Traditional healing in KwaZulu-Natal Province: A study of University students' assessment, perceptions and attitudes

By

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DECLARATION

I, Sithabile Siphosenkosi Progoria Ndlovu, declare that:

a) The research reported in this dissertation, except where stated otherwise is my original work
b) This dissertation has not been submitted for any degree or examination at any other university
c) This dissertation does not entail other people's work unless specifically attributed as such, in which case their words have been rephrased and referenced. However, where their exact words have been used, their writings has been placed in quotation marks and referenced as well.

Signed: _____ Date: _____

We, Ms Keaoleboga Maruping and Professor Augustine Nwoye, confirm that the work reported in this dissertation was carried out by Sithabile Siphosenkosi Progoria Ndlovu, under our supervision

Signed: _____ Date: _____

Professor Augustine Nwoye (Supervisor)

Signed:_____ Date:_____

Ms Keaoleboga Maruping (2nd Supervisor)

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ABSTRACT

Traditional healing practices are widely used by Black South Africans from different socio-economic backgrounds. These practices are highly esteemed by most, while frowned upon by others. Scholars have engaged in various debates about the efficacy of traditional healing practices and some have advocated for their inclusion in mainstream health care. It is argued that merging Western forms of healing with African traditional healing practices could provide optimal health care for African people as theAfrican cosmology of health and illness strongly influences help-seeking patterns among South Africans.

This study examined University of KwaZulu-Natal students'assessment of, and perceptions and attitudes towards, traditional healing practices in the province.It aimed to determine whether they would partake in these practices on their own or in combination with other forms of healing.

Ten students on the University's Pietermaritzburg campus participated in the study and were engaged in individual interviews and a focus group discussion.They were selected using non-probability convenience sampling as university students were easy to access and willing to participate in the study.Black studentswere considered relevant to respond to the research questionsas they have experience of and opinions on traditional healing practices in KwaZulu-Natal province.

The results showed that university students were discontent with certain aspects of African traditional healing practices, although they appear willing tocontinue to resort to such practices when the need arises. Key aspects of traditional healing practices that caused student discontent includedthe on-goingstigma attached to such practices,the alleged incompetence of some practitioners,and the overall inefficacy of the practice.Given that some of the participants describedtraditional healing practices in a pejorative manner, this suggests that students have an unfavourable view of such practices.It was found thatthese negative attitudes were influenced by education, urban living and adherence to Western religious convictions. The study further revealed that the mainconcerns raised by university students related to concerns aboutsafety and the inefficacy of some traditional healing practices. Constructions of traditional healing practices and the discourses shared among university students served to position traditional healing as

inferior to alternative healing practices and further maintain negative views of such practices. However, since the sample for this study was small and the study design was qualitative, no conclusive negative generalization against African traditional healing practices is suggested. Further research is required to corroborate the negative outlook portrayed by the study participants.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Traditional healing practices are an integral part of many South Africans' conception of general health carepractice. According to the World Health Organisation (WHO, 2003), some80% of the country's citizens consult a traditional healer as their first contact in seeking health care.Mbiti (2003) argues that African traditional healing cannot be separated from African religion. Thus, participation in African traditional healing is driven by the belief that health can only come about through harmony with the ancestors, the community and the environment. This conceptualisation of health is a collective approach, in contrast to the individualism evident in Western healing practices. Help-seeking patterns are influenced by the notion that traditional healing practices offer a holistic and integrated healing experience as opposed to the atomistic healing approach proposed by Western medicine (Wyrostok& Barbara, 2000).

The evidence shows that traditional healing practices are widely used by Black South African communities.Traditional healers are believed to play a pivotal role inunderstanding and curing certain illnesses through the application of indigenous knowledge (Edwards, 2014; Gumede, 1990). Such healers are trained to alleviatecertain categories of pain and illness. They believe that their treatment is long lasting in much the same way as Western medical practice and they thus attract strong public support(Zabow, 2006).

However,Western practitioners and commentators have raised concerns about the continued use of traditional healing practices, especially as the first form of treatment as it is claimed that it is often a misdirected form of help-seeking that delaysproper medical intervention (Straker, 1994). Despite such negative attitudes, traditional healing practices continue to prosper.

This study evaluated University of KwaZulu-Natal (UKZN) students' assessment of indigenous healing practice, its discontents and its economy of practice. Against this background the following questions were posed:

1. What are the social constructions of traditional healing practices in KwaZulu-Natal province?
2. What factors are likely to discourage Black South African youths from considering the use of traditional healing practices?

1.2 Statement of the problem

Culture plays a pivotal role in conceptions of health and illness. Africans are greatly influenced by their culture in help-seeking behaviour, andare thus propelled towards the use of their own traditional healing practices. African notions of health care have shifted from an inflexible approach where traditional healing practices were solely used to restore health to a more flexible one that embraces a dual system. This suggests a shift in understanding traditional healing as a panacea for all ills. Research (Durie, 2004; Maeillo, 2008; Nattrass, 2006) shows that although traditional healing practices have been useful in ameliorating some illnesses, some discontents with regard to such practices have emerged. However, previous studies (Zondo, 2008; Zabow, 2006; Sorsdahl, Stein & Myer, 2009) tended tofocus on traditional healing as a therapeutic medium, advocating for its inclusion in mainstream mental health care. Few studies, if any, have examined university students' sources of discontent with regard to thesepractices. It is this gap in the literature on African traditional healing in KwaZulu-Natal, South Africathat the present study sought to address by evaluating university students' assessment of traditional healing, its discontents and its economy of practice.

1.3 Purpose of the study

The purpose of the study was to ascertain how University students perceive traditional healing practices and the sources of their discontent. It aimed todetermine students' attitudes and assessment of traditional healing and its economy of practice in KwaZulu-Natal. This research study sought to examine University students to ascertain whether moving away from home and exposure to other healing practices plays a role in their perceptions of traditional healing practices. The study also aims to explore the extent to which the findings from WHO (2003) indicating that 80% of South Africans consult traditional healers is still the case, looking at University students in 2016.

1.4 Objectives of the study

The key objectives of the study were to:

1. Evaluateuniversity students' rating and perceptions of, and attitudes towards, traditional healing in KwaZulu-Natal, South Africa.

2. Explore popular social constructions of traditional healing practices in the province, through examining the factors that are likely to discourage university students from considering the use of African traditional healing as an alternative health care model, and to understand university students' understanding of African traditional healing practices.

1.5 Research questions

The following research questions were formulated to guide the study:

1. What perceptions (positive or negative) do university students hold of traditional healing practices or consultation with *isangoma* in KwaZulu-Natal province?
2. What aspects of traditional healing practices do university students value?
3. What aspects of traditional healing practices do university studentsfeel discontented with?
4. In general, what are the positive and negative aspects of traditional healing according to UKZNstudents?

1.6 Significance of the study

As noted earlier, according to the World Health Organisation (WHO, 2003)**,** some80% of South Africans consult with a traditional healer as their first contact in seeking health care. It is generally assumed that that these services are mainly used bythose in rural areas due to their lack of exposure to alternative healing practices. This study sought to determine how young South Africans at a higher education institution that live in an urban area and are exposed to bio-medicine perceive and rate traditional healing practices.

It is anticipated that thisstudy will offer useful information about university students' help-seeking preferences and perceptions and attitudes towards traditional healing practices, particularly in terms of psychopathology.The study's findings are also expected to create awareness and contribute todebate and policy development on integrating traditional healing practices in primary health care in South Africa.

1.7 Scope and delimitations of the study

This study was conducted with university students in KwaZulu-Natal. Their views may be different from their counterparts in other provinces. Furthermore, the study was limited to Black students who had direct or indirect experience of traditional healing practices. The scope of this study limits its findings to the context in which it was conducted.

1.8 Operational definitions of terms

The terms used in this research study are defined as follows:

Traditional healing practices: Healing practices based on African beliefs and indigenous knowledge.

Traditional healer:A person that is recognised by the community and regarded as competent to restore health using plant, animal and mineral substances based on their cultural knowledge and beliefs.

Isangoma: An individual called into practice through a process called *ukuthwasa*. *Izangoma* have a wide scope of practice and are consulted in relation to ill health, uncertainty over any life situation and initiation of *ukuthwasa* for one who has been called.

*Alternate healing practices.*These includes Western healing practices, bio-medicine, and primary health care (doctors, psychiatrists, psychologists, nurses and social workers).

Attitude: In the context of this study, this refers to positive or negative expressions about a place, person or thing.

Perception: In this study, thisrefers to the way a certain phenomenon is viewed, understood or interpreted.

Assessment: In the context of this study, itrefers to the act of making a judgement, evaluation or expressing an opinion.

1.9 Summary and overview of the dissertation

Thischapter introduced the research study, presented a brief background and outlined its main objectives.

Chapter 2 presents a review of the literature relevant to this study.

Chapter 3 discusses the methodology adopted to conduct the study. It highlights the sampling methods used to select the study participants as well as data collection instruments and the procedures used to analyse the data. The ethical considerations taken into account in conducting the study, as well as its validity and reliability are also discussed.

Chapter 4 presents the study's results.

Chapter 5 discusses and interprets the findings. It highlights their implicationsand offers recommendations for policy and practice based on the findings.

Chapter Two

Literature Review

2.1. Introduction

Traditional healing has existed for many centuries and before Africans were exposed to Western forms of healingit was the only form of treatment (Mokgobi, 2012). Traditional healing and medicine is viewed by those who subscribe to it as a panaceafor all problems, both health related and other aspects of life (Berg, 2003).

The World Health Organization (2000) defines traditional healing as:

'the sum total of the knowledge, skills, and practices based on theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.'

The term 'traditional healing' is widely used as a differential of conventional mainstream healing practice. However these healing practices differ from culture to culture (Mkhize, 2001). African traditional healing has its origins in African religion that reveres the ancestors (Mbiti, 1991). Africans believe in an ultimate supreme being that gives wisdom and knowledge to the 'living dead' who in turn bestow powers on those calledto traditional healing (Ashfort, 2005).

Mkize (2011) postulates that help-seeking patterns are determined by cultural beliefs and values as up to 80% of Black South Africans consult traditional healers (*isangoma*) as their first contact for treatment (Berg, 2003). This suggests that the remaining 20% donot consult such healers due to discontent and a desire for better treatment (Ngoma, Prince & Mann, 2003).

The South African government has adopted policies to acknowledge and regulate African traditional medicine (Sorsdahl, Stein & Myer, 2009). The Traditional Health Practitioners Act No. 22 of2007 establishedan Interim Traditional Health Practitioner's Council of South Africa, provides for the registration, training and practices of traditional health practitioners, and seekstoprotect the interests of members of the public who use the services of such practitioners.Its main objectives includepromoting public health awareness, and ensuring the

quality of traditional health servicesand that traditional health practices comply with universally accepted health care norms and values (Traditional Health Practitioner's Act 22, 2007, 2008).

Traditional healers are trained to alleviate pain and illness in their patients. They believe that their treatment is more long lasting than Western medical care and that their contribution to the health care profession should be acknowledged (Zabow, 2006).

Traditional healing is defined by a broad range of characteristics. Unlike conventional health practices,this type of healing goes beyond physical health. Itadopts various approaches to healing which include plant and animal based medicines (Tueton, Bentall&Dowrick, 2007; Mokgobi, 2012). Traditional healers draw on spiritual powers bestowed upon them by their ancestors to employ therapeutic strategies to restore health. Depending on the issue at hand, these strategies are used in combination or on their own (Truter, 2007; Rudnick, 2002). For example, a traditional healer may make use of spiritual therapy while also prescribing herbal medication. They diagnose, treat and prevent illnesses, as well maintaining their patients'wellbeing (WHO, 2003).

According to the World Health Organisation (2003) traditional healing is the sum total of the knowledge and practices handed down from generation to generation. These include the accumulated experience and observations by the elders and those prominent in traditional healing.

The current study adopted the following definition of a traditional healer:

An *isangoma*as defined in the South African context is someone who possesses supernatural power and receives spiritual guidance from their ancestors (Moagi, 2009). A person does not appoint themselves or volunteer to be *isangoma*; instead, they are selected by the ancestors from a family background of a powerful and distinct ancestral lineage (Akoto&Akoto, 2007). A traditional healer engages in traditional healing practices grounded in culture, using African concepts of cosmology to achieve holistic health (Mpofu, Peltzer&Bojuwoye, 2011).

This study adopted the constructionist perspective that is concerned with the ways in which language, discourse and culture establish the very things they seek to describe. By definition the constructionist perspective in a theory that looks at the development of constructed perspectives

and understandings of the world that form the basis for the shared assumptions about the realities created (Yen & Wilbraham, 2003). Foucalt (2007) argues that constructs are created as understandings are formed between people in a society; these constructs become models that build reality. The study sought to examine how the participants report their experiences, perceptions and attitudes towards Traditional Healing Practices that are shaped by the constructions created through daily interactions. The constructionist approach was used to understand the students' beliefs, perceptions, meanings and assessment of African traditional healing practices. This theoretical framework enabled the researcher to determine the participants' help-seeking behaviours and their experiences of consulting traditional healers as well as discontents with the practice. Stigma is often attached to consulting an*isangoma*and many are discreet in seeking their assistance (Zabow, 2006).The theoretical framework assisted in interpreting how the students' realities are constructed and sustained as they engage with health and illness and indigenous ways of healing.

