

Medical Pluralism Amongst Makhanda Traditional Health Practitioners: Exploring Dispositions to COVID-19 Vaccinations

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ABSTRACT

‘Healers and healing’, ‘wellbeing and prevalence’, ‘medical systems and progression’. Every healing concept is tied to people’s perspectives, thoughts, beliefs, and backgrounds. Worldviews and world perspectives influence these throughout time and space. The progressive postulation between medical systems and the comprehensive relations between them is a narrative worth exploring through the distinct perspectives of Traditional Health Practitioners in Makhanda.

This qualitative study sought to explore the dispositions of Traditional Health Practitioners (THPs) towards COVID-19 vaccinations to understand the practice and acceptance of medical pluralism through a traditional lens. Through purposive and snowball sampling, 10 participants were recruited and semi-structured in-depth interviews were conducted as a tool for data collection. Thematic data analysis was conducted to analyse the data, and multiple codes that led to themes emerged. THPs exhibit multiple concepts tied to COVID-19 vaccination, representing the dynamic understanding of participating in biomedical approaches. THPs, in their decision to uptake the COVID-19 vaccination, are motivated by the severity of the disease and other compelling reasons, such as the obligations and regulations put in place to encourage vaccination uptake in achieving mass/herd immunity. THPs who, in their decision of not uptaking the COVID-19 vaccination, display mistrust, disregard for the COVID-19 vaccination in particular and the entrusted commitment to traditional medicine. In all the expressed dispositions, reliance on the understanding of COVID-19 and the dependence on lived experiences played an integral role in how THPs responded to COVID-19 vaccinations. Due to this understanding, the practice of medical pluralism amongst Makhanda THPs is understood through context-based concepts to explore the in-depth multifaceted positioning of medical pluralism.

Keywords: Traditional Health Practitioners; Medical Pluralism; COVID-19 vaccination; dispositions.

DEDICATION

To the multiple people in the deepest corners of the world who feel misunderstood, misrepresented, misjudged and most definitely caught in the betwixt and the between of the super dynamic fabric of society. In our own weird and awkward way, we have an illuminating light that can potentially change the world. All there is to do is to hold our own, embrace our awkwardness and believe deeply in our superpower.

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The essence that centres my life is in the found identity in Christ, in whom this body of work could have never seen the light of day. All “human” efforts were exhausted, and His undying love and grace kept me through. When all is said and done, all accolades are attained, and the race is run, I am overly anticipating meeting Him one day to actualise how grateful I am to have known and entrusted my life to Him.

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ACRONYMS AND ABBREVIATIONS

THPs: Traditional Health Practitioners

TM: Traditional Medicine

BM: Biomedicine

HWCs: Health Care Workers

WHO: World Health Organisation

NICD: The National Institute of Communicable Diseases

TB: Tuberculosis

HIV/AIDS: Human immunodeficiency virus/Acquired Immunodeficiency Syndrome

ARVs: Antiretroviral drugs

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DEFINITION OF TERMS

DISPOSITIONS

The Oxford Dictionary (2024) defines dispositions as a person's mood or general attitude about life. Through the understanding of Cosby & Bates (2011, p.131), dispositions can involve people's attitudes and beliefs on how they evaluate and think about an issue.

MEDICAL PLURALISM

According to Baer (2004), medical pluralism delineates the availability of various medical approaches, treatments, and institutions that people can utilise while pursuing their health benefits. There is a need to recognise and acknowledge the co-existence of plural healthcare systems and to optimise these in ways that benefit patients with diverse, inclusive, and comprehensive healthcare benefits. This form of comprehensive care is referred to by Gaede et al. (2016) as a "bio-psycho-socio-spiritual care model", which can only be achieved by merging multiple health options for the best wellness interests of the large patient population which in totality speaks to what medical pluralism is about.

TRADITIONAL HEALERS AND TRADITIONAL MEDICINE

A traditional healer is a person whose primary duty is to enlist the aid of conventional medicine and the spiritual realm to promote the health and welfare of the community. The Traditional Healers Act of 2007 mentions herbalists, diviners, traditional surgeons, and traditional birth attendants among the "traditional health practitioners." "The sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures used in the maintenance of health" is how the World Bank (2011) and the WHO (2003) define traditional medicine.

COVID-19 VACCINATIONS

Vaccination is a straightforward and safe method of fortifying the immune system to develop resistance to pathogenic microorganisms. A person who has received a vaccination will have some immunity, or protection, against that particular dangerous disease. A portion of the virus or bacteria in a weakened, living, or deceased state is included in vaccines, and it will cause the immune system to react. It's critical to understand that vaccinations do not result in illness or other health issues. (National Institute for Communicable Diseases 2024). In light of those

above, the biomedical fraternity, through the development of vaccinations, has proven with overwhelming evidence that COVID-19 vaccines give those infected a better chance of fighting the coronavirus, even though absolute protection and immunisation are not promised (South African National Department of Health 2022).

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Chapter One: Introduction and Literature Review

“Knowledge about the existing disease pattern and health seeking behaviour is essential in providing need-based health care to any population and to make the health care system more pro-poor” (Rahman et al., 2011).


