hospital and these include: (set out summary of risks explained)

.....

.....

.....

.....

.....

.....

Despite this advice I have chosen not to go to hospital.

I understand that this decision goes against the medical advice that I have received and will seriously compromise the care that can be provided to me.

I accept sole responsibility for the consequences of this decision.

Dated this: _____ day of _____ 20_____

Signature: _____

Witness Signature: _____

Witness Name (please print): _____

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Witness Occupation: _____

Witness Address: _____

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APPENDICES

QUESTIONS ASKED INCLUDE

- Who is a traditional healer?
- How do you perceive yourselves as Traditional Health Practitioners?
- How do the services of traditional health practitioners fit into the lives of the modern society where biomedical practice seems to be advanced?
- How do you relate to your patients in a daily basis?
- How do you (THPs) regard BMPs and their services?
- What challenge(s) do you face as THPs and how do you think they can be resolved?
- Do you think incorporating THPs with BMPs is necessary in the modern society? Please supply reasons for your answer?
- How do you think incorporation between THPs and BMPs can be done?
- Please share with us the significance of the Vhembe District Traditional Health Practitioners Association in your lives as THPs.

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APPENDIX D

INFORMED CONSENT FORM

Researcher: I, Tlharihani Michael Risimati am a Masters student at the University of Venda. I am at present engaged in a study entitled: **An Investigation of Traditional Healing Practices in Contemporary South African society: Focusing on Views of Traditional Health Practitioners in Vhembe District Municipality in Limpopo Province.**

This study is conducted under the supervision of: Dr. M. J. Dederen and Dr. P. E. Matshidze who is the Head of the Department of Indigenous Knowledge System (IKS) in the School of Human and Social Sciences.

This study has been approved by University Higher Degree's Committee (UHDC) on the 9th May 2014. This research project number is: SHSS/14/SOC/02.

The purpose of this study is to investigate about the perspectives of traditional healers in the contemporary society with specific focus on Vhembe District Municipality.

I am requesting your participation in interviews concerning this study. Please note the following before signing the consent form as research participant:

- This interview will last between 45 minutes to two hours.
- Sometimes interviews will be audio-taped or video-recorded for verification of the findings by the supervisors.
- Information shared with the researcher will be treated as confidential.
- No financial compensation will be offered for participating in the study.
- The information provided by informant will not be used for commercial benefit by the researcher since it is aimed for academic purpose.
- You are not forced to answer sensitive questions
- Should you feel to terminate your participation in the research, you have a right to do so without supplying reasons to the researcher.

Participant: I.....give my consent to be interviewed by Tlharihani Michael Risimati. It has been explained to me that my name will not be revealed without my consent.

Participant's signature: ..... Date .....

Researcher's signature: ..... Date .....

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> A real Traditional Health Practitioners is not influenced by the love of money in rendering his or her services, but by the respect for human dignity. Payment is the last thing to think or talk about after the patient has been healed except the little amount which any consultant can afford known as *''luputulula thevhele''* which means the amount paid before the sacred bones are poured out of the bag.

This amount according to the traditional health practitioners is not perceived as payment because payment is yet to come after the patient has been healed. This principle is regarded by THPs as prioritising human dignity.

4.15.4 Is based on fear of punishment by the ancestors for abusing their patients

A Traditional Health Practitioners indicated that there are severe punishments if a Traditional Health Practitioners tries to do things in his or her own without seeking direction or approval from the ancestors. All Traditional Health Practitioners showed themselves to be fearful of ancestral spirits in the way they treat their patients. Another Traditional Health Practitioners said:

> Traditional healing is a gift from the spirits and is owned by them, what we do as Traditional Health Practitioners is to make sure we please the spirits by means of pleasing the patients through obeying all healing rituals as revealed by them. Failure to do so leads to serious negative consequences such as illness, misfortunes, and shortage of patients consulting with them.

4.15.5 It is influenced by fear of loss of clients

All Traditional Health Practitioners believe that patients are brought to them by ancestors not merely by their own will or marketing skills. Because of this belief, Traditional Health Practitioners feel obliged to treat patients so well bearing in mind that patients are gifts from their ancestors and must be well cared for. A Traditional Health Practitioners said:

> A real Traditional Health Practitioners does not take chances in case where he or she knows that the patient's condition is beyond his/her scope of practices. In that case he/she will immediately transfer the patient to other Traditional Health Practitioners who are specialists in

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- Tainted dots of blood will appear and seen at the back of the child's head;
- The child may not go to toilet or if he/she goes to toilet,
- The feces will be very dry and the child will experience pains during the process.
- The child may look very weak and
- The child will look shy.

Participants referred to this illness as commonly treated by female elderly Traditional Health Practitioners and infected women are free to consult for treatment. The healing processes include series of rituals involving both mother and a child. It was confirmed by the participants that healing theories between Traditional Health Practitioners in treating this illness may differ from one Traditional Health Practitioners to another irrespective of falling under the same ethnicity.

4.9.2 ''U sa beba'' infertility

Traditional Health Practitioners defined the cause of infertility from spiritual and biological condition. It is from the spiritual condition where they claim biomedical practitioners cannot cure it excerpt themselves. The following are causes pinpointed by Traditional Health Practitioners:

- Displeasure of the ancestors;
- Refusing the call as Traditional Health Practitioners;
- Refusing the name given by ancestors and;
- Magical acts of witchcraft by enemies.

Traditional Health Practitioners asserted that specialised Traditional Health Practitioners are there to address this condition. Healing process include sympathetic magic since magic can be performed for either good or bad. This is the positive part of magic as stated by participants in the study. Another Traditional Health Practitioners said:

> Just like drugs can be positively used in the hospital to save lives, they can be used again to destroy lives if they are abused. So, in the similar manner, magic can be negatively and positively used. So this is one of the areas where healing magic can be used.

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