

**INDIGENOUS HEALERS' VIEWS REGARDING THE CAUSES AND TREATMENT
OF CHRONIC DISEASES: THE CASE OF GA-DIKGALE.**

By

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DEDICATION

This work is dedicated to my parents, M.J. Mojalefa and G.M. Gwebu, for all the support they provided throughout my student years.

This dedication extends further to me, as validation of all the hard work in my years of study.

DECLARATION

I declare that **INDIGENOUS HEALERS' VIEWS REGARDING THE CAUSES AND TREATMENT OF CHRONIC DISEASES: THE CASE OF GA-DIKGALE** hereby submitted to the University of Limpopo, for the degree of Master of Arts in Clinical Psychology has not previously been submitted by me for a degree at this or any other university; that is, it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

Ms. H.M. MOJALEFA

DATE

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Firstly I would like to thank God because without Him I would not have had the strength and courage throughout the years; I know I would not have made it this far.

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ABSTRACT

A number of studies have revealed that chronic diseases are common in all communities. This study explored the views of indigenous healers regarding the causes and treatment of chronic diseases in Ga-Dikgale community. A qualitative approach was followed and participants were selected through snowball sampling. Seven participants (2 males and 5 females) who are indigenous healers were recruited for the study. Data was collected using in-depth semi-structured one-to-one interviews and analysed using content analysis.

The results of the study are presented in terms of the following themes:

a). Participants' views regarding the types of chronic diseases: despite the divergent views held by indigenous healers regarding chronic diseases, they all perceive these debilitating conditions as incurable. b). Participants' own explanations of the causes of chronic diseases: it appeared the causes of chronic diseases were attributed to both cultural beliefs and modern medical science. c). Participants' experiences and subjective notions on the treatment methods for chronic diseases: it was found that Western medicine is considered the most viable option to treat chronic diseases instead of indigenous medicine. d). Participants' descriptions of the most common diseases that they treat: indigenous healers treat non-chronic conditions instead of chronic diseases. e). Participants' own perceptions of their roles in the community: it appeared indigenous healers felt they received support from their community as they were consulted mostly for non-chronic conditions; and f). Participants' recommendations on how people with chronic diseases should be managed: indigenous healers recommend that people should seek medical intervention for treatment of chronic diseases.

The study further revealed that indigenous healers in this community are not always the first line of treatment for chronic conditions. Instead, it was found that indigenous healers tend to advice patients with chronic diseases to seek medical intervention rather than traditional healing. The study is concluded by recommending further investigation on chronic diseases, including the possibilities of integrating indigenous healing and Western-oriented health care systems.

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CHAPTER 1

INTRODUCTION

1.1. Introduction

Diseases are common to all human societies, but differ in the way people conceptualize and treat them (Dlamini, 2006). It is suggested that every human society has its culture and knowledge system for conceptualizing illness and health and dealing with or responding to health care challenges (Bojuwoye & Sodi, 2010; Sodi & Bojuwoye, 2011; So, 2005). According to Dlamini (2006), health care in South Africa is such that it encompasses various healing systems- the Western system based on science, traditional healing based on indigenous knowledge systems, and a holistic approach to health care. Nkungwana (2005) pointed out that the vast majority of the population of sub-Saharan Africa is reported to obtain their health care from indigenous healers. Most people in the rural communities prefer to go to indigenous healers to seek treatment because they believe they are knowledgeable and can restore their well-being (Nkungwana, 2005).

In some communities, indigenous healers are often the only source of health care who also serve as community advisors, village elders and policy leaders (Nkungwana, 2005). Indigenous healers are culturally close to their clients, and this is believed to facilitate better communication between themselves and their clients (Richter, 2003). For the indigenous individuals, the most important thing is to understand the root cause of a disease instead of merely receiving treatment (Dlamini, 2006). The role of the indigenous healer is to find the deity, ghost or other agents that would have caused the disease and then determine how to placate or overcome it (Bannerman, Burton & Wen-Chieh, 1983). It is believed that until the root cause of the disease is discovered, the treatment may be rendered insignificant (Dlamini, 2006).

According to a report published by the World Health Organization, 60% (which translates into 35 million) of all deaths recorded in 2005 in the world were attributable to chronic diseases (World Health Organization, 2005). The report went on to indicate that these deaths from chronic diseases were double the number of deaths for all infectious diseases (HIV/AIDS, tuberculosis, malaria), maternal and perinatal

conditions, and nutritional deficiencies combined. It was further reported that approximately four out of five chronic disease deaths occurred in low and middle-income countries, with heart disease, stroke, cancer, chronic respiratory diseases and diabetes being the main ones. Based on these trends, the World Health Organization has projected that, by 2020, chronic diseases will account for almost three-quarters of all deaths worldwide, and that 71% of deaths due to ischaemic heart disease (IHD), 75% of deaths due to stroke, and 70% of deaths due to diabetes will occur in developing countries (World Health Report, 1998). The number of people in the developing world with diabetes will increase by more than 2.5-fold, from 84 million in 1995 to 228 million in 2025 (World Health Organization, 2005). On a global basis, 60% of the burden of chronic diseases will occur in developing countries (World Health Organization, 2005).

Whilst many people suffering from chronic diseases in South Africa tend to utilize Western health-care systems for the treatment of chronic diseases, there is compelling evidence to suggest that a considerable number of people utilize non-Western methods for the treatment of these morbid conditions. For example, Semenya, Potgieter and Erasmus (2012) and Nkungwana (2005) found that people tend to utilize indigenous healers to treat conditions such as HIV/AIDS and diabetes mellitus respectively. The World Health Organization estimates that up to 80% of the population in Africa make use of traditional medicine (Richter, 2003).

Rautenbach (2008) has suggested that traditional healing is popular among rural communities. Traditional healers appear to play a crucial role in most communities and in the health care system. In 2007 the South African parliament considered passing a Traditional Health Practitioners Act (Traditional Health Organization (THO) n.d.). Unlike in the past, the use of indigenous healers has now been formalised with the promulgation of the Traditional Health Practitioners Act Number 22 of 2007. According to Rautenbach (2008), government officials realized that the traditional healing system is deeply linked with the fabric of culture and spiritual life of many South Africans that they enacted legislation to recognize and regulate traditional health care services. The objective of this Act is to professionally recognize traditional healers as health practitioners and to include legally marginalized healing processes that have been part of healing rituals in Africa and especially in South

Africa for many generations (Traditional Health Practitioners Act, 2007). It is developments such as the formal recognition of indigenous healers, including the acknowledgement of their role and contribution in the treatment of diseases that has motivated the researcher in the present study to explore indigenous healers' views regarding the causes and treatment of chronic diseases in one rural community in South Africa.

1.2. Aim of the study

This study was aimed at exploring the indigenous healers' views regarding the causes and treatment of chronic diseases amongst Ga-Dikgale residents.

1.3. Objectives of the study

The following objectives were identified for the study:

- To explore indigenous healers' understanding of the types of chronic diseases
- To investigate the indigenous healers' views regarding the causes of chronic diseases
- To examine the views of indigenous healers regarding the treatment of chronic diseases
- To explore what the indigenous healers perceive as their role in the treatment of chronic diseases.

1.4. Definition of concepts

- **Chronic diseases:** In the context of this study, chronic diseases will be operationally defined as diseases of long duration and generally slow progression (World Health Organization, 2005). Chronic diseases are conditions that are usually incurable; they place substantial burdens on the health, economic status, and quality of life of individuals, families, and communities (Caspersen, Powell & Christenson, 1985). They are characterized by a long incubation period, a long duration of illness, a complex and poorly understood aetiology, and a resistance to cure (Powell, Caspersen, Koplan & Ford, 1989). Chronic conditions last a year or more, and require on-going medical attention, and/or limit activities of daily living (Hwang, Weller, Ireys, & Anderson, 2001). Chronic diseases include

conditions such as heart disease, HIV/AIDS, diabetes mellitus, stroke, cancer etc. (World Health Organization, 2005).

- **Indigenous healer:** This refers to an individual who has undergone some apprenticeship and has “graduated” as a healer (Bührmann, 1979). He or she would utilize indigenous African methods of healing, based on African belief, culture and customs, to heal the ills of the people; and such methods of healing would include the use of medicine, magic, religion and spirits (Ramokgopa, 1993). The same individual would possess a gift of receiving spiritual guidance from the ancestral world (Moagi, 2009). In some literature, an indigenous healer is referred to as a traditional healer. In the present study, the two concepts (i.e. indigenous healer and traditional healer) will be used interchangeably to refer to the one and the same person.
- **Health promotion:** This refers to the provision of information and/or education to individuals, families and communities that encourage family unity, community commitment, and traditional spirituality that make positive contributions to their health status (Definition of wellness.com, n.d.). According to the World Health Organization (2005), Health promotion is the process of enabling people to increase control over the determinants of health, and thereby improve their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions (World Health Organization, 2005).

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

In this chapter, the researcher starts by presenting the relevant literature pertaining to the global trends in chronic diseases. In this regard, pertinent World Health Organization's (WHO) literature and other relevant writings on current trends pertaining to chronic diseases will be reviewed. This will be followed by a brief review of the literature that has focused on the nature and extent of chronic disease in Africa in general and South Africa in particular. The role of Western methods in the treatment and prevention of chronic diseases is also reviewed. It is followed by a section that focuses on the role of indigenous healers in health promotion, including the treatment and prevention of chronic diseases.

2.2. Global trends in chronic diseases

Chronic diseases are the leading cause of the burden of disease and HIV/AIDS is the major contributor in Africa (World Health Organization, 2005). According to World Health Organization (2005), the burden of chronic diseases is rapidly increasing worldwide. There are many chronic diseases that contribute significantly to the burden of disease on individuals, families, societies and countries; some of these diseases include cardiovascular diseases, stroke, diabetes, HIV/AIDS, oral diseases etc. (World Health Organization, 2005). The proportion of the burden of disease is expected to increase from 46% to 57% by 2020 (World Health Organization, 2005). Almost half of the total chronic disease deaths are attributable to cardiovascular diseases; obesity and diabetes are also showing worrying trends, not only because they already affect a large proportion of the population, but also because they have started to appear earlier in life (World Health Organization, 2005). According to Smeltzer et al. (2009), diabetes mellitus is another major chronic disease that appears to affect millions of people worldwide.

