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Relevance for Traditional Medicine in South Africa: Experiences of Urban Traditional Healers, Izinyanga

Ntokozo Mthembu

Abstract**—**Access to relevant health indicates people's likelihood of survival, including craft of indigenous healing and its related practitioners- *izinyanga*. However, the emergence of a dreaded novel corona virus - COVID-19 that has engulfed almost the whole world has necessitated the need to revisit the state of traditional healers in South Africa. This circumstance tended to expose the reality of social settings in various social structures and related policies including the manner coloniality reveal its ugly head when it comes treatment between western and African based therapeutic practices in this country. In attempting to gain a better understanding of such experiences, primary and secondary sources were consulted when collecting data that perusal of various literature in this instance including face-to-face interviews with traditional healers working on the street of Tshwane Municipality in South Africa. Preliminary findings revealed that the emergence of this deadly virus coincided with the moment when the government agenda was focussed on fulfilment of its promise of addressing the past inequity practices, including the transformation of medical sector. This scenario can be witnessed by the manner in which government and related agencies such as health department keeps on undermining indigenous healing practice irrespective of its historical record in terms of healing profession and fighting various diseases before times of father of medicine, Imhotep. Based on these preliminary findings, it is recommended that the government should hasten the incorporation of African knowledge systems especially medicine to offer alternatives and diverse to assess the underutilised indigenous African therapeutic approach and relevant skills that could be useful in combating ailments such as COVID 19. Perhaps, the plural medical systems should be recognized and related policies are formulated to guarantee mutual respect among citizens and the incorporation of healing practices in South African health sector, Africa and in the broader global community.

Keywords**—**Indigenous healing practice, *inyanga*, COVID-19, therapeutic, urban, experience.

I. Introduction

THE collapse of apartheid regime in South Africa in the early 1990s led to the need for socio-political change that brought about the idea of redressing of past injustices in its development agenda, including the recognition of indigenous health systems. However, when it comes to reality there are varied observable experiences. First experience portrays a positive step towards the revitalisation of indigenous knowledge system-related institutions – family, policy, ethos including the traditional healing sector, in relation to the notion of *dis-ease,* an approach to administering of *umuthi*, traditional medicine, the pathology of disease and the wellness or ease of a person) [1].

Ntokozo Mthembu is with the University of South Africa, South Africa (e-mail: mthemnc@unisa.ac.za).

Second experience suggests that coloniality remains prevalent like in the days of apartheid, despite the high promises for justice and equality. For instance, the lived urban experiences of *izinyanga* suggest marginalisation and segmentation. In other words, these experiences manifest through the way in which traditional medicine and traditional healers as they remain categorised in relation to western medicine. In addition, these experiences are defined in two ways.

The first definition refers to the degradation *izinyanga, isangoma, ngaka or chiremba* which means traditional healers and their *muthi* (herbs), in relation to curbing novel diseases such as COVID 19 and HIV/AIDS. The second definition refers to the observable unequal treatment of western and indigenous Afrikan tradition medical practices. In other words, the Traditional Health Practitioners Act 2007 22 of 2007 [THPA] tends to be limited when it comes to respect and acknowledgement especially when it comes leadership, control and skills. Therefore, these experiences suggest the need for a relevant intervention to ensure that *izinyanga* and their traditional healing systems are appreciated as part of redress the past socio-political injustices. In other words, this type of development will chart a new approach in health care sector of which be beneficiary to broader community locally, in African continent and global community in general [2].

This paper contributes to the literature by sharing the lived experiences of some of the *izinyanga* traditional healers who do their practice to heal the sick in the urban setting, the craft of sustaining harmony in the human body, especially where the pathological condition has been identified in relation to their understanding of traditional medicine and their roles, practices, methods in the post-apartheid era and related policy [3].

The paper attempts to provide a better understanding of social realities that *izinyanga* experience in relation to the edict that is perceived as a positive government intervention intended to improve their livelihood in this instance. In doing so, it will focus on the background; it will specifically revisit the precolonial era; give a brief historical overview and reveal some challenges and possibilities of *izinyanga* in relation to THPA. More specifically, it will deliberate on the novelty of moral standards in relation to historical background. The paper will also look at the theoretical framework followed by policy dynamics; discuss issues pertaining to challenges and related possibilities for *izinyanga*. The paper concludes by highlighting some recommendations for consideration, specifically when formulating a relevant policy intervention regarding the development of a plural healthcare system.

II. Background

Healing practice is a rite that is practiced in almost all societies through various rituals that are meant for the restoration and well-being of human life [4]. However, culture is known to play a meaningful role in dissecting health and disease and dictates relevant moral standards. Thus, the notion of allopathic and traditional healing practices tends to define healing practices that are centred on the western and African respectively. Perhaps it will be vital to consider the definition of traditional healing for the purposes of this chapter, as it is the focus in this instance.

The term "traditional healing" is normally used loosely, especially with reference to ancient healing practices that are transferred from the past generation to the next generation via ancestral calling, verbally or in writing [5]. Furthermore, the World Health Organization's (WHO) definition of traditional healing relates to traditional medicine with therapeutic practices that were developed before the existence of western allopathic medicine [8]. Another aspect that needs to be considered when assessing issues related to African traditional medicine is that in almost all aspects of human life, faith forms the existence of indigenous African people. In other words, the African healing system is not conceivable without African faith.

Approaches to African Healing

When looking at the African healing process, it is categorised into three approaches, namely, the pharmacological, surgical and ancestral medium approach [6]. Again, traditional healing depends exclusively on observation and practical experience handed down form the past generations [4]. The traditional African cosmology advocates that the universe is composed of two spheres: the world of the living people and the world of the ancestral spirits. Thus, the *amadlozi,* spiritual beings are invisible and known to be responsible for the well-being and survival of the living descendants [7]. In addition, health, prosperity and misfortune are linked to goodwill or wrath of the ancestors towards the individual or community. In other words, the traditional healing approach differs from the western biomedicine in that it focuses on who caused it and why. Nevertheless, the traditional healing process includes a variety of healing approaches which, in turn, include treatment with herbal, animal and mineral substances and spiritual healing. Traditional healers are individuals who are regarded as herbalists and diviners –*abathandazi* [7]. A diviner role normally fulfils diverse activities that include faith or religion rites evoked by the priest and a prophet [8]. However, traditional health practitioners play various roles, since they have overlapping responsibilities. For example, other traditional healers, like the well-known *isangoma* (spiritual healers) have dual responsibilities where they act as divine healers and herbalists, using herbs and the ancestor spirit medium as part of their healing approach. Because traditional healers utilise both herbals and divine approaches for their healing, they are often viewed differently within various cultures. For example, a person who specialises in mixing herbal potions to treat ailments is known as an *inyanga;* and the *abathandazi* use water and prayer in their practices [9]. For instance, when it comes to selecting candidates for this craft, it is the responsibility of the Ancestors to identify and endow the relevant practical intuitions; and when it comes to clinical visits of the patients, which are also determined by the ancestors who guide and reveal to the patient which *inyanga* he or she should visit for healing a specific illness, the *inyanga* is informed prior to the visit of the patient with related personal details including the type, ingredients and place where to get that *umuthi* and the potion to be applied in this instance.

Relevance for Traditional Healers

Currently in sub-Saharan Africa, it is estimated that the ratio of traditional healers to the population in Africa is 1: 500 when compared to 1:40 000 medical doctors. Again, more than 200,000 practising traditional healers who serve more than 80% of the population in South Africa [10]. In other words, this scenario suggests that there are 80 times more traditional healers than biomedicals in this instance.

In accordance with African mythology, the spiritual aspect forms the basis of the mystical element that is associated with the deity, *Idlozi elikhulu* (ancestor of the ancestors) also known as the Creator God or Ptah [11]. In addition, according to the African mythology it is believed that the mystical aspect encompasses necromancy, which is the practice of consulting the ancestors as a form of spiritual diagnosis, especially when attempting to understand a calamity that is being experienced in a specific time and space by an individual or community. Besides consulting ancestors for spiritual diagnosis, a person can become a traditional healer through the calling from the ancestors rather than going through formal educational and administrative processes without applying or following the procedures [6]. However, the knowledge of herbal medicine and all the phytochemical and medicinal properties of the herbs is also passed on through the generations, making traditional healing a strong component of the African heritage.