2.2. Types of traditional healers

African traditional healersare differentiated by their function or scope of practice(Hopa, Simbayi& Du Toit, 1998). The healer can be a diviner, herbalist or a faith healer translated into isiZulu as *isangoma*, *inyanga* and *umthandazi*.*Isangoma* is considered the most senior of traditional healers (Truter, 2007). An *isangoma* becomes a healer after experiencing illness, which is interpreted as the calling of the ancestors. One does not choose to become*isangoma*; supernatural powers are bestowed upon them for spiritual healing (Crawford &Lipsedge, 2004). Before one becomes *isangoma*, he or shegoes through a training period called *ukuthwasa* where they are taught the fundamentals of traditional healing (Zabow, 2006). Diviners focus on diagnosing the unexplainable. The course of specific events isanalyzedand interpreted, which is a messagefrom the ancestors (Truter, 2007). *Izangoma* are able to communicate directly with the ancestors or indirectly through the throwing of bones. Their supernatural powers enable them to differentiate between ancestral illness and non-ancestral illnesses and their relative treatments (Ngoma, Prince & Mann, 2003).

Unlike *isangoma*, *inyanga* is not necessarily 'chosen' by the ancestors but they take up the trade because of their knowledge of traditional herbs and medicines. *Inyanga* have extensive knowledge of curative herbs, natural treatments and medicinal mixtures of animal origin (Truter,

2007). They often accept referrals from *izangoma* and they complete the healing process using their medicinal expertise (Ngoma, Prince& Mann, 2003). *Inyanga*might specialise in certain illnesses, for example, snake poison or mental illness but they are generally competent to offer healing for any illness presented to them. Their competence is enhanced by training offered by renowned healers(Crawford &Lipsedge, 2004) under whom theyserve an apprenticeship of several years (Truter, 2007).

Faith healers are usually affiliated with the Christian religion (Zabow, 2006). They often belong to either mission or African churches (Truter, 2007). Faith healers (*abathandazi*) undergo training prior to practicing. They communicate with and consult God for answers to their patron's requests and problems.Their healing power is believed to come from God through trance-contact with a spirit, which is sometimes a combination of the Holy Spirit and ancestral spirits (Truter, 2007).*Umthandazi* may use herbs, remedies, and holy water to heal but usually use religious symbols and quote from Bible scriptures to offer encouragement and spiritual exhortation, providing hope to the diseased or troubled (Ngoma et.al, 2003). Faith healers interpret sickness in terms of the patient's world view and perceptions (Truter, 2007).

2.3. Social constructs

Notions about illnesses and issues relating to illnesses such as diagnosis, causes and treatment are social constructs and therefore reflect societal values and norms (Bomoyi, 2011; Zondo, 2008). Indigenous views of illness are inseparable from the understanding of self in relation to its context. Thus, understanding the self from an African perspective helps to establish shared constructs, patterns, beliefs and knowledge of health and illness (Hall, Morice& Wilson, 2012; Richter, 2003).

Notions and perceptions of mental illness have changed over time and varying according to prevailing local belief systems (Hall, 2005). Identification of mental illness also depends on what is considered to be normal and abnormal in specific cultural contexts. This influences help-seeking patterns. According to Barlow & Durand (2005),mental illnesscan be conceptualized in terms of the supernatural model, biological model and the psychological model. Within the supernatural model, people believe that mental illness is caused by the influences of supernatural

beings which could be divinities, spirits and demons. People are beaten to cure such illness (Burke, 2012; Torrey, 1972).

Yen and Wilbraham (2003) suggest that what Africans experience and call 'cultural illness' is constructed as a form of distress unique to African patients. Other patients are seen to be experiencing 'ordinary' illnesses which are related to psychopathology such as anxiety, substance abuse, stress and other social problems.

In sub-Saharan Africa, there is widespread belief in the role of the supernatural in health and illness. According to Opare-Hanuku (2013), mental illness is equated to a loss of social status and is said to imply the loss of a person's essential humanity and their willingness to conform to expected norms.

Although Black South Africans seek help from traditional healers to determine the cause of their illness, they also attend psychiatric facilities to seek help. The advantages and disadvantages of this scenario have been the subject of much debate (Ensik, 1999). In some parts of Southern Africa dualism is frowned upon, as patients that 'buy' intoWestern ways of healing are seen as betraying their true African heritage (Zabow, 2006). Black Africans are often caught between cultures and there are widespread perceptions that only Black people encounter cultural hybridity, while others live in homogenous cultural worlds (Zabow, 2006).

The literature indicates that there are no differences between the main symptoms of psychosis, e.g., schizophrenia defined by the Diagnostic Systems Manual and the signs and symptoms of *ukuthwasa* (Bomoyi, 2011). According to African beliefs and cultural explanatory models, some psychotic symptoms are considered as good as they are signs of a divine calling, while others are seen as an illness that require medical care (Stein *et al*., 2004).

Waldon (2010) suggests that illness is often understood as culturally bound as explanations for causes, diagnosis and treatment are based on social understandings of health and illness. These understandings reflect specific cultural beliefs and traditions as well as historical local viewpoints that are socially constructed in the course of daily interactions (Durie, 2004). In contrast, Western understandings of health and illness are not tied to any specific symbolic

structure; rather, explanations are applied universally and are independent of the practitioner's beliefs and perceived realities (Akoto&Akoto, 2007).

Drawing from the theoretical notion of locus of control which speaks of the extent to which an individual perceives themself as able to control events that affect them or whether their destiny is controlled by factors external to them (Rotter, 1954), Africans are negatively labelled as unable to acknowledge responsibility for misfortune (Yen &Wibraham, 2003). They are said to lack inner directedness as they attribute their illness to external agents or causes that are beyond theircontrol (Lopez, 2000).Consistent with the African belief in holistic health, various healing systems around the world affirm knowledge systems that are seen to contradict the rational ideologies of Western medicine (Bojuwoye, 2005).

African culture is something that Africans must abide by, with no possibility of opting out. According to Yen and Wilbraham (2003), participation in cultural practices is mandatory. Actions that are contrary to common beliefs are taboo and are regarded as rebellion that could cause illness and misfortune (Edwards, 2004).

African communities' cultural conceptions of health and illness are drawn from indigenous knowledge that helps people to understand their social and health experiences (Marsella& White, 1982). Cultural and psychiatric research confirms that the experience of illness is coloured by social factors and is interpreted in line with 'cultural constructions' of what is deemed normal and abnormal (Yen & Wilbraham, 2003). African constructions of mental illness or illness in general have been marginalised. Clinical knowledge is accepted as the primary explanation for illness, thus undermining African traditional experiential knowledge (Durie, 2004).

Marsella& White (1982) argue that expressions of health and illness are given life through forms of language and culture. Illness is interpreted in various ways in line with 'cultural reasoning'. These constructions need to be understood and conceptually translated as theyare meaningful social interpretations (Young, 1976). The Western medical discourse on African traditional healing paints a picture of a primitive form of healing characterised by folk knowledgethat is considered dangerous and degenerative (Mpofu, Peltzer&Bojuwoye, 2011).

African cultural understandings of health and illness inform help-seeking patterns among South Africans (Waldon, 2010). Conceptions and ideologies intrinsic to the African culture shape and influence how people solve their 'African' problems; thusthere are differences in the way people deal with illness (Zondo, 2008). In addition to cultural understandings, Nattrass (2006) argues that personal experiences with traditional healers give rise to discontent with this type of healing. He adds that the undermining of traditional healing practices by mainstream health practices also plays a role in constructions of the former as a less desirablemethod of healing (Mkhize, 2001; Nattrass, 2006).

2.4. The use of traditional healing practices in South Africa

The World Health Organisation (WHO) views health as a holistic, energized and vital global state of physical, mental and social well-being as aptly conveyed in the Nguni/Zulu/Xhosa term *'impilo'* (WHO, 1999). In 1999, 6000 psychologists, 10 000 social workers and 30 000 medical doctors served a population of 50 million South Africans (WHO, 1999). The scarcity of modern, professional health care workers suggests that other available means of health care will be used in times of illness (Edwards, 2014). According to Ritcher (2003), the ratio of traditional healers to the population is approximately 1: 500 whereas the ratio for medical doctors is roughly 1:40 000. It is therefore clear that traditional healers have a significant role to play in African people's lives and could be a vital resource in community health care (Zondo, 2008).

As noted previously, the World Health Organization estimates that 80% of the South African population makes use of traditional healers for various troubles and illnesses (WHO, 2003). The South African government has formally recognised traditional healers, and has established organisations to govern, guide and regulate them (Hewson, 1998). However, according to Edwards (2004), the role of traditional healers in the health care system is not well defined, and traditional health care is often compared with biomedicine, thus compromising its credibility. Biomedicine is privileged for its scientific and clinical knowledge while traditional healing relies on practical experience and indigenous knowledge passed down through generations (Gumede, 1990).

Research conducted in Ghana showed that among other factors, ethnic background and level of education influence help-seeking behaviours (Ngibise, 2010). Traditional healing practices are

widely accepted throughout Africa and seen as useful for the treatment of all ills (Tueton, Dowrick and Bentall, 2007).

Crawford and Lipsedge (2004) note that many Black South Africans consult with traditional healers before exploring other avenues of treatment because they believe that only traditional healers are able to offer explanations for the causes of illnesses and pinpoint why the illness occurred at that particular time and affected that particular person. Without such explanations, holistic healing cannot be achieved (Zondo, 2008; Gumede, 2009).

Several studies have maintained that people would rather consult a traditional healer than any other care or treatment option (Bodibe&Sodi, 1997). However, a study in Zimbabwefound that Black Africans first choice is a spiritual leader or advisor like a pastor (Sorsdah& Stein, 2009). Furthermore, Crawford and Lipsedge (2013) observe that the assumption that African people would naturally consult traditional healers first because of shared understandings of illness is inaccurate as manyhave few choices due to the inaccessibility of Western health care facilities and professionals. According to Sorsdahl& Stein (2009), predictors of the use of African traditional healing practices include being of more advanced age, unemployment and no or little education.

According to Eagle (2005), traditional healing practices are more prevalent in underdeveloped areas of South Africa. People living in urban areas absorb Western culture and employ both Western and African perspectives to understand health and illness (Ashforth, 2005). They seek intervention based on what they believe the cause of the illness to be. Thus, these two belief systems can work hand in hand to alleviate sickness (Crawford *et al*., 2013).

However, Africans that use African and Western healing services are often accused of buying into the Western psychiatric model (Zabow, 2006). Cultural hybridity is frowned upon and interpreted as a betrayal of one's cultural heritage, while rigorously following indigenous healing practices is depicted as respectful and wise (Ensik, 1999). Some churches embrace the use of indigenous healers as they differentiate between worshipping God and venerating the ancestors and find no conflict between the two (Farrand, 1994). Furthermore, these churches endorse consultation with Western medical practitioners to rule out any medical issues and if the symptoms persist, they may feel a traditional healer might be more suitable. Some people even

terminate medical treatment, discharging themselves from hospital in order to consult with a traditional healer closer to home (Edwards, 2004).

Farrand's(1994) study found that Black South Africans often preferred to consult their own traditional healer that they trust, although about half the study participants agreed that they would see a traditional healer in the hospital. It found that more than half of the people had consulted with a traditional healer in the past year or had at least used indigenous medicines (Farrand, 1994).

2.5. Who is most likely to consult with a traditional healer?

Africans have their own culturally grounded way of responding to illness and it is believed that these practices improve the human condition and provide relief from pain and misfortune (Mpofu, Peltzer&Bojuwoye, 2011). In traditional healing practices the diagnostic process is therapeutic in itself as it names and helps to determine the cause and the appropriate treatment (Akoto&Akoto, 2007).

Help-seeking behaviour among Black Africans reflects that a large number still consult with traditional healers. This indicates their cultural attitudes towards health and illness and the confidence that people have in traditional healing practices (Ashforth, 2005). Mpofu, Peltzer& Bojuwoye (2011) found that Black South Africans were motivated by the perceived personal appeal and supernatural powers bestowed upon the traditional healer and thus hoped for a full recovery. This promoted adherence to the prescribed treatment regimen or ritual as they were willing participants in the healing process (Nattrass, 2006). Adherence to treatment was strengthened by the perception that the ancestors are authoritative in all human matters and therefore any statements made by *isangoma* who is able to tap into the supernatural world, are taken as a very serious divine revelation. For many, adherence is a way of atoning for what they did to upset their ancestors (Moagi, 2009).

Nattrass (2006) found that living in a rural or urban area had no effect on whether or not a person consults an*isangoma*.This suggests that as long as people subscribeto African traditional beliefs on health and illness, irrespective of where they live, many will consult traditional healers (Ashforth, 2005). Elderly people who have not received formal education are more likely to consult a traditional healer. According to Nattrass (2006), young females are also more likely to

consult such healers than their male counterparts.Those that are likely to benefit from consulting *isangoma*are people who believe strongly in witchcraft and that luck plays a major role in finding employment; such individuals tend to place little trust in others (Zabow, 2006).