The World Health Organization (2006) reported that this is systemic disease that is caused by an imbalance between insulin supply and insulin demand. Semanya et al. (2012) further reported that the prevalence of this chronic disease for all age groups

worldwide was estimated at 2.8 % in 2000 and is projected to increase to about 4.4% in 2030. In 2009, the International Diabetes Federation projected that about 285 million people worldwide will be affected by 2010, with an estimated increase to 430 million by 2030. Levitt (2008) was of the opinion that 10.8 million people had diabetes in sub-Saharan Africa in 2006, and that this would increase to 18.7 million by 2025 which is an increase of 80%, exceeding the globally predicted increase of 55%. In South Africa the Working Group of the National Diabetes Advisory Board (1997) reported nearly half a million, or 8% of the black population suffered from diabetes.

Inadequate access to good-quality health services, including diagnostic and clinical prevention services, is a significant cause of the social and economic inequalities in the burden of chronic diseases (World Health Organization, 2005). The poor face several health-care barriers including financial constraints, lack of proximity and/or availability of transport to health-care centres, and poor responsiveness from the health-care system (Goddard & Smith, 1998; Lorant, Boland, Humblet & Deliege, 2002). Again, the food that people consume, in all their cultural variety, defines to a large extent, people's health, growth and development; both under-nutrition and over-nutrition are negative influences in terms of disease development (World Health Organization, 2005).

The chronic disease problem is far from being limited to the developed regions of the world. Contrary to widely held beliefs, developing countries are increasingly suffering from high levels of public health problems related to chronic diseases (World Health Organization, 2005). It has been predicted that by 2020 chronic diseases will account for almost three-quarters of all deaths worldwide (World Health Report, 1998). According to Bradshaw and Steyn (2001), health and development are two closely related phenomena. For hundreds of years it has been recognized that people with the lowest socio-economic levels in the community have higher deaths and disease rates (Kaplan, Haan, Syme, Minkler & Winkleby, 1987). This correlation between poverty and ill health has been observed throughout the world, regardless of whether the major cause were from infectious or non-infectious diseases and regardless of how socio-economic position was measured (Bradshaw et al., 2001).

2.3. Nature and extent of chronic diseases in Africa and South Africa

In South Africa, chronic diseases accounted for 28% of all deaths in 2002 and this was said to increase in a few years time (World Health Organization, 2002). Raised body mass index (overweight and obesity) is an important cause of chronic disease and the prevalence of overweight in South Africa is expected to increase in both men and women over the next ten years (World Health Organization, 2002). Many studies have reported that indigenous healing is widely used. Consequently, various groups and organizations are placing increasing importance upon examination of this healing methodology (Struthers et al., 2004). According to Abdullahi (2011), there are strong indications that traditional health care systems are still in use by the majority of the people not only in Africa but across the world. The World Health Organization estimates that up to 80% of the population in Africa makes use of traditional medicine to treat chronic diseases (Richter, 2003). According to Peltzer (2009), patients see no conflict in seeking both allopathic and traditional African healing for their ailments, as doctors diagnose and treat the pathology while the indigenous healers establish the root cause- what is wrong with the body-mind complex and importantly who or what (mostly harmful spirits) made the person ill. In South Africa, an estimated 80–85% of black South Africans use indigenous healers' services in both rural and urban areas (United Nations Programme on HIV/AIDS, 2006). It was reported that about 27 million South Africans (usually the black South Africans) use traditional medicine to treat a variety of ailments (Lekotjolo, 2009; Mander, Ntuli, Diederichs & Mavundla, 2007).

Most rural residents, who are affected by certain chronic diseases, are more dependent on indigenous healers to treat diseases (Semenya et al., 2012). Thorne, Paterson, Russell and Schultz (2002) reported that there is increasing evidence that traditional medicine is effective in the management of chronic illnesses. Morris (2002) reported that many South Africans suffering from diabetes seek treatment from traditional healers who administer plant presentations to treat the disease. In a study by Semanya et al. (2012), it was found that Bapedi traditional healers treat diabetes through the use of herbal medication. Studies such as those by Erasto, Adebola, Grierson and Afolayan (2005), Oyedemi, Bradley and Afolayan (2009) and Singh (2011) indicated that diagnosis and treatment of diabetes is largely influenced by the type of symptoms experienced by the patient; the main reason behind this is

because indigenous healers diagnose and treat illnesses according to symptomatic presentation.

Rural patients are more dependent on indigenous healers to treat diseases (Semenya et al., 2012). The reasons for this dependency include, amongst others, a lack of access to modern health facilities, clinging to traditional approaches and unbearable queues in the clinics and hospitals (Hossan, Hanif, Agarwala, Sarwar, Karim, Taufiq-Ur-Rahman, Jahan & Rahmatullah, 2007). Abdullahi (2011) also reported that besides accessibility, traditional medicine provides an avenue through which cultural heritages are preserved and respected. Okigbo and Mmeka (2006) attribute the use of traditional medicine to safety, acceptability, affordability, compatibility and suitability for the treatment of various diseases particularly chronic ones.

It is stated that because of the rural nature of Limpopo Province and its consequent high levels of unemployment and poverty, most people heavily rely on medicinal plants and use herbal medications either alone or in combination with Western medicines to treat several diseases (Semenya et al., 2012). According to Abdullahi (2011), in some instances traditional medicine is used simultaneously with modern medicine in order to alleviate suffering associated with disease and illness; and patients see no conflict in doing so. The results of a study by Semenya et al. (2012) indicated that the utilization of indigenous medicine can make a significant contribution to the treatment of chronic diseases, such as diabetes mellitus in South Africa. In the indigenous healing system, materialistic issues are usually first considered and explored when attempting to explain and treat a disease; however, if solutions cannot be reached, recourse is taken to the metaphysical world (Dlamini, 2006). According to Abdullahi (2011), research has shown that a number of traditional medicines are important and effective therapeutic regimens in the management of a wide spectrum of diseases some of which may not be effectively managed using Western medicine. Mander et al. (2007) stated that among South African black population, traditional medicine is essential for treating a range of health problems that may not be successfully treated with Western medicine.

Mkhize (2003) pointed out that the African view of ill health encompasses a wide spectrum - from ancestors, folk belief and witchcraft, to modern medical science. According to Mkhize (2003), all the systems function simultaneously within the African culture as well as within the individual and easily fit and compliment one another. He went on to indicate that for a long time it was difficult to bring the Western and the traditional healing systems together as these differ greatly. For the African individual illness is not seen as something that can be cured or controlled, but rather as something that can be understood and acknowledged. It is no longer a matter of explaining mechanisms in order to control them, but of understanding significance.

Modern medicine dwells on failure of certain mechanisms within the individual. For the African framework, focus is on the symptoms which are understood as manifestations of a conflict between the individual and other people, dead or alive, spirits and the non-material forces that pervade society (Mkhize, 2003). Semanya et al. (2012) reported that traditional healers, specifically referring to Bapedi healers, closely observe one's condition and prevailing symptoms before starting treatment. It was further outlined that plant roots and leaves were the most preferred plant parts for medicinal (herbal) preparation; the reason behind this is based on the perception that more healing power is stored in these parts of the plant. There is existing literature that indicates that almost any part of a plant can be used to treat an ailment (Semanya et al., 2012).

A research project conducted by O'Neil, Bartlett and Mignone (2005), reported that the practice of integrating Western and traditional medicines is fast becoming an accepted and ever more widely used approach in health care systems throughout the world. The report further indicated that recent debates about the development of intercultural health approaches have raised significant concerns regarding regulation, efficacy, intellectual property rights, lack of cross-cultural research, access and affordability, and protection of sacred indigenous plants and knowledge. Recent studies have also shown interest in the matter of these two systems integrating. Abdullahi (2011) reported in his study that following the growing demand for traditional medicine and the overall contributions to the health delivery system particularly in Africa, few authors suggested that traditional medical system be integrated into mainstream health care services to improve accessibility to health

care. He went further to indicate that there are certain challenges to be overcome in order to fully achieve the objective of regulation, standardization and integration of traditional medicine in Africa. Amongst others, the issue of epidemiological and ideological characteristic differences of both medicines were outlined. According to Konadu (2008) and Oyelakin (2009), it is part of such challenges that some scholars suggest that both traditional medicine and Western medicine be allowed to operate independent of one another. Bamidele, Adebimpe and Oladele (2009) mentioned that regardless of these challenges, there is increasing evidence that traditional medicine would continue to hold sway in both rural and urban communities of Africa even when modern health care facilities are available to meet a wide range of health care needs.

2.4. Western methods in the treatment and prevention of chronic diseases

Patients with chronic medical problems have many physical, social and psychological problems and as a result would require multiple methods in treatment (White, 2001). Methods of treatment may include use of medication, psychotherapy, support groups etc. In order to treat chronic diseases, current treatment methods include pharmaceutical treatment along with psychotherapy in some instances to assist the individuals to cope with a particular condition. White (2001) indicates that chronic diseases are associated with high levels of uncertainty; and patients need to change their behaviour as part of a new lifestyle of self-care. He went on to say that they also have to endure debilitating and demanding treatments and these are some of the factors that would make adjustment to the chronic medical illness psychologically demanding and lead to significant psychological symptoms or problems such as depression.

