

The role of Traditional Health Practitioners in Rural KwaZulu-Natal, South Africa: generic or mode specific?

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Background

- **WHO definition:** “a person who is recognised by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices”
- **South African Traditional Health Practitioners Act (No. 35 of 2004) :** “an object or substance used in traditional health practice for – (a) the diagnosis, treatment or prevention of a physical or mental illness; or (b) any curative or therapeutic purpose”
- Acknowledged in South African law, and non-formally in the public health system
- Reported to be an integral resource of health care
- Challenged for the safety and effectiveness of practices and methods

Aims

- To describe the roles, methods and practices of individuals involved in traditional healing among the Zulu tribal group in a rural area in Northern KwaZulu- Natal province, South Africa.
- To identify pathways to becoming a THP
- To understand how the indigenous methods and practices involved in traditional healing are related to THP identity.

Conceptual Framework

- **Role identity** is defined as the meaning(s) one attributes to themselves in a role, or that others attribute to one
- Role identity theory seeks to explain how roles develop in societies and how people represent 'who' they are in different contexts, including their working environment
- This is especially so for THPs who occupy an unclear position, both as community representatives and as healers or 'non formal professionals'
- Their roles are far less defined than those of formalized professionals
- Role identity theory is used in this study to explain how traditional healing roles are formed

Overview of the Setting

Sub-study of the TasP trial ANRS 12249

TasP social science sub-study:

- ❑ *Setting:* Hlabisa sub-district, KwaZulu-Natal
 - ❑ 1,430 Km²
 - ❑ 228,000 Zulu speaking people
 - ❑ 29% HIV prevalence
- ❑ *Timeline:* March 2012-June 2016
- ❑ *Social science:* January 2013-June 2014

Study sought THPs who resided within the TasP trial community, were 16 years old and above, were willing to participate and commit to the 18 month period the study was scheduled for, and if they were willing to provide informed consent. Initially, four THPs were purposefully sampled using a list of contact details provided by the local association of THPs, and obtained from the Africa Health Research Institute (AHRI) Community Engagement Unit.



Sample

- Diviners and herbalists provide healing through the guidance of ancestors while spiritualists are guided by God-sent messengers

Gender	Age	Type of Traditional Health Practitioner	Registration with THP Association
Female	52	Faith healer/Herbalist	Registered
Female	49	Herbalist	Unregistered
Female	53	Diviner	Unknown
Female	Unknown	Diviner	Unknown
Female	61	Diviner/Herbalist	Registered
Female	60	Diviner/Herbalist	Registered
Female	60	Diviner/Herbalist	Registered
Male	33	Faith healer/Herbalist	Unknown
Male	24	Diviner/Faith healer	Unknown

Methods and THP attendance

Meeting (M)	Activities and Main topics discussed	Approach used	Attendance
M1 22/02/2013	M1 focused on types of healers available in the community, how THPs described their beliefs and how they carried out healing practices.	Individual & Group narratives	9/9
M2 30/05/2013	M2 focused on the healers perspective about HIV (what they thought other people in the community as well as their patients thoughts about HIV); their own perspective about HIV testing & treatment and what their role as healers was.	Individual & Group narratives	9/9
M3 31/07/2013	M3 focused on cultural and traditional healing practices that THPs perceived were barriers &/or facilitators to HIV testing & treatment.	Individual & Group narratives	9/9
M4 09/10/2013	M4: Community walk (CW). Guidelines for the CW included an introduction to the concept of using photographs to document parts of daily lives and perspectives. Healers were informed that the process would be undertaken as a group, and that they would lead the walk and use a digital camera. They were asked to identify and capture any image they considered a barrier or facilitator to HIV-testing, treatment and treatment adherence in their community in order to provide further insight into their lived experiences. (A maximum of 20 photos per participant were allowed).	Individual, group narratives and community walk	8/9
M5 13/11/2013	M5 was a panel discussion about the images taken in M4, each THP presented his/her own photos.	Panel discussion	7/9

Analysis

- A coding framework was developed in two main stages:
 - All transcripts were used to develop five broad categories that were used to code four group discussions
 - In the second stage, all data regarding information on:
 - (a) understanding THP Typology;
 - (b) identify pathways to becoming a THP
 - (c) information related to THP roles and traditional healing practices related to different types of THPs. (data was extracted and charted manually (revising and refining initial codes)

Isangoma: Calling, initiation, training, completion and practice

- Isangoma was reported to be the most common healing system that exists in the community.
- Being called or chosen by Amadlozi and going through a comprehensive training was fundamental to becoming a Sangoma.
- While others received the calling through visions or dreams, others received it through an illness
- It was pointed out that Isangoma used Ukuhlola (divination) to determine the cause and source of illness, and offer an explanation to patients
- Amadlozi gave guidance in the healing practice (professionally) as well as one's life in general (personally).