Nattrass' (2006) study established that age, income level and education were predictive factors in consulting a traditional healer. Younger males were more inclined to useWestern medical services. Receiving a disability grant was the most significant predictor of consulting a *sangoma*. Ngoma, Prince & Mann's (2003) study in Tanzania observed a pattern of consultation with traditional healers in those that were older, better educated, widowed or separated and those of the Christian faith. In contrast, research in Zimbabwe people concluded that women, the unemployed and less educated people were inclined to consult such healers (Patel, Gwanzura, &Simunyu, 1995). As noted earlier, those most likely to benefit from the services of an *isangoma* were people who strongly believed in witchcraft and that luck plays a major role in finding employment. Such people tend to not trust others and often blame other people for their misfortunes. Furthermore, individuals with past health problems or a history of consultation were more likely to consult*isangoma.*

Consistent with previous studies, research conducted in South Africa suggested that younger participants were more likely to seek assistance from modern health care services while those that believed in witchcraft consulted with traditional healers regardless of their place of residence (rural or urban) (Zabow, 2006). Crawford and Lipsedge's (2004) study found that patients sought help from Western doctors for symptomatic relief and from traditional healers for explanations for their illnesses. *Isangoma*are believed to have supernatural power to access the ancestors and this enables them to discern the causes of the illness or misfortune (Ngubane, 1977). Research has indicated that people in urban areas tend to shop around for the best cure. This causes a delay in seeking help, resulting in a lack of appropriate health care and poor health outcomes (Durie, 2004).

Waldon (2005) suggests that the increasing influence of religious practices and beliefs among the African community may delay or replace the need for African people to seek treatment as religion encourages complete reliance on its networks and fellowship for protection from illness and misfortune.

2.6. African cosmology of health and illness

The concepts of *ubuntu* and ancestor reverence are embedded in the African belief system. *Ubuntu* emphasizes human relations and the notion that a person cannot exist on their own but exists as part of other people (Berg, 2001). Ancestor reverence involves the understanding that the ancestors are an integral part of the African's life, and the belief that the dead are living-dead. The dead play a very pivotal role in the lives of the living, protecting them and providing holistic health (Berg, 2003). A symbiotic relationship is maintained between the dead and the living; the living reveres and honors the ancestors with ceremonies and rituals and in turn receives guidance, luck and good health (Mkhize, 2001).

Ancestors are part of real life in Africa and their existence is not questioned. They are involved in the lives of the living as they offer guidance and advice through dreams and visions. The living is obliged to abide by the guidance of their ancestors. The ancestors thus play an important role as part of the community (Mbiti, 1969). The relationship with the ancestors influences an individual's way of thinking, relating and living. Africans believe that their existence is dependent on their ancestors and that all that they are is because of their ancestors (Triebel, 2002). Those who neglect their ancestors and do not practice veneration put their lives in danger (Mkhize, 2001).

Ancestral veneration is part of the African culture's strong belief in the supernatural and the distinct lineage of ancestors extending over generations (Klas& Goss, 2010). The continued relationship between the living and the living-dead means that the living takes care of the living-dead, performing rituals to appease them. In turn, the living-dead cause the living to prosper and succeed in their endeavors. This relationship may be complicated and conflicted by the ambivalence of the living-dead (Mbiti, 2003).

A distinct difference between African and Western ideologies is the way in which psychological problems are approached (Straker, 1994). The Western paradigm looks at health and illness in an individualistic manner whereas African ideologies view it in a more holistic way, providing an explanation of why the individual is presenting with a certain problem at a particular time. Furthermore, it offers an intervention or treatment plan that is inclusive of the interpersonal world (Straker, 1994).

The African worldview also embraces the supernatural and accepts the spiritual world's influence on health and illness (Edwards, 2004). Illness is believed to be caused by one or more mystical, animistic and magical causes (Stein, 2005). When an illness is perceived to be caused by magical or animistic aetiology, it is believed to have been intentionally inflicted by others including the living-dead (Ngubane, 1977), while illness caused by mystical causes befalls a person if they are in a state of defilement. It is important to observe certain taboos and perform particular rituals in order to avoid and protect oneself and one's family from mystical illnesses (Straker, 1994).

In the cosmologies of traditional Africa, health and illness is understood as a holistic issue characterised by superior forces of creation and destruction (Waldon, 2003). These ideologies arise from people's history and culture that constructs their reality and the meanings they give to practices in their everyday interactions (Edwards, 2014). Although African cosmologies may differ according to geographical differences, certain fundamental values are present in all African cultures (Akoto & Akoto, 2007).

An Afrocentric conceptual system talks of 'a pattern of beliefs and values that define a way of life and the world in which people act, judge, decide and solve problems' (Stein, 2005). African people have their own way of understanding and explaining health and illness. Their indigenous knowledge is not based on scientific evidence but employs local traditional and cultural knowledge to preserve health (Patel, Gwanzura & Simunyu, 1995).

Waldon (2010) argues that unlike Euro-Western conceptualisations of illness that regard illness as intrapersonal, originating from within the individual as a biological phenomenon, African concepts of illness perceive it as most likely to occur because of external factors. For example, punishment by an angry spirit or bewitchment may contribute to illness (Edwards, 2014).

Crawford and Lipsedge (2004) note that, African people believe that disease is caused by a combination of factors. Natural and supernatural explanatory frameworks co-exist in explaining health and illness (Kale, 1995). Anthropological evidence shows that people in both developed and developing countries explain and interpret illness and its transmission as a combination of biological, social and supernatural factors (Edwards, 2014).

Cultural beliefs and explanatory frameworks can be shaped by socio-economic factors such as poverty and inequality. In acontext of inequality and oppression, human beings exploitone another and promote suffering. Those that break out of poverty or oppression are accused of witchcraft and are likely to be blamed for the misfortune and illness ofothers. However, some people only use witchcraft to explain illness if there is no biological explanation. Once the latter is clear, it replaces the supernatural explanation. On the other hand, research shows that others hold on to witchcraft as an explanation even when they are knowledgeable about the biological processes that cause illnesses (Edwards, 2014).

Illnesses are often associated with human relationships (Kale, 1995). Jealousy, rivalry, conflict and violence may cause people to use magic and toxic substances to harm their victims (Edwards, 2014). The traditional healer is then called on to restore and re-establish the relationship between the human and spiritual worlds and the environmentby performing rituals to protect and strengthen the sick and their family and community and ensure long term health (Ashforth, 2005).

In Africa concepts of disease include an understanding of causes and treatment, facilitated by traditional healers (Zabow, 2006). A study conducted in Cape Town found that both patients and their families were generally satisfied with the service they received from traditional healers and 79% indicated that they would return (Nattrass, 2006).

African belief systems regard health as holistic and inclusive of one's environment, whereas Western psychotherapeutic models view health and illness as embedded in the individual (Cocks and Moller,2002). Traditional healing therefore fits with African historical, religious and cultural beliefs and is thus regarded as more competent to provide effective treatment (Bomoyi, 2011).

Africans are more concerned with'why' than 'how' the illness occurred (Opare-Hanuku, 2013). *Isangoma* offer a causal narrative which is often implied to be spiritual or supernatural. This narrative is more comforting to Africans than the rational diagnosis of Western psychiatry (Teuton, Dowrick, &Bentall, 2007). According to Zabow (2006), Black South Africans explain their problems or illness in terms of more than one cause, including indigenous, psychosocial, physical and religious attributes (Ensik, 1999).

The Cape Town study demonstrated that the use of and satisfaction with traditional healers was related to the concept of illness. The participants believed illness was caused by *amafufunyana* (possession by evil spirits), bewitchment, and failure to perform a traditional ritual or stepping over a dangerous track (Zabow, 2006). This is treated through divination, ritual enactment, cleansing rituals, totemic objects and traditional herbal medicines (Sorsdahl, Stein &Myer, 2009).

Conceptions of illness, perceived causes and the dominant assumptions embedded in a particular context will predispose an individual to a particular view of the self, depending on cultural norms (Mkize, 2001). These conceptions will influence them to subscribe a certain health care system (Zondo, 2008).

According to African notions of illness, disease is a supernatural phenomenon controlled by a hierarchy of powers that is deemed important in individual well-being. The most powerful is a deity, followed by the ancestors, spirits, living people, animals, plants and other objects (Kale, 1995). Interaction among these powers can reduce or enhance a person's well-being and disharmony among them can cause illness (Lopez &Guarnaccia, 2000). Ingredients obtained from animals, plants and other objects are used to restore a person to holistic well-being and reinstate what had been lost (Kale, 1995).

African culture is seen to be favourable to life and growth and conforms to community-based health care. Communalism is counterpoised against constructions of Western individualism which appears advanced or contemporary, yet is based on selfish, individualistic interests (Yen & Wilbraham, 2003). When one regardsoneself as 'traditional' and is fully devoted to African culture, any illness is most likely to be reduced to culture. Culture is therefore applied as a form of therapy and illness is explained and settled through intense participation in cultural traditions (Yen & Wilbraham, 2003). Sacrificial rituals are performed for thanksgiving, appeasement, household strengthening, and reintroducing the spirit of a relative to the ancestors (Edwards, 2014). Answering the call to become *isangoma* will also alleviate illness as the patient participates in initiation rituals (Zabow, 2006).

In the Zulu culture, the significance of the relationship between the living and the dead is apparent in the importance attached to understanding concepts of the soul, spirit and the

ancestors (Edwards, 2014). Healing is not limited to curing symptoms but is an integrated and enhancing force based on maintaining harmonious interrelations (Lopez &Guarnaccia, 2000).

2.7. The discontents of traditional healing practices

Many disapproving views oftraditional healing practices have been expressed in the literature. The disconnectedness between scientific Western medicine and the supernatural conceptions of traditional healing practices has resulted in many dismissing traditional healing as ineffective and unsafe (Sorsdahl et al., 2009). However, Stein (2008) argues that Western and traditional healing are both social activities that reflect a particular culture and neither should be privileged as both have therapeutic efficacy.

A study conducted in sub-Saharan Africa that assessed the relationship between consulting a *sangoma* and increased morbidity demonstrated that patients who were seen by a *sangoma* before seeking Western treatment delayed treatment, with negative consequences (Ensik, 1999).

Sorsdahl and Stein (2010) found that traditional healers are not always competent in dealing with psychopathology as theyonly identify extreme abnormal behavior and acts of violence as pathology. When serious behavioral disturbances are matched with psychological disorder, this reinforces the stigma around mental illness, discouraging people from seeking psychological help.

The methods used by some traditional healers have been found to cause more harm than relief of pain and symptoms. In Cape Town, a patient's father reported that his daughter was badly bruised by a *sangoma* and wanted to lay charges (Ensik, 1999). However, psychiatric facilities were also criticized for poor conditions and the shortage of professional staff that could result in patients harming one another (Sorsdahl& Stein, 2010).

Crawford and Lipsedge (2004) suggest that although African people recognize that different modalities can provide for different health care needs, they are motivated to seek help where the services are affordable. Services are free of charge at government psychiatric facilities, whereas *isangoma* would charge R2000- R5000 for full recovery and restoration of health. People also travel across cities to consult with traditional healers with a good reputation (Ensik, 1999). Given high rates of poverty and unemployment, many African people have no option but to consult

Western medical facilities even when they believe an *isangoma* is most competent to intervene in their situation (Yen & Wilbraham, 2003).

Respondents who consulted with traditional healers in Cape Town conveyed some negative views. Some felt that they had been deceived by *izangoma* (plural) who promised a cure and charged hefty prices but could not restore the ill to perfect health (Ensik, 1999). In addition, traditional healers often attributed illness to bewitchment, which exacerbated fears without actually providing a cure or alleviation of the symptoms (Sorsdahl*et al*., 2009).

Traditional healers were found to be more helpful and relevant for those who felt called to become healers themselves and had to undergo initiation and training (Ensik, 1999). Two participants who were traditional healers but could not find effective treatment for their relatives stated that traditional healers were not competent to treat serious mental illness (Ensik, 1999; Ngoma, 2003).

A study in Tanzania demonstrated avoidance in seeking help; traditional healers were often the last resort. Patients only consulted traditional healers when they were disappointed with the outcomes of consultation with Western medical facilities (Ngoma, Prince& Mann, 2003).

Finally, Nattrass' (2006) study found that many traditional healers did not comply with ethical standards.They breached confidentiality as they told their patients how they successfully treated other well-known people in the community with similar conditions. It was also found that some traditional healers sexually assaulted their patients, assuring them that it was part of the treatment.

However, there is a gap in literature as minimal research has been done on University students in the context of KwaZulu Natal, thus the results generated from the current study will share insights on the youths perspectives on Traditional Healing Practices and possible explorations for future research.

Literature as cited above shows that studies on African traditional health practices have shown that African people still regard traditional healers as their main source of health care (Mkhize, 2001). Bomoyi (2011) found that South African students who consulted *isangoma* for mental illness or emotional distress found it useful in diagnosis and explaining the nature and causality

of the illness. Although literature informs of the officication of Traditional Healing Practices in South Africa, there are still reservations in terms of openly admitting to the use of Traditional Healing Practices amongst the youth.This was useful for the current study in order to ascertain similarities and differences in findings with the sample used in this study.

Chapter Three

Methodology

3.1. Participants

The sample size for this study was ten (10) black African youth who were individually interviewed. All participants were students at UKZN. Participants were all over the age of eighteen (18) and could thus provide consent to participate. Their ages ranged from eighteen to thirty (18-30). This provided for a variety of perceptions and attitudes. The participants consisted of both males and femalesfrom different socio-economic backgrounds and they were either isiZulu or isiXhosa first language speakers.

The participants were drawn from different colleges, including Agriculture, Engineering and Science; Humanities; and Law and Management Studies. They included bothundergraduate and postgraduate students. The variety in educational backgrounds provided different opinions and views which were partly influenced by their area of study. Religious backgrounds were not considered in sampling.However, religion emerged as an issue during the interviews and focus group. This shows that religioninfluencedtheparticipants' perceptions of traditional healing practices.