In some cases, these psychological symptoms themselves are associated with physical morbidity (White, 2001). Such psychological problems would require therapeutic intervention not necessarily to treat the actual chronic disease, but the psychological frustrations that comorbid with most chronic diseases. Beyond the appropriate medical treatment for those already affected, the public health approach of primary prevention is considered to be the most cost-effective, affordable and sustainable course of action to cope with the chronic disease epidemic worldwide (World Health Organization, 2005). The psychotherapeutic interventions may be

used in conjunction with medical treatments. White (2001) also indicates that professionals can incorporate some principles from cognitive therapy into their management of patients with chronic diseases; it is effective in managing chronic mental health problems and many of the long-term symptoms of chronic physical illness, including chronic pain.

The Department of Health in South Africa has taken initiative to prevent certain diseases such as HIV/AIDS or cancer through the media and through communal interventions such as primary, secondary and tertiary prevention; for instance awareness campaigns and health shows in the media may be implemented to advise people to change their lifestyles and consider regular medical check-ups to prevent further progression of a particular disease and finding out in early stages whether an individual has a particular condition or not. According to Willett, Koplan, Nugent, Dusenbury, Puska and Gaziano (2006), diet and lifestyle changes may reduce the incidence of chronic disease; such changes include avoiding tobacco use, exercising and maintaining a healthy weight and healthy diet. Interventions aimed at changing diet and lifestyle factors include educating individuals, changing the environment, modifying the food supply, undertaking community interventions and implementing economic policies (Willett et al., 2006). The educational interventions involve efforts to change diet, physical patterns through the education of individuals through schools, health care providers, worksites and general media.

2.5. Role of indigenous healers in health promotion

Richter (2003) indicated in the beginning of his report that many stories exist in magazines and newspapers about traditional healers. It would appear some have generated negative publicity by prescriptions of mysterious herbal treatments or *muti*, claiming to have found a cure for AIDS, and unethical treatment of patients; such stories used to appear in pages of newspapers. A number of healers have deserved the negative publicity generated by their disreputable conduct; however. These stories may have contributed to a negative sentiment held towards all traditional healers and to all traditional healing practices. Richter (2003) elaborated further and was of the opinion that indigenous healers 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. It has been evidenced by a few authors that in South Africa traditional healers play an important role in health care (Peltzer, 1987; 1998; 1999; Shai-Mahoko, 1996; Sodi, 1998); and this was based on the notion that many people first seek treatment from traditional healers before consulting further (Farrand, 1984; Louw & Pretorius, 1995; Mabunda, 1999; Swartz, 1986). Research indicates that indigenous healers provide primary health care to approximately 80% of the population of South Africa (Pretorius, 1999).

In a number of studies, as illustrated by Semenya et al. (2012), indigenous healers diagnose and treat diseases according to symptomatic presentation as they do not have access to laboratory results to guide the diagnosis and treatment of certain chronic diseases. It is indicated that indigenous healers' choice of treatment largely depends on the type of symptoms patients experience or present with at the first encounter (Semenya et al., 2012). The therapeutic intervention of the indigenous healer is directed at the patient, not only as an individual, but as an integral part of his/her family and environment (Dlamini, 2006). There is a strong cultural component in the treatment techniques of indigenous healers (Dlamini, 2006). Indigenous healers usually work successfully with the diseases that have high emotional content, HIV/AIDS being a typical example (Dlamini, 2006). It has been evidenced in some studies that traditional healers also treat chronic diseases such as HIV/AIDS. Richter (2003) reported that the UNAIDS made a number of key points in favour of the collaboration with traditional healers. The UNAIDS note that traditional healers provide client-centre, personalized health care that is culturally appropriate, holistic and tailored to meet the needs and expectations of the patient.

Indigenous healer's treatment is comprehensive and has curative, protective and preventive elements, and can be either natural or ritual, or both, depending on the aetiology of the disease (Nkungwana, 2005). According to Bojuwoye and Sodi (2010), traditional herbal treatments comprising herbs, herbal materials, herbal preparations or finished herbal products are becoming popular forms of traditional medicines often referred to as alternative or complimentary medicines. Neba (2011) reported that the traditional healing art consisted of two major elements that were often used in combination: the application of natural products and an appeal to

spiritual forces. He further outlined that natural products included extracts or decoctions from leaves, roots, oils, fats and animal parts or insects. According to Abdool Karim, Ziqubu-Page and Arendse (1994), herbal medication is the most common therapeutic method used by indigenous healers; other methods would include psychosocial counselling, simple surgical procedures, rituals and symbolism. Abdool Karim et al. (1994) went further to say that the medications used by indigenous healers can be classified into three categories, namely: preventative and prophylactic medication, treatments for ailments and lastly, medications used to destroy the power in others.

Neba (2011) elaborated that few plants are used to cure a single illness or disease. According to him, the preparation of a mixture of several plants is common, just for the treatment of a single ailment. He went on to indicate that these medicinal plants cannot be gathered at any time of the day; they have their proper time, and the healer must first pray to the ancestors/guardians of the plant using incantations. Washington (2010) elaborated in his study that Zulu healers held views that there are certain herbs that are extracted only in the morning, day, evening or night; it is believed that the full healing power is manifested at specific universe time periods and one must approach that herb at the proper time. It is said that the mountain is the place with particular strength of the medicinal plants (Neba, 2011). Research indicates that indigenous healers were more sensitive not only to local disease aetiologies, but also to family situations, personal lives of patients and local behaviour norms, all of which contribute to a diagnosis (United Nations Programme on HIV/AIDS, 2006). Ngubane (1977) states that if the root cause of a disease is that of bewitchment, a number of rituals are performed to cast away the spell. Amongst others, these rituals would include vomiting, enemas, whistling and animal sacrifices (Ngubane, 1977).

Diagnostic procedures common among most indigenous healers across the world involve repetitive rituals that involve complex repetitive rituals that involve complex social negotiations and interactions (Sokhela, 1984, Bannerman, Burton & Wen-Chieh, 1983; Dlamini, 2006; Moagi, 2009). Bannerman et al. (1983) specifies the following treatment methods as commonly used by indigenous healers among Zulu people to treat certain diseases: inhalation of powdered medication in its dry form; sucking of hot medicated liquid from fingertips; induction of vomiting through the use

of an emetic; rubbing of powdered medicine into incisions; steaming or using of a vapour bath; burning of incense which appeases the ancestors and use of amulet manufactured from animal skin to ward off evil spirits. Some of these methods may be similar to the methods utilized in other cultures. Neba (2011) reported that a healer's power is not determined by the number of medicinal plants he knows but by the ability to apply an understanding of the intricate relationship between the patient and the world around him. He further mentioned that unlike a Western medical doctor, the traditional healer looks for the cause of the patient's misfortune in the relationship between the patient and his social, natural and spiritual environment.

After diagnosis, the indigenous healer then plans a course of treatment and the procedures for treatment generally incorporate the patient and his social group as a whole into the treatment program (Sokhela, 1984; Dlamini, 2006; Kale, 1995). Kale (1995) indicated three principles that may guide the traditional healer; first they ensure that the symptoms of the patient are taken seriously by allowing the patient adequate time to talk about their fears; the healer then studies the patient in a holistic manner then lastly, considers the patient as an integral part of family and community rather than an isolated individual. Abdullahi (2011) indicated that in indigenous African communities, traditional healers are well-known for treating their patients holistically. Hillenbrand (2006) stated that indigenous healers usually attempt to reconnect the social and emotional equilibrium of patients based on community rules and relationships, unlike medical doctors who only treat diseases in patients. Through the use of powerful symbols and impressive, impersonal roles, the healer conducts the healing ritual in a supernatural context. According to Sokhela (1984), these indigenous healing practices are different from Western treatment techniques which often take place in secluded quiet rooms. It was stated by Richter (2003) that traditional healers are culturally close to clients which facilitates communication about the disease and other related social issues.

2.6. Theoretical framework: Afrocentric perspective

Bojuwoye and Sodi (2010) pointed out that different societies have their own way of understanding and describing various forms of illnesses. Diseases are common to all societies, but differ in the way people conceptualize and treat them (Dlamini, 2006). The indigenous perspective associates illness with imbalance (Struthers,

Eschiti & Patchell, 2004). Health has a broad application and suggests a state of balance, harmony and wholeness be present within: the spiritual, mental, emotional and physical realms; life energy in the body; relations within the family and community and connections with nature (Avery, 1991). Accordingly, illness occurs when balance is disrupted (Fontaine, 2001). If illness results, the imbalance or disruption must be rectified if one is to regain good health (Avery, 1991). The idea of harmony in health and illness is relevant in many communities; hence disease is seen as a state of disharmony in the patient's body as a whole and sometimes society (Dalasile, 2007). Some conditions are believed to occur when harmonious relationship between the ancestors and the living is disturbed (Sodi & Bojuwoye, 2011). In such a case, treatment by a traditional healer will be aimed at restoring the balance between one's family and the ancestors (Sodi & Bojuwoye, 2011). Abdullahi (2011) reported that in many communities traditional healers often act, in part, as an intermediary between the visible and the invisible worlds; between the living and the ancestors to determine which spirits are at work and how to bring the sick person back into harmony with the ancestors. Traditional healing includes health promotion and prevention (Avery, 1991; Struthers, 1999).

Particular methods of healing may be used for the restoration of an imbalance, for instance: smudging with medicinal plants, prayer, chanting, divination or prediction to foretell or forecast events or situations, use of music, singing, drums or rattles etc.; these methods may be simple or complex depending on the particular problem (Avery, 1991). Struthers et al. (2004) mentioned that specific traditional healing methods are received directly from ancestors or spirits encountered during vision quests or dreams. It is suggested that every human society has its culture and knowledge system for conceptualizing illness and health and dealing with or responding to health care challenges (Bojuwoye & Sodi, 2010; Sodi & Bojuwoye, 2011; So, 2005). According to Dlamini (2006), health care in South Africa is such that it encompasses various healing systems- the Western system based on science, traditional healing based on indigenous knowledge systems and a holistic approach to health care.

