DECLARATION

I Sejabaledi Agnes Rankoana declare that the thesis on ‘The Use of Indigenous Knowledge for Primary Health Care among the Northern Sotho in the Limpopo Province’ presents the results of empirical study conducted by me. The thesis also presents secondary data analysis from literature sources which are acknowledged by means of references.

_____________________________          _______________________
Miss Sejabaledi Agnes Rankoana                 Date
ACKNOWLEDGEMENTS

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I am most grateful to my research assistants from the four communities I selected for the study. They were helpful in administration of the questionnaire and data capturing. They are Mr. N. Kgomo, Mr. W. Maake, Ms. P. Sathekge and Ms. S. Mamabolo. I wish to express my
appreciation to my sponsor, the Medical Research Council for assisting me with a Staff Development Grant to carry out fieldwork and data analysis.
ABSTRACT

An exploratory study was conducted on the ethnomedical aspects of rural communities in the Limpopo Province with emphasis on the use of cultural practices, values and belief systems to meet primary health care needs. The study explored the use of indigenous medical knowledge for remedial, preventive and protective health care. Qualitative and quantitative data were collected through interviews and questionnaire administration with 240 research respondents purposely selected from four communities of the Northern Sotho in the Limpopo Province.

The research findings show that the Northern Sotho culture is composed of a wealth of indigenous knowledge, practices, values and belief systems that were developed by the people themselves with the objective of maintaining good health. The study respondents have extensive experience and knowledge about the elements responsible for much of the diseases that afflict them. For this reason, they have developed cultural belief systems and values that lessen the risks for contracting disease. Susceptibility to disease is lessened by knowledge about cosmological factors, disease etiologies, heeding of cultural taboos, moral behaviour, hygiene, healthy diet, drinking of clean water and proper sanitation and waste removal. Immunization against disease is accomplished through administration of indigenous plant medicines dispensed by traditional health practitioners.

Instances of self-medication were encountered in 18% of the respondents. The respondents apply simple home remedies for prevention and remedial purposes. Treatment is meant for
simple ailments such as flu, cough, diarrhea, snakebites, fever, measles and mumps. The medicines administered for self-medication are prepared in the household by the patient, his/her parent or a family member. Traditional health practitioners are consulted for preventive, protective and remedial care by 52% of the respondents and their families. Traditional health practitioners provide holistic remedial care through administration of medicines prepared from the indigenous plant materials such as bulbs, roots, leaves and bark of trees.

The indigenous health care mechanisms of the Northern Sotho address basic elements of primary health care such as fostering self-care and self-reliance, community participation and the use of traditional medical practices for the maintenance of good health. It is recommended that the indigenous knowledge of preventive, protective and remedial care should be incorporated into Primary Health Care Programs to promote the WHO principle that communities should plan and implement their own health care services. Scientific validation of the health benefits derived from the consumption or utilization of medicinal plants should be encouraged.
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# LIST OF ABBREVIATIONS AND ACRONYMS

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<th>Full Form</th>
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<tbody>
<tr>
<td>AMRO</td>
<td>Association of Medical Reporting Organizations</td>
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<tr>
<td>CBD</td>
<td>Convention on Biological Diversity</td>
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<tr>
<td>CIRAN</td>
<td>Centre for International Research and Advisory Network</td>
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<tr>
<td>CSIR</td>
<td>Council for Scientific and Industrial Research</td>
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<tr>
<td>ESKOM</td>
<td>Electricity Supply Commission</td>
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<td>FAO</td>
<td>Food and Agricultural Organization</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IK</td>
<td>Indigenous Knowledge</td>
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<tr>
<td>IKS</td>
<td>Indigenous Knowledge Systems</td>
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<td>IPR</td>
<td>Intellectual Property Rights</td>
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<tr>
<td>LEGDP</td>
<td>Limpopo Economic Growth and Development Programme</td>
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<td>MCC</td>
<td>Medicines Control Council</td>
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<td>MOST</td>
<td>Management of Social Transformation</td>
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<tr>
<td>MRC</td>
<td>Medical Research Council</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PMG</td>
<td>Parliamentary Monitoring Group</td>
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<tr>
<td>RDP</td>
<td>Rural Development Programme</td>
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<tr>
<td>SAHR</td>
<td>South African Health Review</td>
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<tr>
<td>SANBI</td>
<td>South African National Botanical Institute</td>
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<tr>
<td>SATMeRG</td>
<td>South African Traditional Medicines Research Group</td>
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<tr>
<td>SEARO</td>
<td>South East Asian Regional Office</td>
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<td>STATSA</td>
<td>Statistics South Africa</td>
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<tr>
<td>SPSS</td>
<td>Statistical Package for the Social Sciences</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>UNESCO</td>
<td>United Nation Educational, Scientific and Cultural Organization</td>
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<td>WHA</td>
<td>World Health Assembly</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WIPO</td>
<td>World Intellectual Property Organization</td>
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<tr>
<td>WPRO</td>
<td>World Health Organization Western Pacific Regional Office</td>
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<td>WTO</td>
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