Comparisons of Traditional Healing to Western Medicine Practices

Though this paper did not focus on the comparison of western and African medical practices, but for the purposes of clarity it will be conducted due to the prevailing imbedded diverse cultural value systems in the health sector that cannot be ignored, especially when attempting to formulate a health intervention that brings about long lasting solutions. Perhaps, in illustrating the differences between these two health practices, Table I highlights related variations in four main themes: the agency; ability to act; craft – archetype training; structure – social arrangements therapeutic approach in this instance.

In summarising the four themes of Table I, the agency of the practitioner in the African traditional health sphere is something endowed by the ancestors; while in the western medicine, agency depends on the individual and affordability. When it comes to the nitty-gritty of training to acquire a

medical skill, in Africa it is something that can be defined a mystical experience, as they vary to each culture according to their respective agencies; the exoteric and esoteric nature. For instance, the mystery schools' approach is adhered to inculcating skills for *inyanga* or *isangoma* based on their variations only to the chosen. It is worth highlighting that in case a candidate is not chosen by the ancestors, the chances are high that such a candidate would not able to perfect certain rites during the training session, such as going under water and dwell there for months and re-emerge healthy [7]. On the other hand, the western training, in this instance, tends to embed esoteric knowledge. Besides these fundamental aspects, it is worth also to consider that these medical practices are founded on diverse social orders – the old and the new; – that is, moral codes that guide their manner of practice. Lastly, a look at the various therapeutic approaches advocating their respective social grounding might offer understanding in this instance. For instance, African health practices depended mostly on natural ingredients from the soil, (*ibomvu*, red ore) plants and the celestial luminaries – the sun and the moon in symmetry with nature in contrast with western allopathic medicine that remain guided by the parameters of New World Order and human rationality. In other words, the western allopathic medicine that is characterised by dependence on drugs of which manufacturing can be linked to the exhaustion of natural resources and environmental degradation [3].

TABLE I
COMPARATIVE TABLE FOR MEDICAL PRACTICES IN SOUTH AFRICA

Theme	*Izinyanga* -traditional healers	Western medical practitioner
Agency, ability to act	Heirloom, chosen	Optional, individual
Craft, archetype training	Exoteric and Esoteric	Esoteric
Structure – social arrangements	Ancient; Natural Order, diversity	Nascent; New World Order, monopoly
Therapeutic approach	Ephytopharmaceuticals medicine-based plants	Allopathic medicine based on use of drugs or surgery

Experiences for Traditional Healers in South Africa

To gain a broader understanding of the issues related to the practice of traditional medicine in Africa, the possibility of *izinyanga* practice in a democratic era needs to be considered in the backdrop of social structures and related ethos governing the current social settings. It is worth highlighting that, although this paper cannot exhaust the historical development of colonialism in Africa, it will give a brief summary for the feasibility of this project. Colonialist forces armed with the agenda of negation and domination nullified and dehumanised African cultural value systems, including traditional medicine. Unfortunately, this is still being experienced today.

Socio-political development in both instances tends to influence their development, especially when it comes to western healthcare systems that marginalise indigenous medical practices. For example, the South African Medical Association banned traditional medicine in the 1900s [12]. In South Africa, traditional healers and their medicines have been negated to a state of being regarded as witchcraft debates. The demand for the registration of *izinyanga* has been debated in the country as far back as 1948. Despite such debates, the proclamation of the Witchcraft Suppression Act 3 of 1957 consolidated the marginalisation of traditional healing practice [13]. Again, the promulgation of THPA 35 of 2004 (amended as Act 22 of 2007) came to be realised in 2007 following the demand of the World Health Organization. Other factors are relevant to this discussion.

It is worth mentioning that in ancient Africa, identities were embedded in certain ways of life. As a result of colonialism, these ways of life were either destroyed or relegated to the status of uncivilised and backward beliefs; and sometimes labelled as superstitious practices or unacceptable challenges to colonial programmes and preferences [14]. A vast corpus of literature tends to highlight the exorbitant impact of colonialism on various parts of the world, including South Africa, especially when it comes to the alteration of indigenous cultural value systems, such as the system of traditional healing that encompasses the notion of holistic treatment, which refers to an awareness of dealing with visible and invisible aspects [15]. In addition, it is worth mentioning that traditional medical practices are based on the social and emotional equilibrium of a patient, which is influenced by community values and a social contract. The notion of a social contract becomes more relevant in this instance, because it deals with the relationship between the state and society in which it functions [16]. Because this paper discusses the experiences of African traditional healers, the use of Afrocentric theory with a focus on issues of spatiality and context complemented by the *Khushite* perspective will be explored as it considers a multidisciplinary approach and incorporation of faith-related aspects in all social spheres [17].

The adoption of a multidisciplinary approach is relevant because African moral standards tend to promote the infusion of various knowledge centre faculties in contrast with the western secular system [17]. Understanding the guiding principles that cause each society to adhere to certain norms and standards must be considered in the context of social order or contract, which may include multifaceted issues like ethics, language, philosophy, politics, theory, sociology, ecology and many more. In an African social contract, the ancient world order/order of creation, traditional healers are perceived as intermediaries between the living and the ancestors; or as individuals who have passed from the present realm to another realm of existence. This social contract depicts the broad social order that regulates human relationships that manifest with reference to globalisation issues, such as social justice, especially when it comes to the economic, inequality, gender, marginalisation of indigenous people and coloniality.

Colonialism Era

When we look at the emergence of colonialism in the southern nations in the 19th century, specifically in South Africa, socio-political experience cannot be ignored because it came along with its orthodox medical practice founded on the axiom of Aristotle's dualism which denounces the African

setting and tends to promote the physical aspect of personhood [18]. This tradition can be linked to the Enlightenment and its agenda of modernity that espouses the idea of "man as a rational animal" and other nations as subhuman [19]. In addition, these notations tended to enforce the ideals of patriarchy that came along with violence, alteration of cultural values, enslavement, exclusion or apartheid, classification and hierarchisation. Subsequently, concepts such as "black" became to be associated with 'ugliness, darkness, inferiority and sinfulness' and "white" of which became to be linked with 'purity, goodness and superiority' that were engraved in the minds of indigenes and colonisers as part of colonisation [11]. However, the winds of change that continue to influence current social settings, including the traditional medicine sphere, have revealed the need to incorporate previously marginalised knowledge systems including traditional medicine.

It is argued that "the 'colonisation' of the imagination of the dominated" remains the worst form of colonisation since it deals with and shapes people's consciousness and identity [20]. The notions of colonialism and coloniality are defined as follows:

> *Colonialism* denotes a political and economic relation in which the sovereignty of a nation or a people rests on the power of another nation, which makes such nation an empire. *Coloniality*, instead, refers to long-standing patterns of power that emerged as a result of colonialism, but that define culture, labour, intersubjective relations, and knowledge production well beyond the strict limits of colonial administrations. Thus, coloniality survives colonialism. It is maintained alive in books, in the criteria for academic performance, in cultural patterns, in common sense, in the self-image of people, in aspirations of self, and so many other aspects of our modern experience. In a way, as modern subjects we breathe coloniality all the time and every day [20].

Post-Colonialization Era Reflections

Despite wars for independence and the ultimate achievement of emancipation by many African countries, marginalisation and suppression in some quarters remain observable in some policies. These tend to resemble the good days of the western imperialism, especially when it comes to the subjugation of indigenous knowledge systems that was the order of the day [12]. Although the post-colonial era offers a variety of opportunities, there are still diverse perceptions when it comes to paying relevant equal respect to western and African medical practices.