The participants for the focus group were recruited and selected for their potentially valuable contribution to the discussion on traditional healing practices.The focus group consisted of eight (8) participants, all black students from different faculties, four (4) males and four (4) females. Three (3) students were Psychology postgraduate students, two (2) were Biochemistry postgraduate students and three (3) were undergraduates pursuing general Arts degrees. The participants represented rural, semi-rural and urban family backgrounds and were living away from home. Participants in the focus group had indirect or direct experience with African traditional healing practices and held strong views on its economy of practice.

3.2. Research design

The study employed a qualitative research approach. Qualitative research aims to provide complex textual descriptions of how people experience a given research issue and

elicitsinformation on individual behaviours, beliefs and opinions (Terre Blance, Durrheim& Painter, 2006). The qualitative approach involved asking questions using individual interviews that revealed the participant's knowledge, beliefs and attitudes towards African indigenous healing practices (Coolican, 2006).

Using a social constructivist's perspective, the study sought to understand how the participants construct meaning from their lived experiences (Riegler, 2012). This enabled the researcher to interpret discourses in the participants' speech as they discussed traditional healing practices and its discontents (Hennings, Van Rensburg&Smit, 2004). The social constructionist discourse emphasises how constructive repertoires construct reality. This perspective enabled the researcher toestablish which participants use traditional healing and which do not and revealed the images of traditional healing practices held by university students (Potter &Wetherell, 1987).

The advantage of using a qualitative research design is that the researcher can use open-ended questions which allow the participant to respond in their own words and in the vernacular rather than forcing them to choose from a fixed number of responses. The participants' subjective experiences are thus revealed (Bernard, 2000). A qualitative approach was appropriate for this study as it sought to explore African youth's attitudes to and assessment of traditional healing practices (Babbie and Mouton, 2005).

The shortcoming of using a qualitative approach is that a small sample is used and therefore the results cannot be easily generalised to other populations. This study was limited toten (10) UKZN students. The views, attitudes and perceptions held by these students cannot easily be appliedacross other universities and populations. A quantitative approach would not have been relevant as it does not allow the researcher to discover people's subjective experiences and people are not necessarily studied in their natural environment (Bernard, 2000, Durrheim& Painter, 2006).

3.3. Samplingmethods

Using purposive and convenience sampling which are non-probability sampling techniques, the participants were recruited by means of poster advertisements around the university (Terre Blanche, Durrheim& Painter, 2006). In convenience sampling, participants are selected byvolunteering or their availability or ease of access (Babbie& Mouton, 2005; Starks and Brown,

2007). University students were easy to access and were willing to participate in the study. The sample was drawn from university students who had direct or indirect experiences of consulting *isangoma*. These participants were chosen due to their knowledge of African traditional healing practices and the fact that they would be able to answer questions on the discontents of traditional healing and the economy of its practice.

In purposive sampling, participants are selected based on the characteristics of the desired sample for the research study (Terre Blanche, Durrheim& Painter, 2006). The participants were selected on the basis of their relevance to the research question (Silverman, 2000). This study specifically sought to study black South African youth in the age groupeighteen to thirty (18-30) studying on UKZN's Pietermaritzburg campus. For the purpose of this study, all the participants were black students who held strong views on traditional healing practices. It was important that the sample represent urban and rural black South African youth; thus the geographical background of the participants varied.

3.4. Data collection

Individual interviews and a focus group were used to collect data. According to Terre Blanche *et al*. (2006) interviews are a more natural means of interaction between the researcher and the respondent than completing a questionnaire or test. Interviews reveal how people think and feel about certain phenomena. From a constructionist perspective, interviews are used as a tool to understand linguistic patterns and meanings created through language use. A semi-structured interview was conducted with each participant to gainin-depth understanding of their perceptions and attitudes towards traditional healing practices (Terre Blanche *et al*. 2006).

In addition to individual interviews, a focus group was conducted to further explore the views held by different individuals in a group setting (Shneideman&Plaisant, 2005). The focus group provided the researcherwith an inter-subjective experience of similarities and differences in a group of university students. Through group interaction, new ideas that did not emerge in the individual interviews were revealed (Terre Blanche *et al*. 2006).

The data collection instrument (Questionnaire) was developed by the researcher. The questions were in English and asked in the same language. All participants were bi-lingual and were able to answer in English. The questions included in the interview schedule were directed at eliciting

information on the University students' perceptions, attitude, assessment and their knowledge of Traditional Healing Practices. The same questionnaire was used for the focus group in order to determine and explore differences in the students' responses in a group setting where there are other respondents who may have opposing views as opposed to an individual interview with just the researcher.

3.5. Procedure

Participants who responded to the poster advertisement made an appointment for an interview with the researcher. Each participant was interviewed individually in the Psychology Lab to ensure minimal disturbance and confidentiality. The purpose of the study was explained to each participant before the interview commenced and participants gave consent for their participation and for the interview to be audio recorded. The interviews lasted twenty to forty (20-40) minutes (Appendix C).

The interview was semi-structured with eight (8) fixed questions.Follow up questions were prompted by the discussion and these questions were guided by the focus of the study. Participants were probed further to elicit perceptions and attitudes to traditional healing practices. The interviews were expected to take an hour; however, nonetook this long as all aspects were covered and the researcher was satisfied with the answers provided to the structured questions.

The focus group followed a semi-structured interview schedule as the members had some liberty to drive the discussion. Participants consented to participation and audio recording of the discussion prior to its commencement.

3.6. Ethical issues

In a qualitative study, it is important for the researcher to be aware of their own personal biases and how they can affect data collection (Terre Blanche *et al*., 2006). The researcher ensured that participants were not asked leading questions in the interviews, but rather those that would elicit their own views and perceptions of traditional healing practices.

The participants were briefed on the purpose of the study and what was expected of them. It was noted that the study sought to understand university students' views, perceptions and attitudes

towards traditional healing practices. The interview process was also explained (Silverman, 2011). Participants were not placed under any pressure to participate; it was emphasized that participation was voluntary and that they were free to withdraw at any time without any consequences. Prior to involvement in the study, participants signed a consent form (Appendix D) agreeing to be part of the study and for the researcher to record the interview (Kimmel, 2007).

Anonymity and confidentiality were ensured throughout the study (Silverman, 2011). Participants were asked to provide their names and signature on the consent form, but were assured that these would not be used in the study and that the information collected wouldbe keptby the researcher in a safe place and would be destroyed after a period of five years. No names or any identifying information were required during the interviews. No one except for the researcher and her supervisor will have access to the collected data and audio recordings of the interviews (Babbie, 2008).To restrict access to the information obtained in the interviews, the researcher conducted and transcribed them herself using code names for the participants e.g. P1 for participant number 1.

It is important that participants are not harmed during the research process. While the researcher did not foresee that the study would cause any harm to the participants, arrangements were made for debriefing and help from an intern psychologist in the Child and Family Centre at UKZN that would assist where necessary. At no point during data collection did participants reveal information on plans to harm themselves or others.All participants were treated fairly with dignity and respect. They were all asked the same questions and their responses were not contested or disrespected (Appendix D).

The researcher obtained ethical approval from UKZN's EthicsCommittee (Protocol Reference Number: HSS/0627/015M) to conduct the study at the university and permission from the Registrar to use recruit students as participants (Appendix A).

3.7. Validity and reliability

Validity and reliability are important aspects of a research study. It is important to ensure that the instruments used are both valid and reliable. According to Tredoux (2006), validity occurs when a test measures what it set out to measure, and a research design it is said to be valid if it sustains its findings or conclusions and is able to be generalised outside of the study. In qualitative

studies the aim is to understand the meanings that people construct or associate with a certain event and not to generalise the findings (Silverman, 2011). To ensure trustworthiness, the study should be credible in the sense that it should measure what it set out to measure and generate findings that are congruent with reality (Shenton, 2004).

Since qualitative studies employ relatively small samples it is hard to demonstrate that the results and conclusions can be applied to other populations (Golafshani, 2003). This research study used a sample of 10 university students in the province of KwaZulu-Natal. Therefore, generalizability should be applied with caution as youth in other parts of the province who may or may not be students may have different perceptions and attitudes towards traditional healing practices. However, the researcher considered possible threats to internal validity that could decrease the credibility and effectiveness of the research. These are explained below.

3.7.1. Reactive effects to participating in a study

This could threaten the validity of the study because participants may want to answerquestions in a waythat will portray them in a good light. It is normal for people to change their behaviour when they are being studied in order to impress the researcher and become what they think the researcher wantsthem to be. In this study, it was possible that participants might deny that they used traditional healing services because they felt ashamedof doing so (Creswell, 1998).Apart from the need to observe ethical standards, it was hoped that guaranteeing their anonymity and confidentiality would encouragethe participants to share their views as honestly as possible.

3.7.2. Confirmability

Semi-structured interviews were used to collect data. The participants were asked the same questions in order to ensure consistency. In qualitative research, the researcher is the research instrument. This could pose a threat to validity and reliability (Long & Johnson, 2000). The researcher's biases and own perspectives on traditional healing practices were not revealed in the research process. Data collection, transcription and analysis were done by the researcher, ensuring that it was consistent and that the views of the participants were not misquoted or wrongly understood.

Some participants used their home language (e.g., IsiZulu) to answer questions; thus, the researcher had to translate during transcription. This was not a problem because the researcher is fluent in both English and IsiZulu. The participants also used words and phrases that could not be directly translated into English; the researcher had to translate these phrases in order to make sense in English without losing their meaning and context.During data analysis, extracts were selected that represented the views of more than one participant and served to answer the research questions.

3.7.3. Credibility and dependability

In qualitative research, credibility refers to the extent to which the findings are believable (Silverman, 2011). This is demonstrated by identifying other factors that could account for the findings (Terre Blanche, *et al*. 2006). In this study,it was hypothesised that students' views, perceptions and attitudes were influenced by their status of being university students; however other factors such as family background and beliefs could come into play. These factors were seen as an essential part of the participants' reality. Rather than rejecting these variables, they were understood in terms of their impact on the study's findings (Terre Blanche *et al*, 2006).

As noted earlier, the small samples used in qualitative research make it difficult to generalise the findings to other populations and contexts; thus we speak of transferability. Silverman (2011) notes that for findings to be transferable the researcher should develop accurate and elaborate descriptions of data and the context in which it was produced (Terre Blanche *et al*, 2006). The resultsgenerated by this study could be transferable to similar contexts, for example, students in another university could be thought to hold similar views on traditional healing practices (Silverman, 2011).

Given the differences in perceptions and attitudes among the students, the study sought to achieve dependability based on the extent to which findings are convincing (Terre Blanche *et al*., 2006).The interviews and focus group generated in-depth, extensive data on how students' views, perceptions and attitudes to traditional healing practices emanate from contextual interaction.

3.8. Data analysis

The data was recorded, transcribed and later analysed. Once it had been collected through the interviews and focus group, the data was coded for meaningful findings on attitudes and perceptions of African traditional healing practices as found in the unedited text (Silverman, 2011). Discourse analysis makes use of naturally occurring and unedited text as data. The focus is on how people's everyday interactions construct their social experiences through talk. Discursive analysis helped the researcher to tap into people's subjective understandings and how they make sense of traditional healing practices and its discontents (Nikader, 2006).

Discourse analysis enabled the researcher to understand the processes of social construction and their implications (Ainsworth, 2010). The language used by the respondents was analysed for meaning making of the world and the participants' positioning within the world created (Gee, 2014). The researcher examined how university students were positioning themselves and the duties they bear to say certain things, maintaining historical discourses about traditional healing practices. Conceptions of self, group identity and other were also analysed using discourse analysis and how these conceptions influence university students' perceptions and attitudes towards traditional healing practices.

Focault (2007) defines discourse as an expression of constructionism and posits that things come into being as they are constructed in daily living through discourse. Cultural meanings are not reflections of 'natural' or 'self-existing' phenomena; rather, they are disseminated from generation to generation and maintained through language.

Focault's guidelines for discourse analysis informed the data analysis for this study.

1. The detail of what was said and how the language was organised was studied.
2. The researcher considered how the speaker wanted to be heard and what features of the text produced this way of hearing the speech.
3. Constructions of objects, people, groups and ideas were observed and different versions of constructions were also noted.
4. The researcher looked at what these constructions sought to achieve and what functions they served in positioning the speaker and their ideas.

5. Self-constructions of the speaker were analysed; how the speaker was constructing themselves and their identity.
6. Social relationships established between the speaker and the audience were studied, taking note of who the audience is or to whom the speech is directed.
7. The text was analysed to determine whether it argues against anything, what is being criticized and what is being justified in the speech.

3.9. Reflexivity

It is difficult for a researcher to maintain objectivity in qualitative research as itmay bring forth their own views and perceptions of the phenomena under study. The researcher faced the challenge of remaining neutral, especially when asking follow up questions that might have seemed like an interrogation of the truth presented by the participants. At times the researcher challenged the participants' views not in an attempt to discredit them, but rather to elicit their perceptions in more depth. The participants were then able to defend their beliefs and justify their position on traditional healing practices.

The researcher's primary priority was to ensure that participants felt free and not pressured to answer any question but instead, be willing to share how they perceived African traditional healing practices, its discontents and economy of practice. The researcher regularly assessed the process to ensure that her preconceived ideas on African traditional healing practices did not feature in the research process and ultimately distort the study's findings.

Chapter Four

Results of the Study

4. Introduction

This chapter presents the result of the study.It sets out the different views held by the students and some of their common perceptions and attitudes towards traditional healing. While historical linguistic resources exist, this chapter shows how they were used by the participants to create and shape certain aspects of their world. The results are presented in response to each research question.

Research Question: What perceptions (positive or negative) do university students hold of traditional healing practices or consultation with *isangoma* in KwaZulu-Natal province?