Nkungwana (2005) indicates that the vast majority of the population of sub-Saharan Africa is reported to obtain their health care from indigenous healers. Dlamini (2006)

went on to indicate that indigenous healing practices are based on beliefs which were there long before the spread and development of modern medicine; this form of healing is rooted within the African cultural heritage and tradition. Most people in the rural communities prefer to go to indigenous healers to seek treatment because they believe they are knowledgeable and can restore their well-being (Nkungwana, 2005). For the indigenous individuals, the most important thing is to understand the root cause of a disease instead of merely receiving treatment; and it is said that until the root cause of the disease is discovered, the treatment may be rendered insignificant (Dlamini, 2006).

In the present study, the researcher was guided by the Afrocentric theoretical framework. The Afrocentric perspective deals with African development. It represents a quality of thought and practice which is rooted in the cultural image and interest of African people as the centre of analyses (Bangura, 2012). It focuses on understanding African people and their beliefs, experiences and opinions on issues involving their development (Mkabela, 2005). Asante (2003) also suggested that this is a framework that studies the ideas, concepts, events and personalities, political and economic processes from African people's perspective. Modupe (2003) elaborated that this is a framework that seeks to advance the African's collective cognitive will; understanding their psychic and cultural origins. According to Mkhize (2003), it is relevant to give attention to how communities defined, understood, interpreted and realized their traditions in personal experiences. Furthermore, it is proclaimed that the Afrocentric perspective examines topics with the eye of African people as subjects of historical experiences (Asante, 2003). It seeks to re-locate the African person as an agent in human history in an effort to eliminate the illusion of the fringes (Asante, 2003).

The perspective views the manifestations of all forms of ill health as a result of conflicts between the patient and other individuals, dead or alive, spirits, and the non-material forces that pervade society (Mkhize, 2003). Therefore, in order to understand the African perspective chronic and other forms of diseases, it is important for one to have an understanding of the African concepts of the causes of illness (Lambo, 1965; Neki, Joinet, Hoga, Hauli & Kilonzo, 1985) as well as how different forms of illness are treated. Research based on the Afrocentric framework

seeks to understand African people and their experiences, and interpreting research data from their perspective. The researcher in the present study intended to explore indigenous healers' views regarding aspects affecting their development and further compiling and interpreting results based on their opinions. The Afrocentric approach is therefore considered a suitable theoretical framework for the present study, as the aim of the study is to understand and describe indigenous healers' views regarding the causes and treatment of chronic diseases.

CHAPTER 3

METHODOLOGY

3.1. Introduction

This section focuses on the methodology employed in this study, which consists of the tools and techniques upon which the entire research is based. These include the data collection methods, instruments, sampling and sample size, procedure used to collect data, and methods for data analysis. The researcher concludes with a brief overview of ethical issues that were considered in conducting the study.

3.2. Research design

In this study, a qualitative research approach, that of a case study nature is used. Bryman (1988) asserts that qualitative research generally attempts to understand the issues from the viewpoint of the participants. It uses multiple methods that are interactive and humanistic (Marshall & Rossman, 2006), and it is fundamentally a descriptive form of research (Welman, Kruger & Mitchell, 2005). Again, qualitative field studies can be used successfully in the description of small groups and communities (Welman et al., 2005); it was the most appropriate research design for this study based on the fact that it involved direct interaction with participants which exposed the researcher to more knowledge and the knowledge was received first hand from the participants through the direct interaction and interviews. In the present study the researcher utilized the case study method.

The case study research method is defined as an empirical inquiry that investigates a contemporary phenomenon within its real-life context in which multiple sources of evidence are used (Yin, 1984). It was suitable for this study because it is the type of research that excels at bringing understanding of a complex issue and can extend experience or add strength to what is already known through previous research (Soy, 1997). Furthermore, it is a method that is often used in studies focusing on a society and culture in a group (Marshall & Rossman, 2006). This study aims to investigate an existing phenomenon and to add more value to existing literature and this is achieved through this type of research method. This method also selects a small geographical area or a small number of participants which was the case in this study. Interviews were utilized to collect data and they were recorded.

3.3. Sampling and setting

The sample for the study was recruited from indigenous healers from Ga-Dikgale which is situated in Limpopo Province. The participants were selected through snowball sampling which is a non-probability sampling technique. Snowball sampling involves approaching few known individual(s) from the relevant population and those individual(s) would then act as informants and identify other members that would be relevant to the study (Welman, Kruger & Mitchell, 2005). In this way, a further set of relevant individuals will be identified so that the sample, like a rolling snowball, grows in size till saturated (Welman et al., 2005). Patton (1990) asserts that there are no rules for the size of the sample in qualitative inquiry; the sample size depends on what the researcher wants to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility and again, what can be done with the available time and resources. In relation to this assertion, the researcher selected a limited number of indigenous healers; seven (7) indigenous healers were interviewed. Initially ten (10) was the envisaged number of traditional healers to be recruited; however sampling was discontinued as data saturation was reached. Morse (1995) mentions that a researcher can reach a point of data saturation when additional analysis of data bring redundancy and reveal no new information.

3.4. Data collection

Data for this study was collected through the use of in-depth semi-structured one-to-one interviews and these interviews were recorded. According to Smith et al., 1995 (cited De Vos, Strydom, Fouche & Delpont, 2005); semi-structured one-to-one interviews give both the researcher and participant more flexibility and are suitable where the researcher is mainly interested in complexity or process, or where an issue is controversial or personal. Marks, Murray, Evans, Willig, Woodall and Sykes (2005) state that semi-structured interviews are designed to explore the participant's view of things with the minimal amount of assumptions from the interviewer. The authors went on to indicate that the respondents will be able to express their opinions, thoughts and feelings freely using their own words in ways that are less constrained by the particular wording of the questions.

An interview guide was developed as a tool to gather data. According to Rubin and Babbie (2001), an interview guide ensures that the interviewer covers the same

material and keeps focused on the same predetermined topics and issues, while at the same time remaining conversational and free to probe into unanticipated circumstances and responses. The interview guide was self-developed based on the relevant literature and the objectives of this study (See Appendices 1(a), (b)). The interviews were recorded (audio) and conducted in Sepedi. The recorded interviews were transcribed and translated (for the non-English transcripts) into English by an independent English expert before the data could be analysed. Furthermore, the translated versions of the transcripts were translated back into the original language by two independent language experts to ensure reliability. Data was captured by use of tape recordings; this was in accordance with Collin's (1998) recommendations that the events reported and experiences described are made more substantial and real through recording. In addition, the interviews were conducted in the participants' homes to provide for privacy.

3.5. Data analysis

The interviews were recorded and conducted in the participants' home language which is Sepedi, so as to ensure that they fully understood the content of the interviewing process and thus relate their experiences adequately. All the recorded data protocols derived from the interviews were transcribed and translated into English. The translation of the transcribed data was done by the researcher with the assistance of independent language experts. The translated data was analysed using content analysis. The basic technique of content analysis involves counting the frequencies and sequencing of particular words, phrases or concepts in order to identify themes (Welman et al., 2005). Again, it involves examining the contents systematically to record the relative frequencies of themes as well as the ways in which these are portrayed (Welman et al., 2005). Patton (2002) indicates that content analysis refers to searching text for recurring words or themes. More generally, it is used to refer to any qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings (Patton, 2002). Patton went on to indicate that the core meanings found through content analysis are often called patterns or themes; alternatively, the process of searching for patterns or themes may be distinguished, respectively, as pattern analysis or theme analysis. The researcher looked at frequently recurring patterns of responses and themes. The data was analysed as follows:

3.5.1. Preparing the data

This is a phase in which the researcher went through the collected data; listing the information found and transformed the data into written text. The data gathered from the interviews was then translated and transcribed.

3.5.2. Reading and writing memos

In this phase, the researcher read the transcripts in their entirety several times, so as to try and get a sense of the interview as a whole, before attempting to break it into parts. During this process, the researcher listed the data available, performed some necessary editing to make field notes retrievable and generally “clean up” what seemed overwhelming and unmanageable. Memos were written in the margins of the transcripts. According to Creswell (1998), these can be short phrases, ideas or key concepts that occur to the reader.

3.5.3. Developing categories, themes and patterns

From what the researcher did in the previous phase, themes were identified, and recurring ideas or language and the meanings held by participants in the setting were categorized.

This was also an opportunity for the researcher to step back and form broader opinions of what was taking place.

3.5.4. Testing emergent understandings

Part of this phase entailed evaluating the data for its reliability, usefulness and centrality, that is, the researcher determined how useful the data collected was in illuminating the questions being explored and how central it was to the matter under study.

3.5.5. Reporting of the findings

This was the final phase which is regarded as the primary mode for reporting the results of the research. During this step, the researcher presented data (a packaging of what was found) in text form.

3.6. Reliability, validity and objectivity

Reason and Rowan (1981) assert that validity in qualitative research lies in the emphasis on the personal encounter with the experience and encounter with persons. Craftsmanship is an important tool in qualitative research as it ensures validity and safeguards against imposition by the researcher (Denzil & Lincoln, 2000). Craftsmanship is described as the researcher's qualification, his/her competent observation and the ability to accurately record and transcribe the data. In this study, the researcher used a number of methods in collecting data such as interviews and tape recordings. The interviews were recorded; and the recordings were played and recorded word for word. The transcripts were read several times to get the essence of the data. This led to more valid, reliable and diverse construction of realities and it can be viewed as a way of strengthening the study's usefulness for other settings.

3.7. Ethical considerations

3.7.1 Permission of the study

This study formed part of a bigger research project that was undertaken by Dr J Makhubele and Prof T Sodi under the auspices of the University of Limpopo (UL) and Vlaamse Interuniversitaire Raad – Institutional University Cooperation (VLIR-IUC) Partnership Programme. Ethical clearance for the bigger research project (of which the present study was a small part) was obtained from the University's Research and Ethics Committee. Furthermore, ethical approval was granted for the present study.