Despite the fact that traditional healers work with and share some of their *muthi* formulas with western-trained physicians, in many instances, many western medical professionals undermine traditional medicine because they perceive it as unprofessional and unscientific [21]. The promulgation of the THPA 22 of 2007 was viewed as an icon of hope, especially among the traditional healers and indigenous knowledge systems community. However, there are different views when it comes to the capability of democratic regimes to redress the past colonial social injustices. The first view suggests that the historical experience of social structure can be linked to the western civilisation agenda that remains perceived with doubt and mistrust in other quarters, specifically in the black African community [22]. Current social structures, such as regimes in the South, are also known to behold a narrow cultural knowledge system which creates uncertainty in medical practitioners and other social structures undermining indigenous knowledge system values perpetuating them as being, continue to be incompetent or not real. Secondly, there are other views that the incorporation of an indigenous value system will enhance the realisation of a plural medical system in the country [19]. Currently western medicine is viciously "enforced" to all by virtue of formulating policies that deliberately ignore basic aspects governing each medical practice. It is envisaged that the recognition of indigenous knowledge systems, including African healthcare approach, will significantly enable and widen the scope of options and approaches available to the sick to explore, especially when it comes access and affordability issues.

Disregard of Historical Relevance

Current medical practice tends to ignore the fact that western medicine is nascent when compared to traditional medicine which dates back to more than c. 3000BC [18]. Perhaps, in order to gain a better understanding of the issue under discussion it will be vital to revisit the etymology of the term *chemistry* as it relates to African healing art. Nevertheless, it is worth mentioning that Greeks, Chinese, and Indians normally perceive western alchemy as the "The Art" or by referring to change or transmutation. Though there are varied historical accounts of science, but they seem to have a common novelty as some histories, if not all they tend to refer to ancient African science mystery. For instance, it is acceptable that the word "alchemy" is European oriented derived from Arabic that can be linked to original root of word, *chem*. The other account suggests that the basics of roots of the word "chemistry" emanates from the study of approaches of how to transform "earthen" metals into "gold" in combination with thoughts and mystery. Vast corpus of literature reveal that the word "chemistry" has an African origin, as it is linked to ancient Egyptian word *kēme* (chem), which denotes earth. The word "Khem" was also used in reference to the fertility of the flood plains around the Nile River [18]. This scenario was confirmed by French chemist Antoine Fourcory in his 1782 *Leçons élémentaires d'histoire naturelle et de chemie,* where he classifies the early history of chemistry into four different clusters: Khemet/Egypt, the Arabs, alchemy, and the pharmaceutical chemistry begun by Paracelsus (c.1493–1541), Swiss physician: born Theophrastus Phillipus Aureolus Bombastus von Hohenheim who disregarded the ancient approach to medicine and philosophy based on observation and experience [56]. This approach advanced the idea that illness happens due to specific external cause, thus the introduction of present chemical remedies. In other words, this development led to attempts to replace and marginalisation of traditional

medicinal practices that are grounded on the idea that an imbalance of the bodily wits and milieu result to sickness and disease to the body. The origins of the word Khemet/Chemi (Chemiy) is known to be the source of modern word Chemistry, meaning the science of Blacks (Khemi), land of the Etherians; Khemi [57].

According to western historical narratives, discoveries of new concepts contribute in the development of science. Perhaps, the consideration of the term "chymistry", in relation to scientist Robert Boyle in 1661 understanding as the subject of the material principles of mixed bodies [57]. Again in 1663, the term "chymistry" was understood to be a studied scientific craft related to substance mixture. In other words, the word "chymist" and "chymistry" using old spelling refers to the agency of pouring, infusion, and used in relation to the study of the juices of plants, and the scope of chemical manipulations in general. However, according to African mythology asserts, words *khem* or *khame* are recorded in the hieroglyph as *khmi*, which symbolises black earth [56]. In addition, the word *chemistry* is linked to the ancient Egyptian word *"khēmia*" meaning transmutation of earth. In other words, it denotes "science of matter at the atomic to molecular scale, dealing primarily with collections of atoms, such as molecules, crystals, and metals" [33]. In other words, the term, chemistry is linked to African word *khemein* or *khēmia*, meaning "preparation of black powder" and also associated to the name *khem,* Khemet. In other words, the viability of creating a structure that governs Western and African medicine requires a need to accept and grant African ethical codes the same status as Western medicinal practical codes. The quest for recognising indigenous knowledge systems, including traditional medicine practice, "is not simply a scientific endeavour but an opportunity to reclaim Africa's scientific and sociocultural heritage" [23]. However, realising this aspiration depends on the advocates of Western medicine who have to start respecting elements in their practices that had always been marginalised and undermined other knowledge, including traditional African healing systems. In other words, the familiarity of various ethical codes between western and African is fundamental and a prerequisite, especially for the policy developers so that they have some form of responsibility to help them engage in such activity.

Marginalisation of Indigenous Knowledge Systems

When unpacking the notion of coloniality in South Africa, it is worth mentioning that it is characterised by the marginalisation of indigenous knowledge systems, including African traditional medical practitioners, such as *izinyanga* and their medicines [12]. Thus, it is significant to link the current experiences of continuous negation of traditional healers with past colonial ethical practices. For example, although segregation policies, such as apartheid, have been repealed, traditional medicine continues to be categorised or identified as "informal", a "hidden economy", "not scientific", "unethical", "witchcraft", "backward", "unscientific" and "superstition" [24]. This scenario tends to suggest digression on the feasibility of redressing past socio-political injustices on the mandate of guaranteeing the equality of various knowledge systems, especially the incorporation of traditional medicine into the present health sector. In other words, the sting of coloniality in this instance cannot be clearly understood without considering the concept of invented tradition. It is argued that traditions have been and are still being invented in all situations throughout time [25]. This suggests that the term "invention" has lost some of its original meaning; that is, the part of its meaning that relates to innovation, particularly in connection with technological advancement and the like. In other words, this scenario suggests that it is significant to consider the effects of colonialism and neo-colonialism as it reinforces the liberal ideal that is notorious for undermining the knowledge of other people that seem to be reflected in this instance.

Invented Tradition: Development of Customary Law

In simple terms, reality vanishes through the invented language that dissimulates it. Various scholars concur that invented tradition is characterised by three distinctions: (1) the distrustful manipulation of traditional structures as colonialist bureaucrats bolster a specific cultural identity in their advancement of a hegemonic agenda among the colonised people through using the "divide and rule" principle; (2) the utilisation of media reports to promote a specific socio-political front by advancing a specific cultural system; and (3) the "gender roles and legitimation of colonialism" [26]. This scenario is also emphasised by the fact that:

> … the development of the "customary" law of persons in terms of the need to control … in cash economy, it appeared to be the case that those who were doing economically well within the limits imposed by the colonial regime were those who had the most interest in promoting a "customary" view of control of persons, a view, that is, that could be presented and validated in customary terms. But the same people would not necessarily adhere to a completely customary package with regard to land … by those who had little stake in the … social order. But with regard to land, these seem to be the very people who would mostly readily defend the customary view... [25]

In other words, this pseudoscientific analytical framework tends to degrade indigenous African knowledge systems (IAKS), classifying them as not being scientific or based on logical principles, resulting in their exclusion [19]. It is worth emphasising that although African people vary in terms of locality, language and interpretation of certain rites, like traditional medicine, their guiding ethos stems from one source. This social setting was confirmed by one of the ancient scholars who argued that:

> Through which the Nile holds its course, above the confines of Egypt, with its monuments and inhabitants ... The southern frontiers of proper Egypt form merely a political boundary ... The same deities which were worshipped in Meroe, were worshipped down to this nethermost boundary... the same art in their buildings, their sculptures, and their paintings... just the same

writing; just the same hieroglyphics ... [28].

Perhaps, in attempting to ascertain the relevance of moral codes in various parts of Africa specifically in Africa, when approaching a healthcare system it is better to consider some observable experiences in this instance. It is worth highlighting that since colonialism affected almost all social settings in a similar manner, the observable variations in different communities tend to reveal some resemblance, especially when it comes to certain rites, such as traditional healing practices. For instance, the Nigerian and South Africa experience becomes relevant in this instance as it illustrates the manner in which the promulgation of medical policies and treatment of traditional healers and their medicine seems to be similar by nature [27]. In other words, in both instances this scenario suggests common social and ancestral background.