Data relating to this question are summarized below.

4.1. Constructions of traditional healing practices

Descriptions of traditional healing reflect individual values and experiences.These representations, good or bad, clearly illustrate how different encounters serve to construct a certain reality. The words used by the participants function to disqualify or uphold these practices. Labels tied to traditional healing practices have a history of usage that is kept alive by continuous use and recitation. Thus, as the participants express their views they draw from historical socialization.

According to Yen and Wilbraham (2003), constructions of traditional healing practices serve to disqualify traditional healing as primitive and irrational. The language people use isa resource for constructing the world in a certain way and presenting certain viewpoints as natural and real (Butler, 1993).

Extract 1

> **Participant 3**: Yah very much. I got an aunt who is *isangoma* and ever since I was young at home, they practicing these things. That's why I know about these things
> **Interviewer:** So what does *isangoma* do?

Participant 3: Well there different kinds of *sangomas*. There are those that specialize in healing, and those that do witchcraft.

Interviewer: Ok.

Participant 3: So I guess it's just what you want at that time so they give you that, yah.

Interviewer: Ok.

Participant 3: So if you come and want to practice some witchcraft they'll help you do it but if you want to come and get healed they'll maybe do it.

The participants were asked whether they were familiar with traditional healing practices. They were also asked to share their understanding of what *isangoma* does. The participant 3 states that she is familiar with traditional healing practices. The word 'very' (line 1) implies a degree of knowledge of traditional healing practices; participant 3has 'very much' (line 1) knowledge. She goes on to explain where she draws her knowledge from. From a young age,participant 3 has been exposed to traditional practices sinceher aunt is *isangoma*and she witnessed the practice of traditional healing for most of her life.However, the fact that she still does not identify with these practices is revealed when she disconnects herself by making use of the pronoun 'they' (line 2). This separates the speaker from the people who are part of these practices and reveals herindifference. Therepetition of the phrase 'these things' (line 2) presented in an undermining tone, continues the discourse of othering. This discourse functions to construct groups within the family institution; those that practice traditional healing and those that do not.

In line 3 the participant 3 introduces different types of *izangoma* (plural). She differentiates between those specializing in healing or those that do witchcraft. This statement distinguishes between good and bad traditional healers; thus, in her response she cannot group the different types to say what *isangoma*does.In line 7 participant 3 justifies the work of the traditional healer by mentioning that they respond to their clients' requests 'what you want at that time they give you' and goes on to state that what they do is help people fulfill whatever they wish for with traditional medicine. Participant 3 shifts responsibility from the traditional healer to the client, saying that the client is the one that uses the traditional healer for destructive purposes rather than healing purposes.

In line 10 the participant 3 expresses doubt about traditional healers' ability to heal. The words 'maybe they'll do it' introduces a possibility of failure whereas when participant 3 made reference to witchcraft she did not appear to have any doubt about the traditional healer being able to provide this service. This discourse functions to position traditional healing practices as agents of destruction and because participant 3started her argument by mentioning the amount of experience and exposure she had with *isangoma*, this construction of traditional healing practices is presented as a reality.

Constructions of traditional healing practices are contradictory depending on the context and on who is using the particular discourse (Brown & Yule, 1983). Discourses are determined by the social context and by the institutions in which they are practiced (Macdonell, 1986).

Extract 2

> **Participant 4:** Yes even if you want to be favored at work they can give you *muthi* for all of those things even for your livestock as I am saying they have *muthi* to protect it and also if there is someone who is bewitching you they are able to protect you so that the witchcraft does not harm you.

This extract shows how *isangoma* can be helpful in a situation of bewitchment. Participant 4 responds to the interviewer's question about the benefits of traditional healing practices. Participant 4 portrays a scenario where a person wants to be favored at work and receives help from *isangoma*. Traditional healers are positioned as an answer to many of the problems that African people face on a daily basis. The examples used, 'work, livestock, bewitchment,' show a variety of problems with which *isangoma* can assist.

Extract 3

> **Participant 6:** *Isangoma* happens to be some sort of the middle man, mediator of some sort. That was normally the idea also healing reasons yah but now 21st century they operate in almost in all sectors. Curse, they can kill, they can heal they can do everything.

Interviewer: Okay so you are speaking about, about the fact that they can heal. So what are some of the illnesses would people present to *isangoma*? If there are any specific or particularly…

Participant 6: Definitely. You know because you are talking to, errhh of the true *sangomas*, they are called true *sangomas* then there are those who know of the 21st century but the idea was that mostly (pause) they used to heal diseases that are witchcraft that were related to anger of the ancestors you know if the ancestors are angry they curse you with certain sicknesses and stuff. But in this day in age, even to erhh to win someone's trust you can seek *isangoma* that is possible. If you are looking for a jobmaybe you feel like you've been bewitched so maybe you can't get a job. So you go to the *sangoma* for cleansing.

Extract 4

Participant 2: They would approach *isangoma* for spiritual healing, maybe to get answers regarding ancestors because they are the ones that can communicate to them. They can explain dreams, they can tell you they can actually guide you uhm (pause) to say which ritual you should perform like slaughtering and stuff like that (sigh). So it is basically for spiritual guidance yes I can say that
(pause) like let's just make it simple. For everything that you would take to church, you can take to *Isangoma*. 'pastor I would like us to pray for a job' and even to *isangoma* you can say you want a job 'pastor I want a raise or a promotion, let us pray for this'. You also go to *isangoma* and do the same thing.

The speaker (participant 2) responds to the interviewer's question about what problems are usually presented to *isangoma*. In line 1 participant 2 responds by saying that people approach a traditional healer for spiritual healing and maybe get answers. The tone of participant 2 suggests doubt about the duties of a traditional healer. The ideas on what *isangoma* does are drawn from pre-existing ideas of *izangoma*. In this extract, *isangoma* is defined as a healer that is able to access supernatural powers and communicate with the ancestors to provide spiritual healing and guidance for their clients.

In line 8 participant 2 introduces an alternative medium of help, the church. The church and traditional healing practices are seen as parallel and can provide the same services. They are both seen by participant 2 as an answer to a variety of problems rather than just health and illness. This conceptualization creates a discourse of equality and that neither is better than the other.

The following extracts show that, while students try to dispute and break away from the system of traditional healing, they continue to use traditional healers. Their statements illustrate that they do not believe in African traditional healing practices but because they livewith people who believe in it that are their legal guardians they find themselves coerced into these practices. They cannot decide whether or not they want to use traditional healers because they are still dependent on their parents. They conform even though they are oppressed for fear of disappointing their parents and going against beliefs that make them who they are.

Research Question: What aspects of traditional healing practices do University students value?

4.2. The use of Traditional Healing

Extract 5

> **Participant 1:**It's, it's a way of uhm (pause) there is this thing of even though I disapprove I had to be there because I am still part of the family. It is not like I am independent of my family because I am still under my dad because my dad is still the head so whatever he says I literally have to follow whether I approve of or disapprove of his belief. So if my dad is still the head of me then I need to respect him as the authority of our household. So even though I disapproved of them bringing in *isangoma* for consultations I still have to go with it because he is the head of the house.

Extract 6

> **Participant 4:** But I was once sick and I had pains on my foot in such a way that I took it to church and they failed but I didn't take it to the King because we did not have any money at home at that time but it forced me to go to *isangoma* and that is where I was healed. Another thing is that influences where you seek help is what are you exposed to. If your parents say go to a certain place because you have no power you will go there.

Extract 7

> **Participant 9:** What I can say is that my aunt played a huge role in my life in supporting me even as I was growing so you would find that when she does things she would also expect me to support her and not distance myself from her. Even though I was not too sure about what was going on but I was enlightened in terms of the fact that this thing of*izangoma* is not a fairytale. I can say that it was a situation of pressure and I was pressured to support her, so as I did what I did I did it because this person had played a role in my life.

Extract 8

> **Participant 3:** Because I believe so but my parents if it was for them they would just take me to a *sangoma* but oh well but in situations where maybe I don't wake up they opt for going to er well I think they also believe in different options they believe and they take the first one as their priority and they take me there and I know I will get helped.

Extract 9

> **Participant 1:** If I do not believe that ancestors have any ability to affect my life why would I consult *isangoma*? What are they gonna do for me because they are not in line with what I believe, they are not in line with the way I see things. So to me if I think ancestorsare actually 'devilish'
> for me even though *isangoma* they both access the spiritual I feel like they are accessing the wrong type of spiritual that draws on very dark energy.

Using a cultural model participant 1 equates belief in the ancestors to traditional healing practices to *devilish practice*. The speaker draws from historical discourse and serves to maintain former ways of thinking about African traditional healing practices. The repeated use of the discourse perpetuates it (Butler, 1993). The words used by the participant 1construct an idea that the ancestors and *isangoma* cannot be separated and for a person to benefit from the practices of

izangoma they would have to believe in the ancestors. The discourse positions the speaker in a position of power where the speaker is able to give or withdraw power from *isangoma* through their beliefs. If participant 1 believes that *isangoma* is able to affect their life in anyway, the *sangoma* is given power to do so. The repetition of the words 'not in line' emphasizes the speaker's incredulity of *izangoma* and African traditional healing practices at large. The words used privilege the speaker's beliefs and assume that anything that is not aligned with their beliefs is useless.

The construction of ancestors as 'devilish' illustrates thatparticipant 1views ancestors in a negative light. Not only does the speaker believe in ancestors as false belief but also as belief in darkness and evilness. This statement serves to reject African traditional healing practices as the perception presented constructs theancestors as innately cunning and wicked.

Thus participant 1overtly expresses their disbelief in traditional healing practices and narrows it down to the ancestors. This suggests thatone is only able to derive benefit from traditional healing practices if they believe in the ancestors.

Continued use of traditional healing away from home

Discussions in the group interview demonstrated that, despite negative constructions of traditional healers, some participants were very positive about the services offered by such healers. This suggests that some students continued to hold traditional healing in high esteem based on their experiences. Perceptions of African traditional healing were thus directly correlated with the participants' appraisal of traditional healing. If, for instance, a person places little or no value on ancestral worship and veneration they would not value traditional healing. If one grew up in a home that practiced traditional healing, they might have grown to understand its value. In contrast, a person that grew up in a family where traditional healing was regarded as absurd and primitive would carry that perception even when they were no longer at home.

In the following extract, a participant explains how university students either move away from what is practiced at home or adhere to it even when they are no longer under the authority of their parents.

Extract 10

> **Participant A:** I think it depends on the value attached to traditional healing because there are people who practice traditional healing at home and again in varsity they continue to have a corner in their residence room where they perform what they need to perform.

Participant A in the group discussion states that the reason why university students remain loyal to African traditional practices is not merely the fact that they practiced it at home but that they attach value to the practice. This participant responded to the view that university students move away from home and disregard the way they have been brought up. According to this participant, this is not the case and university students continue to use traditional healing depending on how much respect and reverence they have for it. Continued use of traditional healing by students is thus contingent on individual attitudes and beliefs.

The type of student portrayed by participant A would create the same environment as their home environment in their residence in order to perform prescribed procedures. Some students do not consult traditional healers but have trained as healers themselves and have clients on campus. Traditional healing practices playa significant role in the lives of the students portrayed by participant A and they find it necessary to replicate the natural conditions in which traditional healing practice take place.

Other participants raised the point that some students are exposed to other ways of doing things at university and that these ways are presented as better than what they have been taught at home. They argued that if one doubts their previous way of life, it is because they were not grounded in that doctrine from the beginning. Other participants objected to this notion, noting that people can be convinced of different things at different times; thus, it is possible to come to university with the knowledge that traditional healing is the best option and encounter opposing views that make more sense and move away from previous convictions.

This discourse serves to dismiss any beliefsthat are ‘not in line’ with the speaker’s beliefs in order to assert the latter as true and an uncontestable reality. The participant positions their beliefs against belief inthe ancestors as good against bad. Participant 1 in extract 9 finds a

common characteristic between their beliefs and belief in the ancestors as she explains that 'they both' access the spiritual. However, she continues to distinguish between the two by mentioning that *izangoma* draw from the 'wrong type of spiritual'. The words used construct a certain reality that undermines an alternative reality. The word 'wrong' constructs traditional healing as incorrect and removed from accurate spiritual dealings. This discourse functions to undermine traditional healing practices and conceptualizes them as an evil, objectionable practice. This participant seems to compare traditional healing and the desired alternative, positioning traditional healing as defective. The discourse justifies why the participant does not see why they should consult traditional healers.

Specific convictions and affiliations influence a person's assessment of traditional healing practices and thus their perceptions and attitudes become apparent in the discourse they employ (Yen & Wilbraham, 2003). The choice of words allows the speaker to endorse their beliefs while belittling contrary beliefs.

Research Question: What aspects of traditional healing practices do university students feel discontented with?

The following issues were raised by participants as they expressed their aversion to traditional healing practices.

4.3. Discontents

Extract 11

> **Participant 2:** (sigh) From my experience (laughs) they are such liars! Yoh!
> **Interviewer**: Who are liars?
> **Participant 2**: *Izangoma*, they are rotten. They can actually mislead you because they tell you what you want because if you consult one *sangoma* you need to at least consult three.

In this extract, the speaker expresses their antipathy to traditional healing practices. The discourse of unreliability serves to nullify the work of traditional healers. The words chosen imply that these healers do not know what they are doing. In lines 1-3, the speaker formulates an

identity for traditional healers, which suggests that they do not tell the truth and are deceptive. The speaker states that this stems from their experience of consulting with a traditional healer, thus exonerating it from being contested. The exclamatory rhetorical device employed to report their experience suggests the extent to which the speaker was dissatisfied with the service provided. The speaker mentions that traditional healers are misleading; this implies incompetence.