- The calling manifests as physical, emotional or psychological illness (ancestral illness), an aspect that many people failed to understand, with families often making attempts to reverse through performing cleansing rituals

“I didn’t study well because the spirits disturbed me. I stopped school because in the course of the year, I will perform well and do like other learners. But when we were about to write exams, I would not hear the teacher and I would just feel like leaving the class and just wander around. I would not disturb other learners at school.... (Male, FGD1, Traditional healer)”

Umthandazi: Calling, initiation, training, completion and practice

- THPs identified religion as playing a crucial role in the formation and practice of Umthandazi.

"What I am trying to say to you is that our ancestral calling of Ubungoma and Ubunyanga, we get it while we are at church but we have to leave the church and follow our calling. However, because we were brought up in prayer, in church, it (ancestral spirit) never leaves you. You then become an Umthandazi" (Female, FGD1, Traditional healer)

- The spirit of God, referred to as Isithunywa, and Amadlozi were mentioned as subjects of respect and honour, which go hand in hand and cannot be separated.
- THPs pointed out that Amadlozi and Isithunywa, sometimes referred to as Imimoya (spirits) operated within Umthandazi to reveal things that were hidden
- It was through this process that Umthandazi could learn about other people's problems and be able to help people
- Umthandazi mainly used prayer and water, but could also use minerals such as ash and salt in the process of healing.

“When the spirits rise it means that the person starts speaking in a way that he does not know. He does not know how he got to speak like that. That is how the spirits start to operate in him” (Male, FGD1, Traditional healer)

Inyanga: Initiation, training and practice

- Inyanga went through intensive apprenticeship to learn about traditional medicinal remedies
- The apprenticeship was taken with an individual who was already an Inyanga
- While Inyanga depended more on the knowledge gathered, there was still a need to connect to Amadlozi to activate the healing ability.

“When a person comes to me and enters at Endumbeni (consultation room), I consult with the ancestors and come back to mix umuthi (medicine) for a patient”
(Female, FDG4, Traditional healer)

- The work of Inyanga also entailed performing curative rituals.
- One healer often asked patients to perform certain rituals or undergo certain practices in the process of healing.

“Yes the child will drink the medicine outside (household premises) and also take the bath outside (household premises) . We do not use a bath tub. I just pour the mixture over the child’s head and the mother will run her hands through the child’s body. We all walk back to the house and we do not look back. When we look back, it means that we are looking at the thing that we were removing from this child and it will come back again to trouble the child” (Female, FGD4, Traditional healer)

Multiple Role Identities

- THPs also indicated that one healer could practice or get trained in more than one healing system, for example as both Inyanga and Umthandazi.

“I think you are trying to ask that there is Umthandazi and at the same time she is also a Sangoma or Inyanga. I can see that you are trying to ask how that happens. There are a lot of people who also wish to understand how that happens”. (Female, FGD1, Traditional healer)

Ancillary roles of THPs

- In addition to providing explanations for causation and source of illness, THPs reported that they also provided protection and counselling to their patients through a process of mediation as directed by Amadlozi.

“Sometimes when people go to the clinic, they will not be taken care of because they have isinyama (dark omens) that is following them. People will not even want to look at them and nurses will not want anything to do with them. So when such people come to me, the first thing I do is to cleanse them, to remove isinyama so that people can be able to look at them and they must be attractive to people”
(Female, FGD3, Traditional healer)

Lessons Learned

- In this context, three broad categories of healers were identified
- While some identified themselves primarily as one type of healer, others combined more than one aspect of healing, demonstrating that the role of healers is interchangeable, often depending on the patient's context and the healer

Lessons Learned

- The methods and practices used by THPs include a combination of observation, divination, religion, diagnosis and treatment
- Role identities of THPs were: being a diviner (providing explanations for source and cause of illness); being a healer (providing treatment for different ailments); and being a protector, mediator and counsellor.
- THPs in the study looked at illness as having a specific source and cause (often linked to the patients environment, including them as an individual, their family (alive and dead members), as well as their community
- Thus, providing traditional explanatory models of illness with the use of local meaning and interpretation

Limitations

- This study uses data collected as part of a larger TasP trial (ANRS 12249), therefore questions did not only focus on the role and identity of traditional healers, but also on other aspects of TasP such as HIV testing, ART and early initiation of ART
- This study has provided an initial insight into the role identities of traditional healers, however, we need more clarity on the nuances of becoming iNyanganga and uMthandazi.

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