III. Efforts to Reintegrate Traditional Healing and Their Obstacles

With reference to the Nigerian experience, the first protest related to the recognition of traditional medicine took place in Nigeria in 1922. Subsequently, in the 1980s the central government promulgated various polices to regulate traditional healers and their practice through registration and the establishment of National Council on Health (NCH) and the National Traditional Healers' Board to name but a few. South Africa has followed almost the same route as far as traditional medicine is concerned. In both instances, the Nigerian and South African governments tend to be clouded with the notion of "catch-up" or "fast-tracking" in terms of meeting global healthcare standards that remain Western in orientation [24]. There is, for instance, currently a debate in South Africa on the establishment of National Health Insurance (NHI) which has been adopted in Nigeria. This scenario suggests that the former colonised countries seem to be more concerned with the global alignment of medical practices, which tend to marginalise the African ethos [22].

Theoretical Framework

In order to dissect the possibilities of *izinyanga* in a democratic era, the African perspective, specifically the Afrocentric perspective, is of paramount importance to its success as this perspective enables the reader, researcher, participants and the like to accurately interpret, express and create information as it relates to literature on traditional healers relevant to their situation [29]. This theory also is cognisant of the structures and environment that influences researchers when interpreting their locales.

Since this paper discusses the plight of black African traditional healers, it suggests that an Afrocentric worldview stemmed from their awareness of their milieu which helped to shape them and their theoretical framework. In other words, the acquired knowledge tends to form the basis of their experiences and observations that are being examined and interpreted in this instance [30]. Thus, the African worldview is considered as encompassing the linkages between the collective values and harmony based on the collective intelligence of accountability [31]. Furthermore, Afrocentricity is based on a model that recognises African identity and is situated in African culture in all spheres, including the spheres of belief and the social, political and economic spheres. Therefore, the Afrocentric and *Khushite* perspectives will help to dissect the "claws" of current neo-liberal policies in relation to viability redressing past social injustice, specifically among traditional healers.

Afro-Centric Perspective

Afrocentric theory emphasises that knowledge or science and its related methods of examination cannot be separated from the history, cultural background and worldview of its discoverers [31]. The concept of Afrocentrism therefore forms part of the indigenous knowledge systems (IKS) that incorporate the historical background and cultural value systems and all related experiences of the participants in this regard.

The exploration of various approaches that depict the diverse cultural backgrounds of people in a specific setting becomes relevant to be in line with the postcolonial social democratic milieu. From an African perspective, the researcher can grapple with social activities that are experienced based on local intra-national community matters at local, national and international level [32]. Therefore, it will be helpful to consider the basic challenges that are experienced by *izinyanga* when conducting their daily business of healing the sick.

In keeping up with the notion of Afrocentrism, a *Kushite* perspective is invoked as it links the historical background of the researcher and issue under scrutiny and also gives equal status, especially when it comes to narrating and documenting the historical background and experiences as a unit [33]. The *Kushite* perspective can be associated with African metaphysics, African epistemology and African axiology, including African ontology and African eschatology [12]. It incorporates metaphysics since it is concerned with the nature of human beings and the universe we are a part of; and epistemology refers to the concept of knowledge. Finally, axiology is concerned with the concept of values; ontology refers to the nature of being and eschatology relates to people's conception of death and forms of life. In other words, the *Kushite* perspective promotes a holistic approach when it comes to IKS, especially African value systems and related inquiry.

Policy Dynamics: Nexus and Praxis

In order to gain a better understanding of the factors that affect policy implementation in any context, it is worth highlighting that discussions related to *izinyanga* policy, purposes, and processes in social sciences emerged in the early 1900s, but notions pertaining to marginalisation and inequity in the medical sphere remain rampant [34]. Although there are differentiations between policy analysis, policy science and implementation studies, these expressions are also used interchangeably with no lines of distinction [34]. Therefore, various objectives are entrenched in these conventions of policy assessment. For the purpose of

understanding the survival of *izinyanga* and their practice, the *Khushite* standpoint argues that the policy examination approach is imperative in this instance, since it focuses on understanding the rationale and impacts of governmental roles, especially when it comes to policy development.

Policy Objectives

Despite the accepted differentiation between analysis for policy and analysis of policy, it is significant to note that there are various types of policy studies that need to be acknowledged. Firstly, the analysis for policy normally focuses on the *advocacy of policies*. Secondly, information for policy concerns the *revision of policy*. Thirdly, an *analysis of policy* determination and its effects examine the aspects of and procedures involved in establishing policies. Fourthly, an *analysis of the content of policies* examines the significance, statements, beliefs and discussions that inspire policies [34].

Frameworks of Responsibility

According to a positive perspective on policy, the government's responsibilities are normally associated with the implementation processes. Conversely, the post-structuralist perspective suggests that policy formulation should not only include authorities but also take cognisance of the prevailing and discursive environment. This view is emphasised by highlighting the following:

> … policy is not confined to the formal relationships and processes of Government … The broad definition [of policy] requires that we understand it in its political, social and economic contexts, so that they also require study because of the ways in which they shape … policy [35].

Current definitions of the term "policy" depend on the frameworks formulated by Western scholars [35]. There are various views on challenges and possibilities associated with policy implementation, especially when it comes to understanding issues pertaining to IAKS, such as traditional healing. Perhaps, it is worth considering two assumptions related to policy implementation: (1) policy implementation is a multifaceted process that requires the discovery of the perceptions of various stakeholders; and (2) policy implementation entails effective communication between relevant government stakeholders and "implementers" at local level [34].

Implementation Models and Policy Conflict

The sociology of regulation stipulates that policy formulation is a process that includes decision-making which functions in a linear way on various levels [36]. In addition, policies are regarded as "blueprints which exist prior to action and are implemented on the external world through a controlled process which is assumed to be a consensual one". Although there are various ways of policy implementation, approaches like the comprehensive implementation model and the vertical and horizontal levels will be discussed here.

The comprehensive implementation model is composed of a top-down approach and bottom-up framework that are also known as the forward and backward mapping approaches of policy implementation. When illustrating the practicalities of combining these two approaches in four varying contexts, it is argued that:

- In low policy conflict and low policy ambiguity contexts, administration implementation is viewed as an appropriate strategy and complimented with the effectiveness of a rational decision-making process – a top-down viewpoint
- In high policy conflict and low policy ambiguity contexts, the agents have defined roles although they cannot reach consensus and are referred to as political implementation – a top-down viewpoint. In high policy ambiguity contexts, the focus on the learning is referred to as experimental implementation – a bottom-up view
- In low policy and high policy ambiguity, the local agents devise a solution that is referred to as symbolic implementation – a bottom up view [36].

There is some critique on the top-down model because policy implementation through this approach is perceived as the rational administrative exercise of political bureaucracy directed by politicians [36]. In other words, this approach divides implementation from formulation activities characterised by separation between theory and practice. Conversely, this model is negated for its emphasis on policy-makers as key agents; and tends to undermine strategies applied by implementing agents for the delivery of policy for their private agendas. In contrast, the bottom-up perspective focuses on mapping agents as the starting point in relation to their objectives, strategies, activities and responsible individuals. In summary, it facilitates the communication between various agents as it provides the backward and forward mapping approaches that are capable of describing experiences for policy implementation [37]. Nevertheless, there are attempts to merge these two schools of thought – the comprehensive implementation model and the vertical and horizontal levels of policy on policy implementation, as illustrated in Fig. 1, the vertical and horizontal levels and the way in which top down and bottom up create a conducive environment for implementing policy suggestions for their use in relevant setting [36]. This view suggests that the policy process should be viewed as the product of two interconnected levels: vertical – top-down and horizontal levels that encompass various activities. In other words, the vertical level focuses on an authority's decisions while the horizontal level tends to focus on the activities of different social agents that are involved in the policy formulation process [37]. In addition, the vertical and horizontal model encompasses both approaches, which suggests the significance of consultation and consensus in the policy implementation processes. In other words, this model asserts that various subsystems with a common agenda can be combined, since it argues that agents view their environment via their set of believes that sieve information based on their previously held belief system. This scenario suggests that:

> The vertical dimension sees policy as rule: it is concerned with downward transmission of authorised decisions: The authorised decision-makers (the

government of the day) select courses of action which will maximise the values they hold and transmit these to subordinate officials to implement. This is a dimension which stresses instrumental action, rational choice and the force of legitimate authority. It is concerned with the ability of subordinate officials to give effect to these decisions (the implementation problem) and with ways of structuring the process of government so as to achieve this compliance [36].