Extract 12

> **Participant 3**: The *sangoma* will never refer you to any other person that's one downfall About*izangoma*, they never refer you. What they know is that their word is final.

The implication here is that there are times where a traditional healer is unable to effectively intervene and it would be beneficial for the client to be referred to relevant health professionals. The speaker sees this as a downfall because the traditional healers do not refer. The participant states that traditional healers are unable to heal all illnesses; thus, it is important for them to know who to refer to in times of doubt and uncertainty. This construction views traditional healers as not being able to appreciate their limitations thus treating illnesses that they are aware are beyond their scope of practice. The speaker mentions that traditional healers believe their word to be final. This implies that these healers are unrealistic about their competence. They keep clients to themselves out of fear that they might receive better health care from other healers and they may lose customers. This discourse of 'no referral' positions traditional healers as greedy rather than acting in the best interests of their clients.

When a traditional healer fails to acknowledge their limitations and refer the client to another health professional, the healer continues to provide the wrong diagnosis and treatment that does not restore the client's health. The client keeps coming back in the hope of regaining their health. The speaker views this as a 'downfall' that results in traditional healing practice losing its importance and reputation. As noted earlier, traditional healers access supernatural powers from the ancestors and in the African community the ancestors are revered and highly esteemed because of their authority (Mbiti, 2003).

Extract 13

> **Participant 3:** well (pause) I don't know if there are any benefits, I've never got a benefit frombeen taken to a *sangoma,* the only thing I got was me having a complicated life evenmore.

This speaker states thatshe has not found consultations with traditional healers to be of any use; rather, they made her life more complicated. The speaker relates an instance where she was 'taken' to *isangoma*, implying that it was againsther will. Her experience was unpleasant and her life became more complicated. The expectation is that *isangoma* provides answers and restores health but in the speaker's experience this is not the case. This discourse functions to position traditional healers as a polar extreme to their clients' expectations and they are thus not seen as beneficial.

Research Question: What aspects of traditional healing practices do university students feel discontented with?

4.3.1. Questionable safety of traditional medicines

Extract 14

> **Participant 4:** For me I think the fact that they use the same medicines for different illness worries me.
> **Participant 5:** Besides that really, I think if their medicines were to be checked maybe in a laboratory it would increase its credibility, medicines should also be checked for side effects and things like that. I just don't trust medicine mixed in a backroom.

These participants expressed concern about the medicines traditional healers prescribe for their clients. Traditional healers access supernatural powers and divine knowledge from their ancestors about certain herbs. These are mixed as a cure for diseases. The participants argued that traditional healers regard their herbs or medicines as a panacea for all problems and illnesses. However, these medicines do not always achieve what they set out to accomplish.

Concerns raised by participants included the fact that traditional medicines are not laboratory tested; thus there is no guarantee of safety. A participant studying Biochemistry explained that to their knowledge, medicines have to be tested by qualified chemists; these herbs need to be heated at certaintemperatures for a certain amount of time in order to ensure that they are safe for consumption and that they will be helpful in ameliorating the patient's condition. If this is not done, they could be toxic and kill the patient.It was noted that traditional healers do not seem to be aware of the dangers posed by 'untested' medicines. This construction of traditional healing practices positions traditional healing as unsafe, primitive and uncivilized, causing the participants to frown upon such practices and maintain the discourse of 'incompetence'.

Some participants in the focus group also raised concerns about the safety of traditional healing practices. This stirred debate between those that were pro-traditional healing practices versus those with contradictory views. Some participants presented a viewpoint that sought to justify the 'irrelevance' of traditional healing practices to the current and evolving needs of African people.

Medicines used by *izangoma* were accused of being dangerous and liable to harm consumers. In contrast to biomedicine, it was noted that traditional medicine is not subject to meticulous screening to ascertain its level of toxicity. These medicines are said to pose a danger as some people suffer from allergies that may not be known prior to consumption of the medicine. According to these participants, the biosafety of traditional healing practices is thus in doubt, causing people to shy away from consulting with *izangoma*.

Participants in favor of traditional healing maintained that they will not be persuaded otherwise by alternative ideas emanating from other countries. They noted that traditional healing has always been part of the African way of life and has workedthus far. These participants complained that Western medicine tries to put traditional healing practices in a box, regulating it to fit withWestern conventions. The discourse serves to undermine traditional healing practices while it paintsWestern medicine as superior and sophisticated enough to 'fix' or 'adjust' the practice of traditional healers.

The discourse of 'irrelevant health care' positions traditional healing as inferior to alternative systems. Unlike Western medicine, traditional healing is not regularly researched and improved. It relies solely on indigenous knowledge while Western medicine continuously undergoes

development as its practitioners gain more experience in the field of heath care. Participants indicated their loss of faith in traditional healing based on personal experiences.

Extract 15

> **Participant**: They have lost their credibility because now we do not believe that they can do what they say they do because some of them do it for the wrong reasons

The speaker addresses the issue of credibility. Traditional healing is said to be losing what itis known for. There seems to be a shift in the trade; the speaker argues that sheno longer has faith in traditional healers because of their unreliability. The speaker may be drawing on personal experiences of unsuccessful treatment. The discourse presented by the speaker implies that the speaker was once a believer in traditional healing practices and may have been disappointed as she uses the word 'now' to illustrate that this is a recent development. She also suggests that traditional healers have different motives for doing what they do, elaborating that some do it for the wrong reasons. Traditional healers are divided into olden day healers versus modern day healers. The participants stated that they differ in terms of what impels them to become the kind of healer they are. Olden day traditional healers were known to have their patients' best interests at heart. They evoked no doubts in the community as they were seen to receive legitimate training. In addition to training and the supernatural powers bestowed on these individuals, they were very accurate and were able to see things happening in the spiritual realm, and diagnose and treat accordingly.

In contrast, some modern day healers are regarded as business people whose primary motive is profit rather than treating and restoring the health of their clients. These traditional healers are not embraced by the Black community. They are also accused of having not received a supernatural or spiritual calling from the ancestors to become health practitioners in the community; this is why they do what they do for the wrong reasons. The participants explained that it is very difficult to determine which traditional healer is legitimateand to trust a healer without any information on their successful cases.

This poses another problem as traditional healers seek to increase their credibility by telling new patients about how they healed conditions similar to those presented by thepatient. This violates

confidentiality. Traditional healers do not sign any confidentiality contract with their patients but it is an unspoken rule that what happens in the consultation room remains there. However, this confidentiality is often breached, causing people to fear consulting traditional healers as their private issues may be spread across the village or the community at large. The participants mentioned that consultation with *isangoma* is discreet as some people may also consult another *sangoma*on the same problem, disrupting their healing process. This demonstrates that even though *isangoma* is able to heal a person, other people or another healer are able to intervene and distort the healing. Such issues perpetuate the discourse of disputed abilities of *isangoma*, leading to increased discontent with traditional healing practices.

4.3.2. Traditional healing as a taboo

The participants also expressed discontent with the bad conditions under which traditional healers practice. The 'dodgy' and unclean state of the consultation rooms described by the participants illustrate why this trade is treated as a taboo. The word 'dodgy' implies deceit and manipulation. This discourse positions traditional healing as deceivingclients, by misrepresenting what it really is; the participants explained that this contributes to the stigma attached to African traditional healing as people refrain from consulting such healers due to constructions of improper conditions. Traditional healers are also perceived as agents capable of inflicting harm on their clients. They are able to provide medicine that can cause paralysis, madness and even death. Thus, when one consults a traditional healer they are suspected of seeking to do harm to another person and may be associated with witchcraft.

Extract 16

> **Participant:** I think it also depends on what the people want. If the person says I want this and they offer you money, then you are going to do it. You are going to throw the bone and bring back the lost lover or whatever. I don't know I think that is how they lose their credibility.

The speaker argues that the harm caused to others is not entirely the fault of the traditional healer but is due to requests from their clients. Since traditional healers use their trade as a means to make a living, they have to consider the money they will receive when they provide the service requested. This distorts their priorities. According to the speaker, although the healer might not

be a bad person or have bad intentions, they may end up offering services that cause harm to others due to their desire to make money. The speaker believes that traditional healers are caught between making money and providing optimal health care and they lose their credibility in the process.

Another participant described traditional healing as a 'money making scheme'. This discourse functions to challenge the truth and validity of this healing practice. This stigma prevents the participants from consulting with a traditional healer. The discourse suggests that traditional healers prioritize money over the health of their clients. This theme also emerged when the participants explained that a traditional healer would not start with the healing process unless you have placed the money on a plate. The participants were not happy with this situation because traditional healers do not spend money to acquire the skills required for healing as they are freely given by their ancestors.

This issue sparked a debate amongst the participants as some stated that the ancestors give their custodian the gift so they can make a living. The trade is granted to this person for the benefit of the community but also for their own personal gain. Other participants argued that traditional healers do indeed spend money to qualify as healers as they go through an initiation where they pay their trainer.

4.4 Summary of Findings

This chapter presented the study's results in relation to the four research questions. The findings show that certain aspects of traditional healing practices are valued by the participants. At the same time, negative aspects were identified. These include incompetence on the part of some practitioners, and the relative inefficacy of most of their practices.

These results are interpreted and discussed in the following chapter and compared with the findings in the literature.

Chapter Five

Discussion and Conclusion

This research study investigated Black South African youth's assessment of indigenous healing, its discontents and practice. It sought to understand the youth's beliefs, perceptions, meanings and assessment of African traditional healing practices.This chapter interprets and discusses the study's findings. The discussion is organized according to the following major themes derived from the four research questions investigated:

1. University students' perceptions oftraditional healing practices
2. Aspects of traditional healing practices valued by the participants
3. Aspects of traditional healing practices discountenanced by the participants
4. Positive and negative dimensions of traditional healing practices as seen by the student participants

5.1. University students' perceptions oftraditional healing practices

Data related to this theme was summarized in the previous chapter. As noted in research extract (number 1), different types of *izangoma*are associated with different time frames. The speaker illustrated the characteristics of an ideal *sangoma* and those that do not conform to the ultimate standard of *izangoma*. The speaker draws from historical conceptions of *isangoma* and these formulations are used to construct a certain identity. In lines 1-2 *isangoma* is described as 'some sort of middle man, mediator of some sort'. The speaker's use of the words 'some sort of' positions traditional healers as a non-standard of a 'mediator or middle man' which dismisses the idea that a traditional healer as an accepted model.

The speaker depicts a shift in what *izangoma* are known for. In line 2, the initial description is contrasted with what the speaker labels '21st century'. The speaker shows how the traditional healer is repositioned from specific duties of mediating and healing to a more general job

description. This construction portrays *izangoma* as possessing good and bad qualities, 'curse, kill, and heal'. (line 3)

In line 8 the speaker distinguishes between a true *sangoma* and those of the 21st century. This discourse implies that the *sangoma* of the 21st century is not a true *sangoma*. According to the speaker, *isangoma* used to be someone who healed illnesses related to witchcraft and those that were caused by the vexation of the ancestors. He explains the shift that he has observed by mentioning other services that the 'new age' type of *isangoma* offers. This shows that traditional healing practice is not bound to a certain type of illness or trouble, but it is seen as an answer to a variety of problems including health and illness. The example used in line 16 is not something that one would normally present to a healer; hence the speaker finds it necessary to emphasize that it is 'possible'.

Yen & Wilbraham (2003) agree that the experience of illness is subject to social situations and is interpreted in line with cultural constructions of what is deemed normal and abnormal. Similarly, Waldon (2012) suggests that illness is often understood as culturally bound as explanations of causes, diagnosis and treatment are based on social understandings of health and illness that reflect specific cultural beliefs and traditions as well as historical local viewpoints that are socially constructed in daily interactions (Durie, 2004). The way the participants describe their knowledge of and experience with traditional healing practices shows that this has been socially constructed through their experience with the practice over the years. One of the participants states that her knowledge of traditional healing practices is derived from her aunt being a traditional healer and the practice of traditional healing at home since she was young. Therefore, it is clear that the construction of traditional healing practices by young Black South Africans cannot be separated from their historical social practices; what they have been exposed to in their life has shaped the way that they view traditional healing practices and the beliefs and attitudes they have towards this practice. Their experience, knowledge and understanding of traditional practices have also influenced their association with the practice, and whether or not they believe that traditional healing is effective in diagnosing and treating illnesses, including mental illness. This determines whether they will consult traditional healers or turn to alternativemethods.

The participants draw a clear distinction between traditional healers that specialize in healing and those that specialize in witchcraft. Some are able to diagnose, treat and heal illness. Others specialize in witchcraft, which means that they cause illness and inflict pain and suffering on people as opposed to healing. These practices contradict each other, causing doubt as to whether traditional healing can be trusted to heal when the practice can be used tocause illness and misfortune. Brown & Yole (1993) argue that constructions of traditional healing practices are contradictory, depending on the context and on who is using the particular discourse.Therefore, constructions of traditional healing practices will vary depending on the reasons for the use of traditional healing and the kind of services required, and whether the consultation is for healing purposes or wanting to practice witchcraft onsomeone. This suggests that some people may view traditional healing as helpful while to others it may seem like a destructive, harmful practice.

The participants also suggest that traditional healing practices have evolved over the years. In the olden days, traditional healers were identified as healers and mediators between people and their ancestors. They healed illnesses inflicted on a person by their ancestors due to disobedience and those caused by witchcraft. However, in the 21stcentury, the scope of traditional healing has increased and healers are consulted for a variety of problems. A participant notes that people consult with traditional healers for *muthi* if they want to be favored at work or to protect their livestock. Therefore, traditional healing practices are no longer limited to healing and mediation between people and their ancestors.