3.7.2 Informed consent

At the beginning of the study, before interviews could be conducted, the participants were informed about the nature of the study and that their participation was voluntary, therefore they would withdraw at any stage from participating in the study should they wish to do so (see Appendices 3 (a), (b)). Furthermore, the researcher ensured that participants fully understood what their recruitment meant for the study and how they were recruited. This assisted in acquainting the participants with the study and at the same time, assisted them in making an informed decision whether to participate or not. The participants signed the consent forms before engaging in interviews with the researcher.

3.7.3 Confidentiality, privacy and anonymity

As it is the responsibility of the researcher to ensure that the privacy and identity of the research participants is safeguarded, the information obtained was handled in a confidential manner.

3.7.4 After care

Participants' rights were not infringed upon and they were not harmed in any way, either physically or psychologically. Furthermore, the researcher ensured that the dignity of the participants was respected by ensuring that they were not used simply as a means to achieve research objectives, but to benefit from the knowledge derived from the study.

CHAPTER 4 RESULTS

4.1. Introduction

In this chapter, the researcher will first present the demographic profile of the participants. This will be followed by an explanation of the protocols obtained from the participants so as to extract the themes that emerge. In this regard the following themes identified will be presented: a). Participants' views regarding the types of chronic diseases; b). Participants' own explanations of the causes of chronic diseases; c). Participants' experiences and subjective notions on the treatment methods for chronic diseases; d). Participants' descriptions of the most common diseases that they treat; e). Participants' own perceptions of their roles in the community; and f). Participants' recommendations on how people with chronic diseases should be managed. The chapter will conclude by giving a summary of the results of the study.

4.2. Demographic profile of participants

Table 1: Demographic details

Traditional healers	Age	Gender	Language	No of years in practice
Participant 1	40	Female	Sepedi	20
Participant 2	68	Female	Sepedi	3
Participant 3	71	Male	Sepedi	51
Participant 4	64	Female	Sepedi	38
Participant 5	71	Female	Sepedi	10
Participant 6	64	Female	Sepedi	27
Participant 7	91	Male	Sepedi	Unknown

The sample of this study comprised seven (7) participants who are traditional healers in Ga-Dikgale community. There were 2 males (28.6%) and 5 females (71.4%). Their ages ranged from 31-40 (14.3%) and 61 above (85.7%). Participants were included in the sample because of their profession and possible experiences to share in relation to chronic diseases and the perceived causes as well as methods of treatment to be utilized. The distribution by ethnicity showed that all (100%) participants were Sepedi-speaking. They were all traditional healers, and the duration of their practice as healers varied from one indigenous healer to the next. The longest duration was 51 years, while the shortest was 3 years.

4.3. Explication of the protocols

4.3.1. Participants' views regarding the types of chronic diseases

The findings from the study suggest that traditional healers have an idea on the types of chronic diseases. They were able to identify some of the types of chronic diseases. The following quotations from the interviews corroborate the above statement:

“Chronic diseases...I know diseases such as AIDS; and this is one of those that I cannot treat. Such diseases cannot be cured and cannot be treated traditionally. Other diseases are high blood and epilepsy... [Participant 1]”

“These are diseases that cannot be cured such as AIDS. I cannot cure AIDS.. [Participant 2]”

“Chronic diseases are diseases such as diabetes, AIDS and high blood that cannot be cured. [Participant 4]”

“Chronic diseases are those that cannot be cured such as high blood, diabetes, “thlagala” (cancer).. [Participant 6]”

Based on the above extracts, it appears that traditional healers are aware of some of the chronic diseases; and they also acknowledge that these are diseases that cannot be cured.

4.3.2. Participants' own explanations of the causes of chronic diseases

Some of the participants were able to give their own explanations on the causes of chronic diseases while others had difficulties explaining the possible causes of chronic diseases. The following quotes illustrate the above statement:

“The way I see things, some of these chronic diseases are caused by “sekgalaka” for example: diseases like AIDS.. [Participant 4]”

“I do not know what causes these diseases. When we attend meetings “kgorong”, we are informed that some are caused by “sekgalaka”, “lekgoma le go se ilele”.. [Participant 7] ”

“A disease stems from the other; one causes the other. There are diseases such as sekgalaka and lekgoma that cause chronic diseases such as AIDS.. [Participant 3]”

“Diseases such as AIDS are caused by unprotected sexual intercourse but the most dangerous cause of these diseases is secrecy. Many people keep it a secret and this worsens the disease. [Participant 2]”

These quotes indicate the different notions that they hold; and some of these explanations appear to be based on personal beliefs. Some participants however, held opposing views which appear to be more medical or Westernized rather than culturally or individually defined. This is indicated by the following quote from one particular respondent:

“Chronic diseases are different and are caused by different factors. Diseases such as AIDS can be infected through unprotected sexual intercourse; diabetes is genetic and can be inherited from one generation/family member to the next. Other diseases such as hypertension, I am uncertain about the causal factors.. [Participant 1]”

4.3.3. Participants' experiences and subjective notions on the treatment methods for chronic diseases

From the findings of this study, it is evident that traditionally there is no method of treatment for chronic diseases. Almost all the traditional healers were of the notion that chronic diseases cannot be cured or treated by healers. This is validated by the following quotes:

"...such diseases cannot be cured and cannot be treated traditionally. When an individual is brought to me, I cannot treat him/her. Chronic diseases can only be treated the medical route; a person should take treatment at the clinic. [Participant 1]"

"I have never had people with chronic diseases come to consult.. I cannot treat chronic diseases, I send them to our clinic.. [Participant 5]"

"I have never come across a person with a chronic disease because I tell them from the beginning that I do not cure such diseases.. [Participant 2]"

"..traditional healers do not even attempt to treat such diseases. We are constantly invited to workshops, and we are educated about such diseases. These are diseases that we cannot cure... People with conditions such as TB, psychosis and epilepsy sometimes come to consult, however I refer them to the hospital as I am unable to treat such conditions.. [Participant 6]"

Despite the unique personal experiences shared, these notions seem to arrive at one convergent point – that chronic diseases can be treated the medical route. Findings of the study further suggest that people with chronic diseases do not necessarily use traditional healers as their first line of treatment. This is indicated by the participants' experiences as they seemed to have never treated individuals presenting with chronic diseases. The following quotes validate the above findings:

"In my years of practice, I did not have people with chronic diseases come to consult. [Participant 1]"

“I have never come across a person with a chronic disease... [Participant 2]”

“I have been a healer since 1962. In these years I have cured many BUT only those with minor disease not chronic diseases. [Participant 3]”

4.3.4. Participants’ descriptions of the most common diseases that they treat

The findings of the study reveal that traditional healers only treat and cure non-chronic diseases. Similarities were revealed as almost all the traditional healers personally described conditions that they come across regularly and can treat. The following extracts depict some of the participants’ common conditions:

“I cure children’s illnesses such as “hlogoana”; ‘makoni’; menstrual abnormalities; people who complain of bad luck; perform cleansing rituals after funerals; cure infertility; STDs such as drop; and other minor/non-chronic diseases. [Participant 1]”

“I cure illnesses such as children’s illnesses...e.g. “hlogoana”, “lekoni”, “themo” etc...also treat “mamatha” and “lekgoma” – this usually happens after a person lost a partner but a ritual was never performed, he/she would have symptoms such as swollen stomach.. [Participant 2]”

“I cure diseases like abdominal abnormalities and high blood. [Participant 3]”

“To be honest, the diseases that I know are “lekgoma”, “sefolane”, “go kgokwa” during pregnancy, helping children and treating “malopo”.. [Participant 4]”

“I treat diseases such as “sefolane”, “dilešo”- being poisoned and STIs such as drop, “dihlogoana” and “lekgoma”.. [Participant 6]”

“I treat mental illnesses; children’s diseases such as “hlogoana”; and “lekgoma”.. [Participant 7]”

In these quotes, most of the treated conditions are similar and appear to be non-chronic according to the participants. A comment was made by one participant who revealed that traditional healers are gifted differently, and as a result they have

different specialities in terms of treatable conditions. The following quote validates the above comment:

“..there are different traditional healers with different specialities; meaning they are divided according to conditions they treat. There are those that specifically treat epilepsy for instance, others treat psychosis etc. [Participant 6]”

Participants were able to elaborate on the principles or protocols used during intervention. Others were able to further report on their personal principles upon intervention. It was revealed that prior intervention; there is a consultation with the ancestral world for guidance. This seemed to be a similar principle with all the participants. The following are quotes that indicate the comments:

“When a person comes to consult, I sit with the person and explain the diagnosis, the cause and the form of treatment/medication I will prescribe.. [Participant 2]”

“I am guided by the ancestors in terms of which herbal plants to use for which condition. After mixing the necessary herbs I communicate with the individual seeking treatment with regard to the dosage. [Participant 3]”





“These are some of the plants used to treat conditions such as “sekgalaka” etc.. [Participant 3]”

“We check a person’s current state before we treat, such as how severe is the condition; we do not just start by treating, we assess first then consult with the ancestral world to seek guidance for the type of treatment to prescribe if the condition can be treated. [Participant 4]”

“Individuals I treat always come back for a review and this helps me to check if there is progress.. Some people come to consult and we assess first.. We strictly assess an individual first before prescribing any medication; and this is done through consulting with our ancestors. [Participant 6].”

“Before prescribing medication an assessment is done and I consult with my ancestors for guidance. They show me which herbal medication to prescribe for that particular individual. [Participant 7]”

Researcher was oriented around the hut where all the plants/herbs are stored.