Therefore, according to this viewpoint, policy implementation is a function of the national administration of a political government aimed at executing the policy instructions of politicians [36]. However, when it comes to policy implementation, this coalition can lead to diverse views which get mediated by policy brokers to reach consensus and policy output at the end [6]. Perhaps, the fate of traditional healers cannot be clearly understood without considering the developmental context, as it tends to be the determining factor in this instance.

Mismatch between Policy and Social Reality

Despite promises of the democratic era to redress the past injustices, there is still a mismatch between policy and social realities, which has become more visible in the daily lives of *izinyanga* [32]. For example, the current consultation of patients for services occurs in the streets of major cities, such as Tshwane, Ethekwini in South Africa and other cities, especially for "unregistered" traditional healers and more so intruding areas where traditional healing practice ethics and policies are underdeveloped and reflect more of a Western theoretical framework.

Literature shows that most indigenous African people continue to use traditional medicine even though it is marginalised and under- resourced [10]. Given the overall use of traditional medicine, power domination does not necessarily guarantee the acceptance of foreign values. In other words, the continuous use of traditional medicine by indigenous African people suggests that some theories are normally touted in a vacuum or to advance a specific political agenda. Perhaps this scenario suggests that theoretical knowledge has its merits which are associated with a broader understanding of relevant notions through observing the context and the rationale behind it [38].

Attempts to Redress

Social change continues to affect almost all social spheres of the South African landscape, which tend to influence relevant structures when formulating strategies and policies. Thus, the current observable status of *izinyanga* and their medicine cannot be divorced in this instance. The South African government responded to this view by adopting various policy interventions such as the National Development Plan (NDP), the 2030 Agenda on Sustainable Development, the Addis Ababa Action Agenda and the THPA that call for the integration and utilisation of the previously marginalised knowledge, science and related development infrastructure [39]. In other words, the NDP and the 2030 Agenda's Sustainable Development Goals (SDGs) advocate for the inclusion perspective, dubbed, "leave no one behind" as well as integrated socioeconomic development that takes place in an ecologically sustainable manner [40].

Discord between Healers and Health Policies

The promulgation of THPA was viewed by the *izinyanga* as the opportunity to help them function effectively and guarantee equity in the medical sphere, but such aspirations tended to offer a negative experience in their daily lives [41]. When dissecting the relevance of THPA without exhausting the whole policy for the feasibility of this chapter, it is worth highlighting that the THPA fails to include or recognise faith, African initiation approach, spirits, mediums, possession or trance states, all of which are fundamental in the traditional healing practice [10]. Also, as it relates to the body, Section I describes how traditional health practitioners, as individuals, are expected to comply with the plan of their registration as traditional practitioners [13]. This scenario suggests that failure to comply or register in this instance will be tantamount to a criminal act. Although the demand for registration of *izinyanga* has been highly debated in the country as far back as 1948, they seem to have some commonalities, such as the segmentation and criminalisation of IKS and its practitioners (*izinyanga)* when compared to defunct apartheid policy [23]. In other words, the proclamation of the THPA seems to contradict the promise of redressing past injustices and the notion of "leave no one behind," as they tend to uphold the previous narrow cultural perspective, which was characterised by an oppressive social order in this instance enforced via the requirement of registration [42]. This policy also tends to overlook the moral aspects governing traditional healing practices, which encompass spiritual and physical aspects. For example, when it comes to the way in which students are recruited, the act tends to suggest an obscure recruitment approach based on the current academic practice of student enrolment of which is based on individual's choice of academic interest and other related methods [23]. Thus, the notion of social construct becomes relevant as it argues that in the former colonised countries the policies tend to be used to construct a particular identity via diverse approaches and reasons pertaining national social group, region, and generation [43]. Nevertheless, there are diverse views in this regard, as the first view suggests that social construct is a positive development approach while second view perceives this development approach as a source of conflict and underdevelopment.

Research Question

The main focus was to explore the question that steered this study: What are the survival strategies of traditional healers-*izinyanga* in the democratic era?

Significance of the Study

This study is fundamental in contributing to the literature on assessing the relevance of traditional healers in relation to the provision of health healing services, particularly in redressing past injustices and promoting equity and self-reliance. In

addition, this study might assist in formulating or improving relevant policy content as part of incorporating IKS – particularly African traditional healing systems – especially when it comes to the infusion of African methods of healing and learning in the learning sphere.

III. Methodology

A. Research Design, Context, Participants and Sampling

The exploratory research design was adopted in the study for its relevance with a qualitative methodological framework. The qualitative approach is relevant especially when attempting to gain an understanding concerning the lived experiences of participants' experiences [44]. The qualitative research enables the researcher to use few sample size to gain in-depth information relating to the issue under investigation [45]. For effective narration of any event, documents were perused to collect data, in relation to the context of an exploratory study of the lives of traditional healers in general. The qualitative framework enabled participants to narrate their experiences of their experiences within their work environment in the urban streets [45]. The participants composed of male traditional healers from Tshwane in Gauteng province. Data were collected from a sample of men between the ages of 28 and 67 by means of in-depth interviews and focus group interviews. Purposive sampling was applied in selecting participants who were present or practicing their craft of healing the sick people on the day of collecting data [46]. The participants were drawn from two in-depth interviews and one focus group of traditional healers working in the area under study.

B. Data Collection

Various research questions were examined during the study; participants' memoires were examined; the challenges traditional healers encounter in relation to their livelihoods were discovered. Survival strategies that participants employed to secure their daily lives were captured and documented, following a perusal of the literature which was useful in outlining relevant themes for the study. The Khushite perspective was relevant when formulating questions to extract information on individual's experiencers in securing their daily needs. Notes were taken and transcribed during the and after interviews respectively. Semi-structured in-depth interviews were held with two selected participants and two focus group interviews that consisted of between six and seven participants each accordingly. Though men and women had the same opportunity to partake in the study, men are accessible easily as they were available on the streets of Tshwane city centre. The discursive nature of the focus group enabled the researcher to gain broad information regarding their varied experiences pertaining issues under investigation. Four main topics or themes were investigated: the healing approach, economic capital accumulation methods, survival strategies and current social experiences.

C. Establishing Credibility and Trustworthiness of Data Collected

In order to secure ethical clearance before data collection commenced, ethical approval was obtained from the University of South Africa's Ethics Committee. Participants completed the consent forms, which informed them what the study was about prior their participation in the study. Relevant participants were selected for the varied roles in their respective healing craft, i.e. such as being *inyanga* or *isangoma* practice and their relevance on their environment.

D. Data Analysis

A framework analysis guide is adopted in analysing data, in particular on five key stages on identifying a thematic framework: a) familiarization, b) indexing, c) charting, d) mapping and e) interpretation [47]. The use of a thematic approach enabled the development of themes [48]. Triangulation was applied to validate the data and cross-checking the validity of the information gathered [49].

IV. Findings

For reasons of viability and the purposes of this article, the following themes were extracted from the data: participants' biographies, participants' views on their healing system, participants' survival strategies and present social experiences.

A. Participants' Biographies

Although young men are normally expected to still be focusing on issues pertaining to work, the social realities show that they are not homogeneous in this regard, as others are dependent on healing services. Generally, a number of young men became traditional healers what can be seen odd as the craft is known to be for the aged. This is especially evident among those young traditional healers in particular men who engage in traditional healing practices that include, among other selling charms, consultation [10]. Since the current research is concerned with the survival strategies adopted by African traditional healers, the researcher was interested in determining the skills that assisted participants in advancing their healing art and securing livelihoods. Some of the traditional healers were considered delinquent, as the social setting of the capitalist urban social setting permit anybody to forge anything in securing the survival. Thus, the idea of *fly-by-night* traditional healers is rife in our days where traditional healing has been associated with witchcraft and negation of their respective culture social order. Perhaps, for better understanding the present approach to development in the health care sector in South Africa, then the notion of regeneration of Africa become relevant in this instance, as it upholds the development programme that ensures unequal improvement status that guarantees the advantaged position for the beneficiary of spoils accumulated through colonial loot that was characterised by violence [50].