The speakers justify their use of traditional healers by stating that they are not able to decide for themselves, but are forced to submit to parental authority. This makes them seem morally admirable. The words ‘pressure’ and ‘forced’ enable the speakers to justify their participation in something that they do not believe in. This communicates their aversion to traditional healing practices as well as their subservience. The words also portray the speakers as oppressed by a system to which they do not subscribe; they are forced to follow their parents’ beliefs in times of desperation.

The speakers’ strong aversion to traditional healing practices does not seem potent enough to express their opposition. The repeated use of the word ‘support’ by one of the speakers demonstrates feelings of guilt and of being indebted to the figure of authority referred to. Thus,

the participant is obliged to conform to traditional healing practices in gratitude for continued 'support' throughout their lives.

These discourses create acceptable images of self even though the speakers fail to reject or resist what they claim they do not believe in. They serve to illustrate negative perceptions that university students hold of traditional healing practices, and explain their continued use of traditional healers while maintaining an acceptable self-image. The language used allows the speakers to express their distaste for the practices and distance themselves from the decision to engage in them. Parents and guardians override the speakers' wishes and beliefs. Using the word 'disapprove' disconnects the speaker from all engagements and outcomes that may emerge from the consultation, thus justifying their participation.

The speakers did not overtly express alternative options because in this context they are not in a position to make the decision. The discourse of submission to authority continues to function as oppressive.

5.2 Aspects of traditional healing practices discountenanced by the participants

The study participants expressed discontent with traditional healing practices that create negative images of the practice. The constructions suggested by the participants, position traditional healing practices as irrational and potentially dangerous tousers. Previous studies confirm that traditional healing practices have been constructed as primitive, bad and uncivilized. This discourse blames colonial ideologies that sought to oppress and discriminate against African ideology (Ferguson, 2003). It functions to undermine native and indigenous knowledge while it privileges Western healing practices. Such discourses have been drawn from historical usage where they were used in certain contexts to formulate traditional healing and its contesting alternatives in particular ways in order to achieve sociopolitical agendas (Butler, 1993).A study conducted in Cape Town found that those who had consulted with traditional healers conveyed negative views; they felt they had been deceived by traditional healers who promised a cure and charged large sums of money but they were not restored to perfect health (Ensik, 1999). Traditional healers are constructed as people who are very deceptive. This is suggested by a statement made by a participant in the current study that stated that "they are such liars."According to the participants, traditional healers can mislead you, telling you what you

want to hear instead of providing an accurate diagnosis and treatment. This leads to the construction of traditional healers as practitioners who cannot be trusted. This questions the trustworthiness and effectiveness of traditional healing practice as a whole and raises the question of whether traditional healers have the skills, knowledge and ability to diagnose illness, explain the cause and treat the symptoms, restoring patients to complete health. The participants also suggest that it is always better to consult more than one traditional healer to ensure the accuracy of the diagnosis and suggested treatment. This could be draining and incur unnecessary costs as each traditional healer will charge for the consultation.

According to the study participants, traditional healers never refer their patients to other traditional healers, suggesting that they would not do so even when they are not fit to treat the patient. This could delay treatment and potentially cause more harm to the patient. A study conducted in sub-Saharan Africa revealed that people who consulted traditional healers before seeking Western treatment delayed treatment with negative effects (Ensik, 1999). Therefore, traditional healers are constructed as people who are more concerned about their reputation and with making money than with the health and wellbeing of their patients. They thus cannot be trusted to always put their patients before themselves.

A participant statedthat she has never benefited from consulting with a traditional healer; instead it made her life more complicated. This suggests that at times consulting a traditional healer might do more harm than good, leading to distress instead of healing. Consistent with this finding, Sorsdahl *et al*. (2009) state that, traditional healers often affirm that illnesses are the result of bewitchment or offending the ancestors, which leaves the patient with heightened fears and no cure or alleviation of their symptoms.

According to Uka (1996), a traditional healer's primary task is to heal the sick, bring good luck and protect the family from evil spirits that may attack them, causing illness and ultimately death. Thus, this is the expected standard when one consults a traditional healer. When a person receives service that does not fulfill their expectations, it spurs discontent. In extract 10, line 3 the speaker uses the word 'rotten'. This implies that traditional healers are regarded as severely grievous and in very bad condition and this discourse functions to position traditional healing as unsound and useless.

The discourse of ‘misleading traditional healers’ suggests that they are ineffectual in their work and provide inaccurate diagnoses and treatment. Traditional healers are seen as people who do not provide what is best for their client according to their knowledge and expertise; they just ‘tell you what you want’. This discourse accuses traditional healers of leading their clients astray with incorrect inferences in an attempt to gain popularity. Discontent and a desire for better outcomes compel their clients to consult more than one traditional healer. This may also indicate that one traditional healer does not provide full restoration of health, which causes people to seek help from ‘at least’ two other healers. This discourse serves to position traditional healers as unreliable and undependable. The participant’s’ experiences of consulting a traditional healer have prompted them to feel the need to confirm the first traditional healer’s diagnosis. This discourse rationalizes the speaker’s aversion to traditional healing practices and constructs traditional healing as a medium of assistance that is potentially harmful to its clients.

In extract 11 traditional healers are seen as stewards of ancestral authority. Their word is regarded as sound and conclusive and hence they do not find it necessary to make referrals. Failure of treatment and treatment modalities is seen as further communication from the ancestors as they express their grievances through illness. This discharges the traditional healer from constructions of ‘failure to treat’. According to the speaker it is not the people who use traditional healing practices that believe the traditional healer’s word to be final but healers themselves, leaving no room for objective evaluation by their clients. This discourse privileges traditional healers, placing them in a position of authority over their client’s life while the client is enslaved and dependent on the healer.

According to the participants, clients of African traditional healers live in fear that if they do not accurately carry out all the healer’s instructions, they may suffer grave consequences and even death. The participants cited this as a negative factor, saying that what ‘this thing takes away from you is your sense of security’. This propels clients to keep going back to traditional healers because they fear that the *sangoma* will sabotage their connection with their ancestors. *Isangoma* is seen as the only person who is able to access the spiritual realm. The identified discourse of ‘insecurity’ undermines clients’ autonomy as they have to ensure that their ancestors are content in order for things to go well and they thus have to ‘pay’ for their health, either in the form of veneration rituals, or slaughtering, and sometimes sickness or living a sacrificial life as a

traditional healer. The 'payment'is dictated by the ancestors and one cannot escape. This perpetuates the fear that these spiritual beings are capable of exerting malignant influence on their subordinates.

Participants complain that with traditional healers, treatment is not complete after one consultation but one has to visit the healer several times. Again, the same illness may emerge years later and the client would have to return. Thus, healing is often partial. The discourse of 'incomplete healing, incomplete treatment' serves to justify the participant's antipathy and their assessment of traditional healers as incompetent to heal but rather capable of liaison with the ancestors.

Constructions of *izangoma* in African communities cause people to shy away from consulting traditional healers. They are not only known for healing the sick and providing protection butare also very well known for witchcraft. This construction makes people feel ashamed to be seen near the traditional healer's consultation room because they fear that the community will not know whether they went there for their health or to destroy another person. According to the participants, this discourages people from embracing traditional healing practices. They are forced to hide their belief in the power of African traditional healing. The participants were displeased with this construction of *izangoma*as the stigma of witchcraft prevents them from accessing their services. They regard traditional healing practices as inconsistent and unreliable; this exacerbates pre-existing discontents and serves to justify why they do not accept these healing practices. Some explicitly stated that even in the absence of alternative health care, they would not consult a traditional healer because of the stigma attached to such consultations. Traditional healers are said to complicate one's life and heighten existing conflict.

5.3. Positive and negative dimensions of traditional healing practices as seen by the student participants

According to the study participants, the continued use of traditional healing practices away from home is based on whether one has had a positive or negative experience of such healing and on the value they place in the practice. A participant said, "I think it depends on the value attached to traditional healing because there are people who practice traditional healing at home and again

in varsity they continue to have a corner in their residence where they perform what they need to perform."

Therefore, if a person has been practicing traditional healing at home and found it to be beneficial, there is a high likelihood that they will continue to practice away from home. Unlike the participants whosuggested that their continued use of traditional healing was something they had to do due to a lack of choice as they did not want to disappoint their parents or family, those who continue using traditional healing away from home, do so because they have found it beneficial and value this practice. Congruent with this finding, Ashforth (2005) argues that as long as people hold African traditional beliefs in relation to health and illness, no matter where they live, a significant proportion is bound to consult traditional healers.

According to Patel, Gwanzura&Simunyu (1995), African people have their own way of understanding and explaining health and illness. Indigenous knowledge is not based on scientific evidence but employs local traditional and cultural knowledge to preserve health. The World Health Organisation estimates that 80% of the South African population makes use of traditional healers for various troubles and illness (WHO, 2003). Other studies have reported similar findings (Mkhize, 2001).

The study participants revealed that while they may not necessarily believe in traditional healing practices as their main source of health care, they practice traditional healing because of their families and parents. This suggests that Black South African youth are forced to use such healing practices. This is suggested in the statements of two of the participants, with one saying, "I have to do it even though I disapprove… I am still part of the family. It is not like I am independent of my family because I am still under my dad because he is still the head…" and another who says, "I can say that it was a situation of pressure and I was pressured to support her, so as I did what I did I did it because this person had played a role in my life."

Amongst many Africans, the use of Western health practices or any other method besides traditional healing is seen as being disrespectful to cultural beliefs. Ensik (1999) notes that cultural hybridity is frowned upon and interpreted as a betrayal of one's true cultural heritage while rigorously following indigenous healing practices is seen as respectful and wise.

The study's results also suggest that a lack of financial resources and limited access to alternative treatment methods lead to the use of traditional healing methods. This supports the notion that, while traditional healing may not be the first health care choice, many African people have no option but to consult the available and most accessible treatment option which in most cases is traditional healers. Edwards (2014) observes that the scarcity of modern, professional health care workers means that other available means of health care such as traditional healing methods will be used. According to Richter (2003), the ratio of traditional healers to the population is approximately 1:500, whereas the ratio of medical doctors to the population is roughly 1: 40 000. This explains why such a large percentage of the South African population makes use of traditional rather than Western healing methods.

Another suggestion arising from the discourse that traditional healing would be of no use to a person that does not believe in the powers of traditional healers, witchcraft or the ancestors. As noted earlier, traditional healers are known to mediate between people and their ancestors, and assist when illness is inflicted upon one as a result of perceived disobedience tothe ancestors. However, a study participant points out that if one does not believe in the ancestors and their power, such illnesses will not affect you. "I do not believe that ancestors have any ability to affect my life why would I consult *isangoma*? What are they gonnado for me because they are not in line with what I believe…" This suggests that one would not need to consult a traditional healer if one does not hold such beliefs as they would not be of any benefit.

The participant added, "So to me if I think ancestors are actually 'devilish' for me even though *isangoma* they both access the spiritual I feel like they are accessing the wrong type of spiritual that draws on very dark energy." This constructs the practice of traditional healing as also being devilish as it deals with the ancestors. This derives from the fact that the ancestors are believed to cause suffering and pain and even loss of life to those who are perceived to be disobedient. It also raises the question of how healing can come from the same place as illness or death. There is no way that the ancestral spirits can be both bad and good. This discredits traditional healing practices, paints such practices as dark and leads to the conclusion that they are ineffective in both diagnosis and healing illnesses.

According to the WHO, traditional medicines include diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, and manual techniques and exercises applied on their own and/or in combination to maintain wellbeing, as well as to treat, diagnose or prevent illness (Richter, 2003). Some researchers have dismissed such healing practices as ineffective and unsafe (Sorsdahl et al., 2009). The study participants raised concerns with regard to the safety of traditional medicines. They argue that traditional healers often use the same medication to treat all the health issues presented to them. This could lead to ineffectiveness as not all symptoms can be treated using the same medicine. If traditional medicine is not effective in treating the client's symptoms, they might have to return for several consultations without receiving the appropriate treatment, and thus do not get better. This could exert financial, emotional, physical and mental strain on the client who is already distressed. It could also be very harmful and possibly lead to the death of some clients as the medicine might have different side effects for different people. Therefore, it is important to ensure that traditional healers use appropriate medicine that suits the individual client and his/her needs.

The participants also stated they do not trust traditional medicine because unlike Western medicine, it does not undergo laboratory tests to ensure that it is safe. This could be very harmful and even lead to death as some traditional medicines could contain toxic ingredients. According to Adewunmi&Ojewole (2004), medicinal plants collected in the wild may be contaminated by other species or plant parts through misidentification, accidental contamination or intentional adulteration, all of which may have consequences for the consumer. One of the participants also stated that traditional medicine can become toxic if it is not heated properly or for a specific amount of time. Such concerns suggest that traditional medicine cannot be trusted and one has to be very careful when it consulting a traditional healer.

It was suggested that traditional medicine should be prepared and recommended by a traditional healer with high levels of skills and knowledge. However, the participants felt that healers do not have sufficient skills to treat illnesses as they rely on indigenous knowledge. In contrast, Western medicine is progressive in its research and analysis and has highly trained and experienced professionals. The WHO also defines traditional medicine as the sum total of knowledge and practices, whether explicable or not, used in the diagnosis, prevention and elimination of

physical, mental, or societal imbalances, relying exclusively on practical experience and observation handed down from generation to generation (Richter, 2003). The participants state that they have lost faith in traditional healing, as its main objective is now making money and gaining a reputation, as opposed to focusing on patients' health and wellbeing.