“Hut where I do my work...women are not allowed in.. This is where I keep all my herbal plants [Participant 3]”



4.3.5. Participants' own perceptions of their roles in the community

In some communities, indigenous healers play a significant role and are often the only source of health care, and serve as community advisors, in addition to village elders and policy leaders, as well as health care providers (Nkungwana, 2005). From the interviews, Nkungwana's notions did not seem to apply; some participants seemed not to understand the role, if any, they played in the community. The following quotes indicate some of the perceived roles from some participants:

"I can educate the people of my community about the diseases that I can cure.. [Participant 2]"

"My role is to recommend that people go to the clinic when they have chronic diseases because I cannot treat them.. [Participant 1]"

Findings reveal that traditional healers in Ga-Dikgale appear unaware of the roles they play in their community. Most of the participants were unable to comprehend the question about their role in the community. Some participants made comments that they practice in secrecy and not advertise their services as people in the community still do not believe in their work. This was observed by the researcher when one participant, upon encounter, denied being a traditional healer but later disclosed. One participant made a comment about the reason behind practicing in secrecy; the following extract validates this comment:

“We have many traditional healers around here, but a lot of times they tend to practice in secrecy and do not expose themselves...The problem lately is that some healers tend to go against our norms and make attempts to treat diseases that they know very well they cannot treat; this makes them practice in secrecy. Others do not have certificates and as a result do not reveal themselves.. [Participant 6] ”

4.3.6. Participants’ recommendations on how people with chronic diseases should be managed

Participants’ recommendations for people with chronic diseases were explored; and almost all of them involved Westernized treatment. The findings revealed that traditional healers also consider Western treatment and they are able to refer and recommend it to people who consult. The following comments validate the above statement:

“If it happens an individual does not get better after medication is prescribed; I would refer the person to a fellow healer for further management. When that fails, the person will be referred to the clinic. These days we work with people from the Westernized medical services, hence we are able to refer people to the hospitals for treatment..[Participant 7]”

“We strictly assess an individual first before prescribing any medication; and this is done through consulting with our ancestors. When it is clear that the person is not getting better or I do not know the condition that the person presents with, I send them directly to the hospital for further management and proper treatment. [Participant 6]”

“If it happens that I cannot treat a particular condition, I would recommend that they go to the hospital.. [Participant 4]”

“People with diseases such as AIDS should take pills from the clinic to manage the condition.’ [Participant 2]

“I do not make an attempt to treat diseases such as AIDS because they are incurable, can only be managed when one takes treatment at the clinic. My final

word is that people should go to the clinic because I cannot treat chronic diseases..’
[Participant 1]

“Chronic diseases can only be treated the medical route. People should seek treatment at the clinic because it is helpful. A person should go to the clinic; the main source of treatment is medication from the clinic and living a healthy lifestyle...”
[Participant 1]

4.4. Summary of findings

The sample was comprised of seven (7) participants aged between 40 and 91, who are indigenous healers and have been in practice for years. All the participants were from Ga-Dikgale community and are Sepedi-speaking. The findings of the present study suggest that participants seem to have different explanations and subjective notions on causes of chronic diseases. Some were able to articulate their individual opinions while others had little knowledge about the causes of chronic diseases. Some of the explanations were more medical than cultural. Almost all participants conceded that they were not in a position to treat chronic diseases, and that they saw very few people with chronic diseases in their practices. The findings revealed that indigenous healers were knowledgeable about the different types of chronic diseases, and that these conditions were understood as incurable. This study further revealed that indigenous healers are not always the first line of treatment in certain communities.

Almost all the participants were of the view that Western medicine is the best form of treatment for chronic diseases. The study further found that the indigenous healers tended to treat non-chronic diseases that appear more common among their community. The results of the study also revealed that different healers have their own specialities and that they have an established referral system when faced with conditions that are outside their scope of practice. For example, some patients could be referred to their colleagues or hospitals and clinics for further management and treatment. The findings further revealed that indigenous healers were not always the first line of treatment. Most of the indigenous healers pointed out that many community members were not well-informed about their services. It was also found that indigenous healing was at times stigmatized, thus resulting in some indigenous

healers preferring not to practice openly. This validated the view that even with the Traditional Health Practitioners Act put in place, there is a lack of knowledge in the community regarding legislative developments such as these.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1. Introduction

This chapter presents and discusses the findings of the study in relation to the literature review and other related information. It also reviews the contribution of the study in terms of the aims set out in chapter 1. These results will be discussed according to the emerging themes identified in the previous chapter. The findings will also be discussed in terms of their implications on the Afrocentric perspective.

5.2. Emerging themes

5.2.1. Participants' views regarding the types of chronic diseases

Based on the findings of the study it appeared indigenous healers had their own opinions on the different types of chronic diseases. Most of the participants identified some types of chronic diseases and were able to differentiate and classify them as incurable. The findings lend support to the views of Bojuwoye and Sodi (2010) who stated that different societies have their own way of understanding and describing various forms of illnesses.

It seemed chronic diseases were common in this particular community. This lends support to Dlamini (2006) who suggested that chronic diseases were common to all human societies. Each participant had his/her own explanation and understanding of the type of chronic diseases.

5.2.2. Participants' own explanations of the causes of chronic diseases

The findings of this study revealed that participants were able to identify and give their own personal explanations on the causes of chronic diseases. The findings of the present study lend support to previous studies which pointed out that individuals tend to conceptualize and describe diseases in their own way (Bojuwoye and Sodi, 2010; Dlamini, 2006). Participants had different notions on the causal factors of chronic diseases; some were based more on personal beliefs or cultural, while other explanations appeared to be more medical. This findings lend support to views by few authors who indicated that every human society has its culture and knowledge

system for understanding illness and health (Bojuwoye & Sodi, 2010; Sodi & Bojuwoye, 2011; So 2005).

The findings further lend support to a study by Mkhize (2003) who pointed out that ill health among African communities is explained differently and encompass a wide spectrum of causal factors ranging from ancestors, folk belief and witchcraft, to modern medical medicine. Information gathered from the participants indicated that some of the causes were attributed to modern medical science, while others were attributed to imbalances within the individual (more cultural/traditional). The findings further support studies by Struthers, Eschiti and Patchell (2004), and Dalasile (2007) who revealed that the indigenous perspective associates illness with imbalance or disharmony. Most indigenous communities believed disruptions in harmony or one's equilibrium (balance) would result in illness, and the treatment then focuses on restoring the imbalance or harmony within the individual to alleviate illness.

5.2.3. Participants' experiences and subjective notions on the treatment methods for chronic diseases

Studies by Semanya, Potgieter and Erasmus (2012) revealed that most people affected by certain chronic diseases are more dependent on indigenous healers for treatment. Other studies have also pointed out that indigenous healers are usually the first line of treatment in most rural areas; and that a considerable number of individuals utilize indigenous methods for the treatment of chronic diseases (Farrand, 1984; Louw & Pretorius, 1995; Mabunda, 1999; Swartz, 1986; Semanya et al., 2012; Nkungwana, 2005). In the present study, it was found that indigenous healers are not always the first line of treatment for chronic diseases. Furthermore, indigenous healers revealed that in their years of practice they did not see many cases of chronic diseases. Most of the indigenous healers were of the view that Western medicine is the most viable option to treat chronic diseases.

Some indigenous healers seemed to have gained some advanced knowledge about chronic diseases by attending workshops that are reportedly initiated by the Department of Health. This seemed to be in line with information that the Department of Health in South Africa has taken the initiative to educate individuals on chronic diseases through media and communal interventions in an attempt to provide awareness and prevent further progression of diseases. The present study revealed

that such initiations provided awareness for some indigenous healers and encouraged them to see the benefit of referring cases that they can not treat. Almost all of the traditional healers mentioned that they refer individuals with chronic diseases to the local clinics and hospitals for treatment. The tendency for indigenous healers to refer patients to local clinics and hospitals may augur well for efforts aimed at integrating indigenous health care system and the Western (medical) health care. Recent literature has indicated that there are debates on the possibilities of these two health care systems collaborating. A number of studies (O'Neil et al., 2005; Abdullahi, 2011; Konadu, 2008; Oyelakin, 2009; Sodi & Bojuwoye, 2011) have outlined how the practice of integrating Western and traditional medicine is becoming widely used throughout the world and appears to be a growing demand particularly in Africa. It appears there is a growing interest of these two systems collaborating; however, these studies have also reported on certain challenges that may come with the possible integration.

5.2.4. Participants' descriptions of the most common diseases that they treat

The findings of this study revealed that indigenous healers treat non-chronic diseases instead of chronic diseases. It seemed they did play a significant role in health care in their community as it was mentioned that people seemed to trust them to cure such diseases. These findings lend support to views by Nkungwana (2005) who indicated that most people in the rural communities go to indigenous healers to seek treatment because they believe they are knowledgeable and can restore their well-being. Traditional healers were of the opinion that people in the community consulted with them for treatment because they believed they can cure the non-chronic diseases and restore their health. It appeared that indigenous healers can successfully treat conditions with a more cultural or indigenous aetiology.

Participants further pointed out that they tend to focus on the symptoms displayed by their patients as these guide the intervention process (treatment). It was also revealed that treatment methods differ from person to person as conditions and the presentation of symptoms may differ. These findings seemed to be consistent with Avery's (1991) position that different indigenous healing methods are used to restore health. For instance indigenous healers use a number of healing methods that include: smudging with medicinal plants, chanting, divination or prediction to forecast

situations, use of drums etc. The findings further lend support to a study by Mkhize (2003) who suggested that indigenous healers focus on symptoms which are understood as manifestations of a conflict between the individual and other people, dead or alive, spirits and the non-material forces that cause an imbalance in the community.

It was further revealed in the study that indigenous healers are different in terms of their specialities, with most of the participants suggesting that they treat children's illnesses. With regard to the treatment process, it was found that indigenous healers have certain established protocols that they follow. For example, before any intervention can be made, the indigenous healer will do a thorough assessment which often involves communication with the ancestors for guidance. Such guidance helps the indigenous healer to establish the cause of the condition and the methods of treatment to be utilized for that particular individual. Upon the identification of the treatment method, the individual is then educated about the condition and the form of treatment to be used. These results lend support to Nkungwana's (2005) notion that indigenous healer's intervention is comprehensive and has curative, protective and preventive elements.