When the researcher was attempting to gain a better understanding of the challenges the traditional healers encounter in relation to their practice of healing the sick people, this participant stated:

> "The worst part is that even our government don't have the political will or redress the past injustices in

terms of recognising African value systems especially when it comes to management and understanding the practicalities of traditional healing systems because now we live a post-colonial era, where diverse cultural value systems receive equal status and related respect. Except to say, the observable experiences confirm the almost the same apartheid style policies that enforces the substyle undermining of traditional healing method despite its user friendly to the marginalised populace in the country."

Changes in society have resulted in cultural values being altered; some activities, such as adherence to ancient natural order that served as the guide to African traditional healers in general, thus the majority of traditional healers tended to use traditional healing as another form or way of making money, the practice that used to be a taboo for indigenous healing systems, but has become the norm in the contemporary urban centres. This experience was also narrated by one of the participants, when asked about difficulties encountered in meeting daily needs:

"… except, if you are registered and talk about making money as the current social settings promotes western healing system that advocate money over health … Thus, some western medical institutions do not treat individual who does not have money, in the form of medical insurance of which the new THPA is attempting to wow traditional healers to follow this schemata. We don't have even a decent institution where indigenous tutorial activities can be conducted like in ancient times in terms of access to natural resources including land as urban traditional healers remain quarantined in the squalid working conditions, that is why there are high number of "tsotsi" [con man) type traditional healers in the city streets."

These reflections confirm what the literature states: the urban, or city, traditional healer consists of corn men, varied traditional healers that specialises on their different healing speciality such as medicine for men or selling readymade *muthi*, medicine in water or powder or oils or a potion in its original form, e.g. dry or dry leaves or water or *umthandazi*, the faith related healing practitioner, or spiritual specialist such as *isangoma*, *inyanga* and many more other related specialisation in this instance [6].

B. Views on Their Healing System

It is assumed that all traditional healers have been empowered through initiation that empowers them with relevant skills that are useful in the course of life, but, in reality, such an assumption is groundless, since, as a result of the prevailing socio-economic conditions they experience, a number of traditional practitioners have tended utilising their practice as a tool for pursuing various endeavours aimed at securing a livelihood for themselves. Traditional healing practice is viewed as one of the routes that can be followed in acquiring life- and 'job' related skills. However, it is a known fact that the ideals of coloniality are known for advocating marginalisation of indigenous traditional healing system [6]. The data confirm that achieving a post-colonial health care system is no guarantee of work or a formal job. This was emphasized by one of the respondents, who stated:

"The lack of decent place for consultation with my patience does not stop the individual to come for consultation under these squalid conditions."

This limiting form of social development was further emphasized by another participant, who reported:

"Although in other instance government provide relevant infrastructure for traditional healers, but I opted not to use such as infrastructure, belonging to a non-government organisation because most of these structures requires one to be a registered member or in terms of government new THPA policy."

This experience that was revealed during the data collection phase was that a number of traditional healers reported being engaged in various cottage health care activities, such as consultation with the sick or dispensing medicine and working in the small shrines, *umsamo* situated in the *esigodlweni* based in the rondavel thatched hut. Nevertheless, for the purposes of this study, the accessibility to shrines or "tables" located alongside a footpath or walkway, for example at Pretoria station and along the streets nearby or within the larger metropolitan are examined. Despite the post-apartheid government's attempts to reinforce market-oriented approach, the researcher's interviews with traditional healers in Tshwane revealed that the capitalist-oriented health care system still functions according to the same "good or bad" code, which systematically excludes certain healing practices from accessing relevant government support and recognition and promotes the division of healers into different future labour categories. This was stressed by one of the participants during the focus group interview:

"The government support a must be accessible to everybody and procedures for registration must end. For example, when you go to try to get space to perform your work in the particular area, you are told that you must register first as per THPA policy requirement."

The interviews also revealed that parts of the health care system apparatus still conform to Theophilus Shepstone (1817-1893) divisive management practices and resemble the pre-1994 settler colonialist administration system, which did not take black African cultural values systems seriously in their quest to achieve a peaceful and prosperous healthy life style. When trying to ascertain the effects of THPA policy, one of the participants expressed the following view during the interview:

"One of the challenges that some of us experience after you have registered as per THPA, but the experiences of lack of relevant support and related infrastructure to practice my healing craft effectively remain observable. For example, if you practice on the street, you lack privacy and end up not offering all care needed instead of providing comprehensive healing approach that will help [the] sick person to know exactly what is the rationale behind that led to their respective sickness, not only end up theorizing what is makes them sick and not knowing

what to do..."

The data confirm that although the government has promulgated legislation aimed at the inclusion of traditional healing practice, prejudices in the form of failure of respect of other cultural values system including traditional healing practices in particular African traditional healing methods remain on the margins [51]. This further serves to prevent other traditional healing practices from practicing in well-developed structures suitable for traditional healing purposes and indirectly contributes to undermining the paraphernalia of African traditional healers, who see no way of furthering their callings [6].

C. Survival Strategies

Usually, community members view traditional healers from a variety of perspectives. Some argue that the traditional healers do not contribute to the community and are "*abathakathi*" (witches), chancers and irrelevant [52]. When the researcher tries to gain an understanding the survival strategies that participants adopted in securing their livelihoods, one of the participants responded by highlighting that:

> "I sell charm for men such ukukhotha, licking powdered mixture of dry herbs and other related muthi for healing purpose."

The other participant also stated that:

> "I consult and provide therapeutic herbs for various patients on various ailments."

During the interviews, participants were selective in responding to the questions posed. When the researcher asked what their specialities, they provide in their respective communities, not all participants responded. Some just stared and kept silence, while others had the shared the following in the discussion:

> "I sell different types of herbs to traditional healers in the area." "I am not registered with the government THPA policy and I sell ready mixed bottled umuthi for various ailments that my customer requires."
>
> "I am the representative for my community and I sent to attend various government meeting and important matters on behalf of my community."

Perhaps, to relay on the support from other community members; through their networks, they are able to engage in certain activities in order to advance their practice and secure their livelihood [53]. Two further participant responses appear below:

> "I work here and sell herbs on my table; [without] that do not know how I was going to live just like other people who cannot meet their daily needs."
>
> "A person is a person through other people, it's good that you help people, as you are given this this gift of healing."

The above statements tend to confirm what has been argued in various literature that community relationships are important because, in that context, individuals are able to rely on social networks family members and friends for support to ensure health and make a living [43]. One of the participants responded by stating that during an in-depth interview:

> "Opening a table after I that there was no person selling herbs here at the station, as people have various sicknesses, thus why I decided to open a table where I can consult people on the daily basis, as my income of R200 per day of which is not sufficient to meet all my needs."

Participants who revealed their specialities and means of survival tended to focus on ways of securing their livelihoods, but data also revealed the current social setting offer diverse traditional healers to showcase their art of healing (i.e. help the sick people from family members, parents or friends) [43]. However, such initiatives despite their use by the African people but remain marginalised by the authorities as they lack the necessary support (e.g. finance) to improve their business and management skills [53].

D. Present Social Experiences

The researcher explored the experiences of the traditional healers (who are trading or consulting patients on the city streets, in particular) and their relevance in post-colonial South Africa. They also highlighted some of the problems they encountered in securing their daily needs, such as decent consultation place with their patients or customers. However, the traditional healer's agency tended to be influenced by the market demand and supply principle. For instance, the high demand of *izinyanga* seems to be the leeway for scrupulous healers who are not easily identifiable. Participants narrated their diverse experiences in this instance:

> "The need for traditional medicine among the abantu, people that has led to rise of fly-by-night healers… that make[s] it hard to for ordinary person to identify and also tarnish the advantages of traditional healers in general."
>
> "The rise of traditional healers who use healing practice as form of earning income, due to high rate of unemployed and need the for survival."
>
> "It is racist and clampdown that [are] very haunting us at present."

A similar situation was observed during the data collection process. For instance, the researcher noted that some young traditional healers lined ups sitting in a row next to men's bathroom marketing their charms, and so resorted to market strategy for wooing customers, or displaying their charms for possible buyer. The researcher also observed that some of these young people were referred to as "fong- kong"- meaning fake healers, which expose them for mistrust by most people in their vicinity such as either being chased away or being identified as a gang or con men. The demeaning social setting in which they found themselves as traditional healers has added the extra burden of stress, frustration and humiliation to their lives. The data confirm that unregistered and registered urban traditional healers can be regarded as "living in hell", as all traditional healers still live not fully recognised into same status as western health care system and are quarantined in the underdeveloped with urban trading spaces [43]. Participants emphasized the lack of financial support, the limitations of the western colonial social settings, the outcomes of their

situation, social structure and policies that sustain the status quo. In other words, this scenario suggests that the idea of degeneration of Africa is realised, as the beneficiaries of spoils of colonialism remain reaping at the expense of the indigenous African people including in the health care system where western medicine remain given high status over tradition medicine.