However, participants that value traditional healing hold to their beliefs and trust traditional medicine. They state that Western medicine tends to undermine the effectiveness and safety of traditional medicine, the main goal being to keep traditional medicine within the constraints of Western medicine. While serious doubts have been raisedthat traditional healers and traditional medicine are able to function as effectively as Western medicine in diagnosing and treating illnesses, whether physical, psychosocial or mental, their positive experiences have helped them to maintain their faith in such healers.

In addition to safety concerns, stigma is attached to traditional healing in KwaZulu-Natal province. The participants expressed concerns about the conditions in which traditional healing consultations take place. They noted that these are often dodgy, dirty places. This paints a picture of traditional healing and traditional healers as both incompetent and unsafe.

The participants argued that traditional healers have lost their credibility due to the different problems they attend to. One says, "I think it also depends on what the people want. If the person says I want this and they offer you money, then you are going to throw the bone and bring back the lost lover or whatever. I don't know I think that is how they lose their credibility". As noted earlier, while in days gone by, the main purpose of traditional healers was to treat illnesses and mediate between people and their ancestors, today, they have become more open to other services such as bringing back a lost lover. This suggests that traditional healing focuses more on making money than providing optimal health for clients, which is why it has lost credibility.

5.4. Summary of the study

This study investigated university students' assessment of, and perceptions and attitudes to traditional healing practices. It sought their views on traditional healing and its economy of practice. The study also sought to determine how their level of study influences their

perspectives. Purposive and convenience sampling were used to select the participants. Ten Black students at UKZN participated in individual interviews and a focus group. A social constructivist perspective was used to gain knowledge on how the participants construct meaning from their lived experiences. The study's results show that constructions of traditional healers depict them as having good and bad attributes. Participants used their personal experiences of traditional healing to form constructions. On-going use of traditional healing was noted although the students tended to distance themselves from the decision, explaining that their parents had the final say. They thus ascribed their use of traditional healing practices to compliance with the wishes of a higher authority. The participants explicitly expressed their aversion to traditional healing practices and the perceived inadequacy of the practice.

5.7. Implications, conclusions and recommendations

By virtue of being students at a higher education institution, the study participants were exposed to different views from those held from childhood and their fields of study contributed to their perceptions of the world. Although they continued to use traditional healing practices despite their discontent, they were open to alternative healing methods. Their convictions on traditional healing were challenged by new knowledge acquired through learning and critically engaging in discussions about ill-health and ways of recovering in a South African context. Dualism emerged in this study, implying that the participants were open to the use of Western healing practices in conjunction with African traditional practices. This could inform efforts tointegratedifferent health care practices in South Africa rather than treating them as extreme opposites or rivals.

5.5. Limitations of the study

Qualitative research makes use of small samples which limits claims of generalizability of the findings. The results from this study cannot be generalized to the whole population of black South African youth as the sample consisted of a few students at UKZN. Thus, the beliefs, attitudes and assessment of traditional healing expressed by the study participants cannot be assumed to be the same for all young black South Africans. However, the results can be transferred to other similar contexts. Future research could use a more representative sample that includes students from different universities, thus increasing the possibility of the transferability of the results.

Another limitation of the study is that of social desirability. Due to the nature of the research and the negative feelings attached to traditional healing, there is a possibility that some of the participants were not completely honest in how they felt or about their experiences as they may have wanted to portray themselves in a certain way. For example, some of the participants suggested that their continued use of traditional healing is due to the fact that they could not disobey their parents rather than by choice, thus distancing them from the practice. The best way to deal with this limitation is reassuring participants that there is no wrong or right answer, remaining objective as the researcher and reassuring them that whatever is discussed in the interviews and focus groups is strictly confidential.

5.6. Recommendations for further research

Based on the findings of this study it is evident that university students' perceptions of traditional healing are influenced by various factors, including their level of education, family background and religious convictions. Most studies have focused on efforts to integrate traditional healing into mainstream health care. In light of the discontents identified in this study, further research is required on whether the inclusion of traditional healing in primary health care will be rewarding for and acceptable to educated South African youth. As noted earlier, future studies should also use a larger sample in order to generate findings that are generalizable across South African youth in different contexts. It is also worth noting that although the participants have expressed discontents towards Traditional Healing Practices they still consult with Traditional Healers. Further research could focus on more quantitative results suggesting percentages of South African youth who consult with Traditional Healers. This study has provided a basis for conversations regarding Traditional Healers and their place in the broader health care system in South Africa.

5.7. Conclusion

The findings of this study revealed that most of the participants had consulted with a traditional healer and thus had firsthand experience of such healing. Thus, the beliefs, attitudes and assessment of traditional healing among young black South Africans are based on such experiences. However, the majority of the participants indicated that they did not consult traditional healers of their own free well, butout of respect for their family and parents.

The study also revealed that the main purpose of traditional healers is to treat patients and to mediate between people and their ancestors. However, over time, the scope of traditional healing practice has evolved and people now consult traditional healers for more personal issues such as bringing back a lost lover or being favored by an employer. This has led to a decrease in the trustworthiness and credibility of traditional healing. Two types of traditional healers were identified, those who practice healing and those that practice witchcraft.

The study also found that participants with experience of traditional healing have some discontents with the practice and with traditional healers. These include but are not limited to the fact that traditional healers are perceived to be deceitful as they tell their patients what they want to hear instead of giving them an accurate diagnosis and appropriate treatment. Traditional healers also fail to refer their patients to other traditional healers or Western facilities as they do not want their reputation to be tarnished. This delays treatment and harms patients. Traditional healing is therefore painted as an ineffective and unreliable practice.

Finally, the study revealed that the safety of traditional medicines cannot be fully trusted. Many reasons were listed, including the fact that traditional medicine is not tested in laboratories and therefore could be toxic, leading to harm and possible death. Furthermore, traditional healers' knowledge and skills are based on indigenous knowledge as opposed to Western practice with highly trained and skilled professionals using medicine that has been tested in laboratories.

However, the study revealed that despite all the discontents, some young people still believe in traditional healing and value the practice. Their faith in traditional healing practices is likely based on positive experiences in consulting a traditional healer and receiving treatment.

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Appendix A

10 September 2015

Miss Sithabile Ndlovu 210504891
School of Applied Human Sciences
Pietermaritzburg Campus

Dear Miss Ndlovu

Protocol reference number: HSS/0627/015M
Project title: Traditional Healing and its discontents: A study of University Students' assessment, perception and attitudes towards traditional healing practices

Full Approval – Expedited Application

In response to your application received on 1 June 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

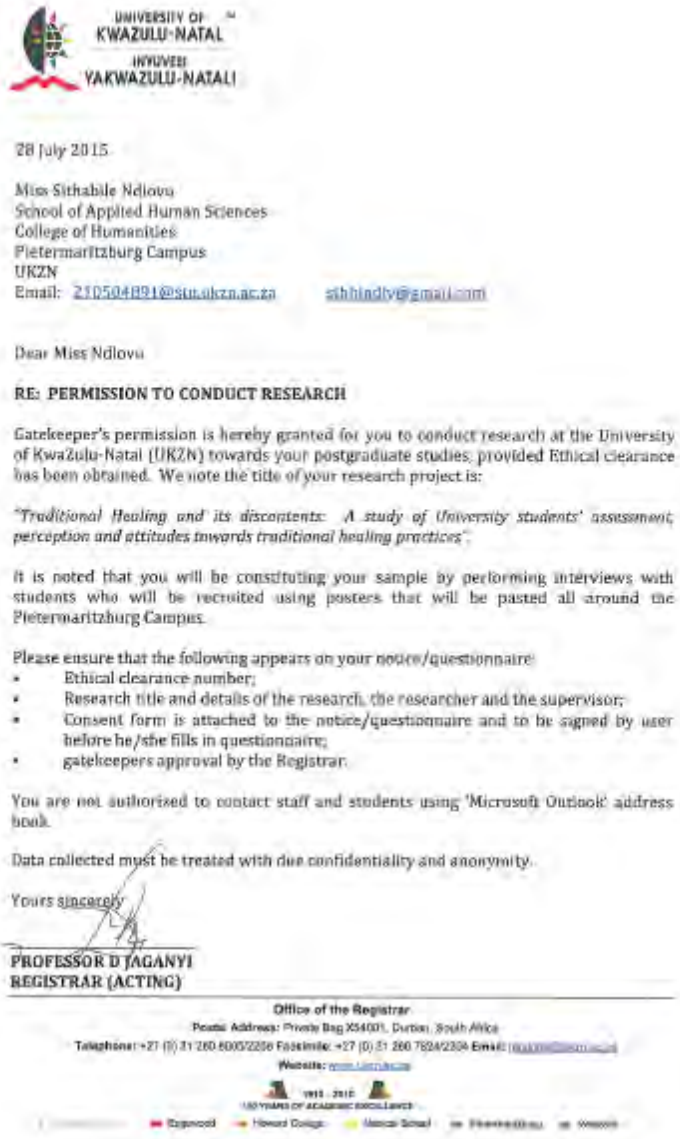
.....

Prof Urmilla Bob
University Dean of Research
On behalf of Dr Shenuka Singh (Chair)

/pm

Cc Supervisor: Ms K Maruping
Cc Academic Leader Research: Prof D Wassenaar/ Dr Jean Steyn
Cc School Administrator: Ms Nozipho Ndlovu

Appendix B



UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

28 July 2015

Miss Sithabile Ndlovu
School of Applied Human Sciences
College of Humanities
Pietermaritzburg Campus
UKZN
Email: 210504891@stu.ukzn.ac.za sthhindlv@gmail.com

Dear Miss Ndlovu

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"Traditional Healing and its discontents: A study of University students' assessment, perception and attitudes towards traditional healing practices".

It is noted that you will be constituting your sample by performing interviews with students who will be recruited using posters that will be pasted all around the Pietermaritzburg Campus.

Please ensure that the following appears on your notice/questionnaire:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using 'Microsoft Outlook' address book.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

PROFESSOR D JAGANYI
REGISTRAR (ACTING)

Office of the Registrar
Postal Address: Private Bag X54001, Durban, South Africa
Telephone: +27 (0) 31 260 8000/2206 Facsimile: +27 (0) 31 260 7824/2204 Email:
Website:

Appendix C

Traditional Healing in KwaZulu Natal Province: A study of University students' assessment, perception and attitudes.

1. Are you familiar with indigenous ways of healing? What is isangoma and what does isangoma do?
2. What issues or problems would people present to a traditional healer, i.e. isangoma?
3. If you experienced an emotional breakdown or serious emotional crisis, who would you consult first?
4. Why would you consult that medium of help?
   4.1 What would be the benefits of consulting?
   4.2 What would be the losses of consulting?
5. If you were to consult a traditional healer for any situation, would you make it a secret or public that you are consulting a traditional healer?
   5.1 Why?
6. What do you believe are the benefits of consulting a traditional healer?
7. What do you think are the losses of consulting a traditional healer?
8. What do you think are the reasons why people cannot embrace African traditional healing practises?

Appendix D

Traditional Healing in KwaZulu Natal Province: A study of University students' assessment, perception and attitudes

My name is Sithabile Ndlovu; I am a Psychology Masters student at the University of Kwa-Zulu Natal, Pietermaritzburg campus. I am conducting a study on African Traditional Healing Practices. The study aims to evaluate Black South African youth's assessment of its economy of practice. I would like you to take part in a research interview which will require you to answer questions about traditional or indigenous healing practices. Your participation is entirely voluntary.

The interviews would last approximately less than an hour. I will ask you about your knowledge and understanding of traditional healing practices, what you believe are the benefits and losses of consulting with traditional healers.

The research interview will be audio recorded with your written consent. The data collected will be used solely for the purposes of the research. The obtained data and any transcriptions will be kept in a private place where no one but the researcher and the supervisor will have access to it. Any information you disclose will be kept confidential and your identity will not be revealed. Your identifying information such as student number or any other identifying information will not be requested or attached to any document. Pseudonyms will be used when reporting the obtained data.

There is no financial reward attached to your participation. Your participation in this study will pose no harm to you. However, should you experience any form of distress elicited or aroused by questions during or after the interview arrangements have been made for you to see an intern psychologist at the Child and Family Centre on campus.

As indicated that your participation in this study is voluntary, you are also free to withdraw from the research process at any time and this will not disadvantage you at all.

A summary of the findings of this research study will also be communicated to you via email

Should you have any questions about the research at any time, my research Supervisor KeaolebogaMaruping can be contacted on marupingk@ukzn.ac.zaor 0332605335. The research ethics committee can be contacted through Ms. Phumelele Ximba on 0312603587.

Sincerely,

Sithabile Ndlovu

Participant consent form: Interview participation

The aim of the study is to evaluate Black South African University Students' assessment of the use of traditional healers, traditional healing and its discontents.

It was explained to me_____ (Full Names of Participant) that I could withdraw from the study or answering any question that I feel uncomfortable responding to. I understand that my name will not be used in the research and that I will remain anonymous.
I agree to take part in the interview for this research study.

I have been given the researcher's details.

.....

Participant's signature

.....……

Date

Audio recording consent form

I_____ (full names of participant) hereby understand that the information I have chosen to share during the interview process by Ms. S. Ndlovu will remain confidential and my identity will remain anonymous. I give consent to be audio recorded during the interview process of the research study by Ms. S. Ndlovu.

..... **.....**

Signature of participant **Date**