Furthermore, it was revealed that the most common method of treatment is herbal medication. This finding lends support to a study by Semanya et al. (2012) that found that herbal medication is the most common and preferred treatment method used by indigenous healers. The study by Bojuwoye and Sodi (2010) found that traditional herbal treatments are becoming popular forms of traditional medicines. This further validates the findings of the study. All the indigenous healers had separate "huts" where the consultation would take place and where most of the herbal medication is stored. This seemed to be a validation of Sokhela's (1984) views that indigenous healing practices often take place in secluded quiet rooms.

5.2.5. Participants' own perceptions of their roles in the community

A few studies revealed that indigenous healers play an influential role in the lives of African people and that they also serve as community advisors and village elders (Richter, 2003; Nkungwana, 2005; Peltzer, 1987; 1998; 1999; Shai-Mahoko, 1996; Sodi, 1998). Similarly in the present study, it was found that the indigenous healers

received support from their community as they were consulted mostly for non-chronic conditions.

Furthermore, it was found that indigenous healing was at times stigmatized in the community, thus resulting in some healers not practicing openly. These findings did not appear to be consistent with what the Traditional Health Practitioners Act of 2007 seeks to achieve. According to the Act (2007), a traditional health practitioner like any other health professional, must be free to practice their profession and not be discriminated against. It appears in this community there is still lack of knowledge regarding these legislative developments. It does appear that more awareness by the indigenous healers in this community could help them to come out and practice their profession in the open.

5.2.6. Participants' recommendations on how people with chronic diseases should be managed

The findings of the present study suggested that indigenous healers recommend that people seek medical intervention at the clinics for the treatment of chronic diseases. All indigenous healers held the same view that people with chronic diseases should consult at the clinics for treatment. The healers arrived at a conclusion that they only treat non-chronic diseases; hence they considered the referral system. The researcher found that there is no conflict in seeking health services from both indigenous healing practices and Western medication. This finding lend support to a study by Abdullahi (2011) who reported that in certain instances indigenous medicine may be used simultaneously or in combination with Western medication in order to alleviate suffering associated with ill-health. He further outlined that people see no conflict in seeking both health care systems. And as it would appear, the indigenous healers in this study also see no conflict in referring patients to seek Western treatment.

The trend of a referral system may as well be an indication for the possibilities of integrating the indigenous health care system and the Western health care system. Recent literature has indicated that there is growing demand for these two health care systems to collaborate. Studies have also elaborated on certain challenges to be overcome for the full objective of integration to take place. Bamidele et al. (2009)

reported that a thorough understanding of indigenous knowledge is required. They went further to report that indigenous medicine, with or without integration, would continue to hold sway in communities even when modern health care facilities are available. O'Neil et al. (2005) reported that there are debates about the development of intercultural health approaches.

CHAPTER 6

SUMMARY AND CONCLUSION

6.1. Summary

This study has explored the views held by indigenous healers on the causes and treatment methods of chronic diseases in Ga-Dikgale community. Indigenous healers in particular were given the platform to share their views on chronic diseases, particularly the perceived causes of disease and the treatment methods. Traditional healers were also granted the opportunity to share, if any, their experiences of chronic diseases in their years of practice as healers. The study did reveal different views shared by the indigenous healers; they all seemed to be aware of the different types of chronic diseases and were able to share their personal views on the possible causes. Some causes were more cultural while others were medical. With the information obtained from the traditional healers, it became clear that each individual has a different understanding of the matter and explanations, though slightly similar, vary from one person to another. Furthermore, the study revealed that indigenous healers in this community do not treat chronic diseases; instead they only treat what they referred to as non-chronic diseases. It was revealed that in their years of practice as indigenous healers, they did not intervene or come across a patient with a chronic disease. In reference to the information from the participants, it appeared they believed they cannot cure or treat chronic diseases traditionally; and that they can only be cured or treated the Western way.

All the indigenous healers reported that they recommend that those suffering from any chronic disease should seek Western (medical) intervention. Another important aspect discovered by the study is the stigma on indigenous healing practices in the community. It was revealed that some traditional healers practice in secrecy and do not advertise their services because of stigma in the community on indigenous healers; however, it was revealed that services are provided to those that consult. It was mentioned by most participants that residents prefer Western medication. The study has in some way, opened a new area for further investigation in the community. The findings of the study are not in line with most recent literature on indigenous healing practices and chronic diseases, which would indicate that this is a matter that requires further investigating. In line with the Afrocentric perspective,

the researcher in the present study sought to establish an understanding of chronic diseases based on the participants' views and experiences. Data was interpreted through those views, thus supporting the essence of the theoretical framework. Finally, the researcher in this study concludes by affirming that all the objectives of the study were met and also that the findings of the study are somewhat supportive of the identified theoretical perspective and some research findings.

6.2. Implications for theory: the Afrocentric perspective

As Asante (2003) has pointed out, the Afrocentric perspective seeks to re-locate the African person as an agent of human history. By using this perspective to understand chronic and other forms of diseases, it is hoped that more light will be shed on the African concepts of causes of illness (Lambo, 1965; Neki, Joinet, Hoga, Hauli & Kilonzo, 1985) as well as the treatment methods used for different illnesses. The current study utilized the Afrocentric perspective to understand indigenous healers and their beliefs and opinions on chronic diseases. The researcher in the study was also of the opinion that it is relevant to get a clear understanding on how indigenous healers view chronic diseases. The results of the present study appeared to lend support to the theoretical framework adopted by the researcher. Participants were able to share their views regarding chronic and non-chronic diseases. In this way, a critical health topic was studied and understood through the eyes of the affected or directly involved individuals.

6.3. Limitations of the study

Some limitations of the study were identified. Firstly, translating the interview data from Sepedi into English may have led to omissions or inappropriate substitutions of the original material provided by the traditional healers. Secondly, this study depended on the indigenous healers' views on the causes and treatment methods of chronic diseases. However, during the study, it emerged that it could have also been useful to also investigate the community members' views regarding the causes and treatment of chronic diseases. This could not be done as it was beyond the scope of the study. Lastly, the results of this study cannot be generalized to the larger South African population since the study was conducted on the sample of indigenous healers in Ga-Dikgale community.

6.4. Conclusion and recommendations

Relevant literature outlined that diseases are common to all communities but differed in the way that they are understood and explained in each community. Similarly, the findings of the present study found that divergent views were held by indigenous healers in the community regarding chronic diseases. The study outlined different notions held by traditional healers on chronic diseases, the causes and the treatment methods. It appeared the causes of chronic diseases were attributed to both cultural beliefs and modern medical science. The study further revealed that Western medicine was considered the most viable option for treatment for chronic diseases. This suggests that indigenous healing is not perceived as the first line of treatment for chronic diseases. It was found that indigenous healers in Ga-Dikgale treat non-chronic conditions; and they received support in this regard from the community. Overall recommendations from indigenous healers were that people with chronic diseases should seek Western medical treatment instead of indigenous forms of healing.

In conclusion, based on the above findings, the following recommendations are made:

- There is a need for further investigation on community members' views regarding chronic diseases to deepen our understanding of these conditions.
- Furthermore, it may be essential to explore possibilities of integrating indigenous healing and Western-oriented health care in treating chronic diseases.

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ANNEXURES

Annexure 1 (a): Interview guide English

1. Would you like to share with me your understanding of the types of chronic diseases?
2. I also like you to explain, in your view, the causes of those chronic diseases.
3. In your opinion, elaborate on how chronic diseases would be treated.
4. How long have you been practicing as a traditional healer?
5. Would you briefly describe the type of diseases you cure and whether in your years of practice as a healer you came across people with chronic diseases?
6. What do you perceive to be your role in treating chronic diseases in your community?

Annexure 1(b): Interview guide in Sepedi

1. Naa le ka rata go nhlalošetša ka botlalo go ya le ka moo le kwešišago, seo le se tsebago ka mehuta ya malwetši a a sa folego?
2. Go ya le ka moo le bonago ka gona, ke kgopela gore le hlaloše gore malwetši a a sa folego a hlola ke eng?
3. Go ya ka mogopolo wa lena, le ka rata go hlalosa gore malwetši a a sa folego a alafiwa bjang?
4. Naa ke sebaka se se kae le bereka bjalo ka ngaka?
5. Naa le ka rata go nhlalošetša ka mehuta ya malwetši a le a fodišago; gape le gore a naa le ile la kopana le batho ba go ba le malwetši a a sa folego mo mengwageng ya lena ya bonyaka?
6. Naa le bona okare ke karolo efe yeo lena le ka e tšeago go thuša motsana wa lena go alafa malwetši a a sa folego?

Annexure 1(c): Transcript in English

Participant 1

1. "Chronic diseases- I know diseases such as AIDS and this is one of those that I cannot treat. Such a disease cannot be cured and cannot be treated traditionally. When an individual is brought to me, I cannot treat him/her."
2. "Chronic diseases are different and are caused by different factors. Diseases such as AIDS can be infected through unprotected sexual intercourse; diabetes is genetic and can be inherited from one generation (family) to the next. Other diseases such as hypertension, I am uncertain about the causal factors. Some of these diseases are infectious such as epilepsy. If a person has an epileptic fit and you leave the person, it will be passed on to you; but if you remain with the person until he/she regains consciousness the disease will not be passed on to you."
3. "Chronic diseases can only be treated the medical route. People should seek treatment at the clinic because it is helpful. A person should go to the clinic; the main source of treatment is medication from the clinic and living a healthy lifestyle"
4. "I have been practicing for years now, ±20 years. I started off assisting my grandmother and she practiced for years but she later passed away and I continued her work. The only thing I do is to provide treatment for those that need it because I am knowledgeable about the work."
5. "I cure children's illnesses e.g. "*hlogoana*", "*makoni*"; menstrual abnormalities, people who complain of bad luck; perform cleansing rituals after funerals, cure infertility, STDs such as *drop*, and other minor infections. In my years of practice, I did not have people with chronic diseases come to consult."
6. "My role is to recommend that people go to the clinic when they have chronic diseases because I cannot treat them. I do not make an attempt to treat diseases such as AIDS because they are incurable, can only be managed when one takes treatment at the clinic. My final word is that people should go to the clinic because I cannot treat chronic diseases."