E. Unique Findings

Given this situation, a great deal of traditional medicine potential remains untapped. A number of young traditional healers are becoming delinquent, as emphasized in another in-depth interview [43]. On being asked about the challenges the young traditional healers encounter in their day-to-day experiences, a participant reported as follows:

> "Other problems that are rife among the traditional healers, it hard to distinguish between the genuine traditional healer from the "fong-kong" traditional healer especially if you are not familiar with their ways of working. Another thing is that the current social setting, the capitalist era provide opportunity to varying actors including those who pose as the healers while they are in the money-making spree at the expense of life."

This scenario is observable in the current health care system that is categorised as the recognised - *private* and *public* that are mostly determined by the financial affordability and partly recognised *tradition healing* that is currently based on *ukukhanyisa,* a form of offering that is regarded as the token for lighting patients revelation concerning the sickness and the highly feared the urban traditional healer, the "fong-kong" healer identifies individual with lack of knowledge and charge exorbitant amount to reap more money as a payment for the medicine that is normally fake [43]. In other words, the scourge of colonialism continues to haunt the Black African populace as the data suggest. For instance, the idea of negation, marginalisation remains observable in everyday lives of *izinyanga*. This scenario became more observable during the lockdown period where traditional healers were quarantines and not permitted to operate.

Substantial numbers of ordinary people consult traditional healers, thus why its significant to formulate a relevant policy that recognised diverse health care systems that could help in particular in protecting traditional healers against the "fly-by-night' healers and improve their lives or fulfil their call of healing the sick under the present socio-political conditions. In the section that follows, the researcher examines the survival strategies that traditional healers adopt in dealing with the everyday difficulties they encounter, first and foremost, the rendering their services to their clientele or fulfilment of their and secondary the security of their livelihoods.

V. Discussion

The data emanating from this study reveal that the continuous debate on the advantages of the proclamation of the THPA, there is a need to consider the possibility of adopting a plural healthcare system to facilitate the equity and exploration of diverse medical approaches – the African and Western approaches in this instance. Perhaps the suggestion can contribute towards realising the aspirations of NDP, the 2030 Agenda's SDGs and the Addis Ababa Action Agenda policies that advocate the inclusion and socio-economic development that takes place in an ecologically sustainable manner. The consideration of diverse ethical locales will encourage the participation, contribution and understanding of diverse medical practices towards the improvement of health conditions of the country's diverse citizenry. The outlining of such a possibility will consist of a clear understanding of various moral basics governing a specific medical practice to identify areas of contention that prohibit the recognition and proper function of *izinyanga* in their practice in fulfilment of their mission [43]. Nonetheless, the failure to consider these suggestions will contribute to the current debates that seem to lack a clear understanding of the issues under debate. In addition, this limitation will add confusion, especially when compared to traditional policies and related practices before 1994 that were identified with segregation and criminalisation of IAKS, including traditional healers [54]. In other words, this scenario tends to confirm the notion of invention of culture as it subtly forces traditional healers to alter their practices by adopting practices that are foreign to their practice, such as enrolment for learning a specific healing skill, *inyanga*, registration and referral of patients [53]. The recognition and acknowledgement of diverse moral settings will assist the possibility of discovering a decolonised healthcare system characterised by a pluralist health system that is envisaged to widen the scope of knowledge on healthcare science in general [22]. This scenario would also help diverse citizens to have a variety of health care options to choose from in various parts of the world.

VI. Conclusion

The purpose of this chapter was to reveal some challenges that are being experienced by *izinyanga* in relation THPA policy that seems to 'partly' recognise traditional medical practices, which are linked to African cultural practices, as it tends to disregard the moral codes that govern traditional medicine. For instance, the requirement indirectly forces traditional healers to be registered before they can be recognised as 'genuine' healers, but there is also the stipulation traditional healers should follow to acquire relevant training which tends to ignore the indigenous ways of selecting a candidate [55]. Thus, this scenario is viewed differently, since other quarters argue that it confirms the idea that South Africa, specifically its healthcare system, is still caught-up in a web of coloniality.

While the other view suggests that current legislation, THPA, is significant in this juncture since it helps the *izinyanga* to be integrated into the current healthcare system, it does so without considering their governing moral standards. In other words, this scenario suggests the need to consider cautiously of present global socio-political sphere, especially when related to health practices that are known for preservation and upholding the Aristotelian perspective [19]. In other words, the plural healthcare system has the potential

to play a vital role in advancing social conditions for traditional healers, including their survival and dis-ease of humanity in general, but this potential depends on the recognition of the relevant guiding ethos [13].

In conclusion, the objectives of regulating, rebranding and standardising traditional practice can only be achieved when practitioners of Western medicine are willing to accept their role in terms of being secondary or complimentary status when it comes to indigenous value systems in Africa. To accomplish this, a change of attitude by government agencies, including western-trained practitioners, would help facilitate the realisation of the phenomenon of dual usage of medical resources, especially as the basis for levelling the playing field for collaboration between modern and traditional healing systems [4].

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REFERENCES

[1] N. Mthembu, "Skills, equity and the labour market in post-apartheid South Africa" Saarbrücken: Lambert, 2011.
[2] J. A. Hammersmith, "Converging indigenous and Western knowledge systems: implications for tertiary education" PhD thesis, University of South Africa, Tshwane, 2007.
[3] Mbatha, N, Street, RA, Ngcobo, M & Gqaleni, N. (2012). Sick certificates issued by South African traditional health practitioners: Current legislation, challenges and the way forward. *South African Medical Journal*, 102:129–131.
[4] Van Rooyen, D, Pretorius, B, N.M. Tembani, and W. Ham, (2015). Allopathic and health practitioners' collaboration. *Curationis*, 38(2):1495. Jul 23. DOI: 10.4102/curationis.v38i2.1495.
[5] S. R. Melato, "Traditional healers' perceptions of the integration of their practices into the South African national health system", MA dissertation, University of Natal, Pietermaritzburg, 2000.
[6] M. Moshabela, T. Zuma and B. Gaede, "Bridging the gap between biomedical and traditional health practitioners in South Africa", South African health review, Health Systems Trust, Durban, 2016.
[7] A. Nyika, "Ethical and regulatory issues surrounding African traditional medicine in the context of HIV/AIDS", Developing World Bioethics, Vol.1, pp. 25–34, 2007.
[8] UNAIDS, "Collaboration with traditional healers in HIV/AIDS prevention and care in sub-Saharan Africa: A literature review", Geneva: UNAIDS, 2000.
[9] G. Lange, "Different types of healers in South Africa", pp. 18-23, 2018.
[10] T, Zuma, D, Wight, Rochat, T. and Moshabela, M., "Traditional health practitioners' management of HIV/AIDS in rural South Africa in the era of widespread antiretroviral therapy". PMC Complementary and Alternative Medicine, Vol. 10, No.1, 2017. DOI: 10.1080/16549716.2017.1352210.
[11] W. Nabudere, "Afrikology, philosophy and wholeness: An epistemology", Africa Institute of South Africa: Pretoria, 2011.
[12] A. A. Abdullahi, "Trends and challenges of traditional medicine in Africa". African Journal of Traditional, Complementary and Alternative Medicines, Vol. 8, No. 5, pp.115–123, 2011.
[13] B. Tshehla, "Traditional health practitioners and the authority to issue medical certificates", South African Medical Journal, Vol. 105, pp.279–280, 2015.
[14] S. Leclerc-Madlala, E. Green and M. Hallin, "Traditional healers and the "Fast-Track" HIV response: Is success possible without them?", African Journal of AIDS Research, Vol.15, pp.185–193, 2016.
[15] L. J. De Haan, "The livelihood approach: a critical exploration", Erdkunde, Vol. 66, pp.45-357. 2012.
[16] C. M. Karam and D. Jamal, "A cross-cultural and feminist perspective on CSR in developing countries: Uncovering latent power dynamics", Journal of Business Ethics, Vol.142, pp.461–477, 2017.
[17] N. Mthembu, 'Finding our head without losing our feet: Morality of circumcision among the Zulus*"*. Reach: Wandsbeck, 2015.
[18] N. Mthembu, "Inkolelo yokuphila ungunaphakade e-Alkabulan (Afrika): Umnyombo wesakhiwo sendilinga/iqhugwane/uguqasithandaze", Iphepha elethulwa kwinkomfa yonyaka i-Decolonisation and Re-Afrikanisation: A Convesation, eNyuvesi yaseNingizimuyeAfrika, eTshwane, eNingizimu Afrika, ukusukela ngomhlaka ka 6 ukuya 8 kuNcwaba 2018.
[19] M. B. Ramose, "But the man does not throw bones", Alternation, Vol. 18, pp.71–60, 2016.
[20] S. J. Ndlovu-Gatsheni, "Coloniality of power in postcolonial Africa: Myths of decolonization", Dakar: CODESRIA, 2013.
[21] South Africa. Department of Trade and Industry. (2004). *Policy framework for the protection of indigenous traditional knowledge through the intellectual property system and the Intellectual Property Laws Amendment Bill, 2008.* Pretoria: South Africa.
[22] M. van Niekerk, A. Dladla, N. Gumbi, L. Monareng and W. Thwala, "Perceptions of the Traditional Health Practitioner's role in the management of mental health care users and occupation: a pilot study". South African Journal of Occupational Therapy, Volume 44, Number 1, April 2014.
[23] K. E. Flint, "Healing traditions: African medicine, cultural exchange, and competition in South Africa", Pietermaritzburg: University of KwaZulu-Natal, 2008.
[24] S. Leclerc-Madlala, E. Green and M. Hallin, "Traditional healers and the "Fast-Track" HIV response: Is success possible without them?", African Journal of AIDS Research, Vol.15, pp.185–193, 2016.
[25] T. Ranger, "The invention of tradition revisited: The case of colonial Africa. Occasional Paper. International Development Studies, 2014.
[26] T. P, Morwe, K. Mulaudzi, A. K, Tugli, E. K. Klu, N. J. Ramakuela and P. Matshidze, "Youth, youth culture and socialisation in the present technological era in a rural village of Limpopo Province", Journal of Social Sciences, Vol. 44, pp.1-7, 2015.
[27] South Africa. Department of Health. KwaZulu-Natal Provincial Government. (2010). Minister of Health, Dr Aaron Motsoaledi, wants to circumcise 1 000 boys in KwaZulu-Natal. (O). Available at: http://www.info.gov.za/speech/DynamicAction?pageid=461&sid=11259&tid=11449 (accessed on 27/03/2017).
[28] A. H. L. Heeren, "Reflections on the politics, intercourse and trade of the ancient nations of Africa". Oxford: D.A. Taalboys Press, 1832.
[29] M. K. Asante, "The Afrocentric idea", Philadelphia: Temple University Press, 1987.
[30] F. E. Owusu-Ansah, and G. Mji, "African indigenous knowledge and research". African Journal of Disability, Vol. 2, No. 1, pp.1–5, 2013.
[31] M. K. Asante, "An Afrocentric manifesto: Toward an African renaissance", Cambridge: Polity Press, 2007.
[32] I. M. Zulu, "Critical indigenous African education and knowledge". The Journal of Pan African Studies, 1(3):32–49, 2006.
[33] N. Mthembu, "The scrutiny on revival of circumcision practices in the post-apartheid South Africa: A case study of perceptions of young men based in Durban, Jozini and Hluhluwe communities in KwaZulu-Natal", University of KwaZulu-Natal, College of Humanities Strategic Research Grant. Wandsbeck: Reach Publishers, 2012.
[34] N. C. Mthembu, "Black African township youth survival strategies in post-apartheid South Africa: A case study of the KwaMashu Township within eThekwini Municipality". PhD thesis, University of South Africa, Tshwane, 2017.
[35] O. Fimyar, "What is policy? In search of frameworks and definitions for non-Western contexts" Educate, 14(3):6–21, 2014.
[36] S. Y. Stofile, "Factors affecting the implementation of inclusive education Policy: A case study in one province in South Africa", PhD thesis. University of the Western Cape, Cape Town, 2008.
[37] C. Davies, "Understanding the Policy Process", in The Critical Practitioner in Social Work and Health Care, edited by Sandy Fraser & Sarah Matthews. London: SAGE: 203-221, 2008.
[38] K. Chareonwongsak, "Balancing theory with practice", University World News, 50725, May 2018.
[39] N. Mkhize, "The role of science technology and innovation, in Implementing the Sustainable Development Goals in South Africa: Challenges & opportunities", Fourie W. (Eds.) Pretoria: South African

SDG Hub: 18-23, 2018.
[40] South Africa, 'Traditional Health Practitioners Act 22 of 2007, as amended, *Government Gazette (39358), no 1052"*. Cape Town: Government Printers, 2015.
[41] A. Espinosa and Walker, J. A., "Complexity Approach to Sustainability: Theory and Application", Singapore: Imperial College Press, 2011.
[42] P. Hendler, "Capital accumulation, social reproduction and social struggle: Rethinking the function of spatial planning and land use". African Sociological Review, 19(2):3–25, 2015.
[43] S. O. Ouma, "Contemporary Emergent Issues in Decolonization and the Invented Africa". International Journal of Scientific and Research Publications, 10(8):828-846, 2020. DOI: 10.29322/IJSRP.10.08.2020.p104104.
[44] N. Mthembu, "Indigenous African Knowledge System (IAKS) Ethos: Prospects for a Post-Colonial Curriculum" In N. Mthembu (Eds.), Ethical Research Approaches to Indigenous Knowledge Education. Hershey, PA: IGI Global. pp 127 - 153, 2021.
[45] L. W. Neuman, "Social research methods: Qualitative & quantitative approaches". Boston: Allyn & Bacon, 2000.
[46] H. O. Hawi, A search for an alternative Afrocentric Development Theory. A paper presented in CODESRIA's 11th General Assembly 6 - 10 December 2005, Maputo, Mozambique, 2005.
[47] A. Srivastava and S. B. Thomson, "Framework analysis: A qualitative methodology for an applied policy research note", Journal of Administration and Governance, Vol. 4, pp. 1- 8, 2009.
[48] P. D. Leedy and J.E. Ormrod, "Practical research". Upper Saddle River, New Jersey: Pearson Prentice-Hall. 2005.
[49] J. W. Creswell, "Qualitative, quantitative and mix method approached". 4th edition. Thousand Oaks: Sage. 2014.
[50] F. Manchuelle, "The «Régénération of Africa». An Important and Ambiguous Concept in 18th and 19th Century French Thinking about Africa". In: Cahiers d'études africaines, 36(144): 559-5881996, 1996 .; doi: https://doi.org/10.3406/cea.1996.1854
[51] Statistics South Africa (StatsSA). "Quarterly Labour Force Survey – Q1: 2015. Statistical release". Pretoria: Statistics South Africa, 2015.
[52] United Nations in South Africa. 2030 Agenda on Sustainable Development. (O). Available at: http://www.un.org.za/sdgs/2030-agenda/ (accessed on 15 September 2017), 2015.
[53] E. Chitindingu, G. George, and J. Gow, "A review of the integration of traditional, complementary and alternative medicine into the curriculum of South African medical schools". BMC Medical Education, Vol. 14,40, 2014.
[54] R. Rotich, E. V. Ilieva and J. Walunywa, 'The social formation of post-apartheid South Africa". The Journal of Pan African Studies, 8(9):132–155, 2015.
[55] M. De Roubaix, "The decolonialisation of medicine in South Africa: Threat or opportunity?" South African Medical Journal, February, 106(2):159-161, 2016.
[56] Chemistry (etymology). (O). Available at: https://www.chemeurope.com/en/encyclopedia/Chemistry_%28etymology%29.html (accessed on 10 September 2020).
[57] Lexicon. (O). Available at: https://www.lexico.com/definition/paracelsus (accessed on 24 August 2020).