Participant 2

1. "These are diseases that cannot be cured such as AIDS. I cannot cure AIDS; I cure illnesses such as children's illnesses (e.g. "*hlogoana*", "*lekoni*", "*themo*"), "*mamatha*" and "*lekgoma*"- this usually happens after a person lost a partner but a ritual was never performed, he/she would have symptoms such as swollen stomach. When the person comes, I sit with the person and explain the diagnosis, cause and the form of treatment/medication I will prescribe".
2. I have never come across a person with a chronic disease because I tell them from the beginning that I do not cure such diseases, I only assist with children's illnesses and *high blood*".
3. "Diseases such as AIDS are caused by unprotected sexual intercourse but the most dangerous cause of these diseases is secrecy. Many people keep it a secret and this worsens the disease".
4. "I have been practicing as a traditional healer for 3 years now. In these years of practicing, I had no encounter with a person with a chronic disease"
5. "I can educate the people of my community about the diseases that I can cure. People with diseases such as AIDS should take pills from the clinic to manage the condition".

Participant 3

1. "A disease stems from the other; one causes the other. There are diseases such as "*sekgalaka*" and "*lekgoma*", these cause AIDS. Some of the chronic diseases we cannot cure but hypertension/high blood initially it could be cured traditionally by indigenous healers"
2. "I cure diseases like abdominal abnormalities and high blood"
3. "I have been a healer since 1962. In these years I have cured many but only those with minor diseases"
4. "I am guided by the ancestors in terms of which herbal plants to use for which condition. After mixing the necessary herbs I communicate with the individual seeking treatment with regard to the dosage"

Participant 4

1. "To be honest, the diseases that I know are "*lekgoma*", "*sefolane*", "*go kgokwa*" during pregnancy (prolonged labour), helping children, "*malopo*".
2. "Chronic diseases are diseases such as diabetes, AIDS and high blood that cannot be cured"
3. "In my years of practice, I have not come across people with chronic diseases"
4. "The way I see things, some of these chronic diseases are caused by "*sekgalaka*" e.g. diseases like AIDS"
5. "We check a person's current state before we treat, such as how severe is the condition; we do not just start by treating, we assess first then consult with the ancestral world to seek guidance for the type of treatment to prescribe if the condition can be treated."
6. "If it happens that I cannot treat a particular condition, I would recommend that they go to the hospital"

Participant 5

1. "Chronic diseases are diseases such as AIDS and epilepsy; although epilepsy can be cured"

Participant 6

1. "We have many traditional healers around here, but a lot of times they tend to practice in secrecy and do not expose themselves. I am the chairperson of the healers' association in Mankweng Area, Mothiba & Mamabolo; I have their database and all healers are registered. These days we work in collaboration with other professionals such as: medical practitioners. Chronic diseases are those that cannot be cured such as high blood, diabetes, cancer ("*thlagala*") and AIDS is another disease that we as traditional healers do not even attempt to treat. The symptoms are similar to those of an individual with "*lekgoma*" however there is a massive difference. Traditional healers are constantly invited to workshops, and we are educated about such diseases. These are diseases that we cannot cure "

2. "I treat diseases such as "sefolane", "dilesho"- being poisoned and STIs such as drop, "dihlogoana mo baneng" and "lekgoma". Individuals I treat always come back for a review and this helps to check if there is progress"
3. "In my years of practice I have come across many individuals; I would start treatment and when they come back for review and are worse, I refer the person immediately. I do not continue prescribing medication if he/she seems to be getting worse. Some people come to consult and as we assess, we find that he/she is already at the worst stages. Such an individual I send immediately to Mankweng hospital. People with conditions such as TB, psychosis and epilepsy sometimes come to consult, however I refer them to the hospital as I am unable to treat such conditions. Within the database there are different healers with different specialities; meaning they are divided according to conditions they treat. There are those that specifically treat epilepsy for instance, others psychosis etc. "
4. "We strictly assess an individual first before prescribing any medication; and this is done through consulting with our ancestors. When it is clear that the person is not getting better or I do not know the condition that the person presents with, I send them directly to the hospital for further management and proper treatment. The problem lately is that some healers tend to go against our norms and make attempts to treat diseases that they know very well they cannot treat; this makes them practice in secrecy. It is a challenge that I am having as a healer. "

Participant 7

1. "Diseases that are not curable and that I cannot treat are diseases such as sugar diabetes and cancer"
2. "I treat mental illnesses; children's diseases e.g. "hlogoana"; and "lekgoma".
3. "I do not know what causes these diseases. When we attend meetings "kgorong", we are informed that some are caused by "sekgalaka" and "lekgoma le go se ilele"- in cases when one loses a partner or has a miscarriage, these days people do not perform cleansing rituals and this is what brings all these illnesses. This makes it difficult for me to treat; people no longer respect culture or perform rituals".

4. "No.. I have not come across diseases I could not treat. To be honest, there is nothing I cannot treat; it is just these days that the only thing I cannot treat is sugar diabetes and cancer "
5. "If it happens that an individual does not get better after medication is prescribed; I would refer the person to a fellow healer for further management. When that fails, the person will be referred to the clinic. These days we work with people from the Westernized medical services, hence we are able to refer people to the hospitals for treatment."
6. "Before prescribing medication an assessment is done and I consult with my ancestors for guidance. They show me which herbal medication to prescribe for that particular individual."

Annexure 2(a): Participant Consent Letter and Form

Department of Psychology
University of Limpopo (Turfloop
Campus)
Private Bag X1106
Sovenga
0727
Date_____

Dear Participant

Thank you for showing interest in this study that focuses on the views of indigenous healers regarding the causes and treatment of chronic diseases among Ga-Dikgale residents.

Your responses to the interview will remain strictly confidential. The researcher will attempt not to identify you with the responses you give during the interview or disclose your name as a participant in the study. Please note that your participation in this study is voluntary and you have the right to withdraw from participating at any time should you wish to do so.

Kindly answer all the questions as honestly as possible. Your participation in this study is very important. Thank you for your time and cooperation.

Kind regards

.....
Mojalefa H.M.
Masters Student

.....
Date

.....
Prof. Sodi
Supervisor

.....
Date

.....
Dr. I.M. Ramokgopa
Co-Supervisor

.....
Date

Annexure 2(b): Participant consent letter and form (Sepedi)

Department of Psychology
University of Limpopo (Turfloop
Campus)
Private Bag X1106
Sovenga
0727
Letšatšikgvedi:_____

Thobela Motšeakarolo

Ke leboga go bontšha kgahlego ga lena go lesolo le la go nyakišiša ka botlalo ka mokgwa woo dingaka tša setšodi bonang malwetši a a sa folego ka gona, re lebeletše gore ba tseba a hlolwa ke eng le gore ba ka alafa bjang malwetši ao.

Dikarabo tša lena go diputšišo tše di tla swarwa ka mokgwa wa sephiri. Monyakišiši o tla leka ka mešegofela gore a se ke a le amanya le dikarabo tše le tla di fago, le ge ele go se utulle leina la lena bjalo ka motšeakarolo lesolong le. Le tsebišwa gore go tšea karolo ga lena go lesolo le go dirwa ka boithaopo, le gore le na le tokelo ya go ikgogela morago nako efe goba efe ge le nyaka.

Le kgopelwa go araba diputšišo tše ka botshephegi bjo bogolo. Go tšea karolo ga lena go lesolo le go bohlokwa kudu kudu. Ke leboga nako ya lena.

Wa lena

.....
Mojalefa H.M.
Morutwana wa Masters

.....
Letšatšikgvedi

.....
Prof. Sodi
Mohlali

.....
Letšatšikgweedi

.....
Dr. I.M. Ramokgopa
Co-Supervisor

.....
Letšatšikgweedi

Annexure 3(a): Consent form to be signed by the participant in English

Consent form

I _____ hereby agree to participate in a master’s research project that focuses on examining the views of indigenous healers regarding the causes and treatment of chronic diseases in Ga-Dikgale communities.

The purpose of this study has been fully explained to me. Furthermore, I understand that I am participating freely and without being forced in any way to do so. I also understand that I can terminate my participation in this study at any point should I wish to do so and that this decision will not affect me negatively in any way.

I understand that this is a research project, whose purpose is not necessarily to benefit me personally. I understand that my details as they appear in this consent form will not be linked to the interview schedule and that my answers will remain confidential.

Signature: _____

Date: _____

Annexure 3(b): Consent form to be signed by the participant in Sepedi

Foromo ya tumelelo

Nna _____ ke dumela go tšea karolo go lesolo la go nyakišiša ka botlalo ka mokgwa woo dingaka tša setšo di bonang malwetši a asa folego ka gona, re lebeletše gore ba tseba a hlolwa ke eng le gore ba ka a alafa bjang malwetši ao.

Ke hlaloseditšwe ka maikemišetšo a lesolo le, ebile ke kwešiša gore ke tšea karolo ka go ithaopa gape ntle le go gapeletšwa. Ke kwešiša gape le gore nka ikogela morago go tšea karolo lesolong le nako efe le efe ge nka kwa ke sa nyake go tšwela pele, le gore kgato yeo e ka se nkame gampe.

Ke kwišiša gore maikemišetšo a lesolo le ga se go nthuša ka bo nna, le gore leina la ka le ge e ka ba ditaba tše di filwego ka nna le ka se utullwe (le tla šireletšwa).

Signature: _____

Letšatšikgwedi: _____