1.1 Introduction

Contemporary South Africa is privileged to provide health care in a pluralistic system wherein the two most prevalent medical approaches exist. Biomedicine and traditional healing operate in South Africa alongside each other; however, they are always very distant, and collaboration attempts have a long history of being undermined by mutual ignorance and suspicion (Wreford, 2005). With a diversified population characterised by a representation of varying groups, these representations are reflected in health-seeking behaviours, imprinting how the health system takes form (Galvin et al., 2023). In the reformative and reconciliation plan by the South African government following the damage done to African beliefs by colonialism and the dented relationship between Western Allopathic medicine and Traditional medicine through history, the South African government has strategically implemented a strategy to create and formalise the use of varying medical systems (Beyers, 2020). This was seen in the South African Department of Health's recognition and institutionalisation of traditional medicine and healing within the Department of Health (Beyers, 2020). Following this action, a statutory body was established in 2007 under the *Traditional Health Practitioners Act*, no. 22 of 2007 (Street, 2016), which regulates approximately 200,000-300,000 THPs. Various intervention plans had been implemented following these attempts to work towards a plural and richly inclusive medical system, asserts Beyers. This inclusive and diverse health system being alluded to is referred to by Baer (2004) as medical pluralism, which is defined as the availability of various medical approaches, treatments, and institutions that people can utilise while pursuing their health benefits and well-being.

1.2 Background

Medical pluralism has, over the years, from the penitents of the concept, caught the attention of multiple scholars (see Feierman, 1985; Good, 1994; Hahn, 1995; Kleiman, 1995; Leclerc-Madlala 2002; Pool, 1994; Wreford, 2005), wherein it has been studied from multiple positionings. Although there are scholars who have highlighted the “downside” of medical pluralism as associated with contributing to bottlenecks along the cascade of care for HIV/AIDS in South Africa (Moshabela et al., 2016), a considerable amount of study corroborates each other in its efficacy, especially in the context of South Africa. There is an imprint of reliance on multiple medical systems in South Africa, from religious beliefs and traditional healing practices to allopathic care. Although the primary/ prevalent medical approach is biomedicine, according to (Malapela, 2022), it has been indicated that the direct or first line of care is amongst alternative healthcare provisions, especially traditional medicine, in multiple communities in South Africa as their easily accessible and cultural beliefs and familiarity.


With highlights of medical pluralism in South Africa and its undeniable patterns vividly visible and repetitive in world pandemics and deadly diseases and illnesses (Galvin et al., 2023), COVID-19 has been at the best end of it. COVID-19 is recorded by the Africa Centre for Diseases Control and Prevention (2024) as a contagious respiratory disease that emerges from a new strain of coronavirus that causes human illness. Its spread is said to have begun in animals, from which human beings got infected. In December 2019, COVID-19 was first spotted in Wuhan, China. The entire globe was inevitably affected, spreading rapidly worldwide within a short period, resulting in an ongoing pandemic (Guan et al., 2020). With COVID-19 having a global impact, South Africa recorded its first case in 2020 on March 5th, when the first COVID-19 case suspected by The National Institute for Communicable Diseases (NICD) tested positive and confirmed by the NICD (The National Institute of Communicable Diseases 2020). COVID-19 to date records four million and seventy-six thousand four hundred and sixty-three (4, 076, 463) confirmed cases, from which one hundred and two thousand five hundred and ninety-five (125, 595) resulted in death (SAcoronavirus, 2024). With the spread, the South African government swiftly responded with multiple preventative measures to control and contain the virus. The initial measure undertaken by the government was to put the entire country on lockdown, which infers limited-to-no human movement and activity, where



all economic, social or religious activities were prohibited. The lockdown had an initial time frame of six months but overlapped for over a year. Additional preventative measures were implemented upon further scientific research and clarifications. These are referred to as behavioural strategies by Sasiragha et al. (2020) and include extreme hygiene care, cough and sneeze control, face mask use, social distancing and self-quarantine, and isolation.

Although the government implemented various preventive measures against the virus, during the pandemic, people found solace in using home-based remedies and traditional medicinal plants as a primary treatment for COVID-19 (Kolhe et al., 2020). The World Health Organisation (WHO) reported that in some parts of considered health care needs, 80 per cent of people worldwide rely on herbal medicines, reflected in the people's belief in home remedies. South Africa became one of the many countries that displayed firm reliance on home remedies, with some individuals suggesting the legalisation and testing of some natural herbs such as *Lengana* (*Artemisia afra*) and *Musukutshwane* (*Lippia javanica*) (Makua, 2022). The reliance on home remedies and traditional medicine resulted from being overwhelmed and anxious about the outcome of the virus; moreover, the need to complement modern medicine to accelerate recovery given the non-existence of any cure of said medication for COVID-19 in the initial stages of pandemic (Malapela, 2022). This indicates that, to a large extent, the emergence of COVID-19 illuminated the ascendancy of medical pluralism in South Africa.


According to Haasen et al. (2022), the reliance on traditional medicine/remedies in COVID-19 has sparked various debates since introducing COVID-19 vaccinations. These debates are attributed to the fact that since traditional remedies are a significant source of treating illnesses and, in some cases, a first line of treatment, individuals tend to reject modern medicine. Without an already-developed vaccine in the initial stages of the outbreak of COVID-19, the prevalence of self-care practices and traditional medicine prevailed, gaining continued attention and reliance on COVID-19 vaccinations and other biomedical treatments (Paudyal et al., 2021). Amongst the government's ample attempts to address COVID-19, scientists engaged in robust research to provide the COVID-19 vaccination mentioned above. With overwhelming evidence that COVID-19 vaccines hold multiple benefits, including retreating to a "normal life" (South African Department of Health 2024), the vaccine has been met with various dispositions and behaviours that are both negative and positive. These dispositions are induced by multiple factors contributing to health-seeking behaviours associated with COVID-19 (Rankoana, 2021). Some of these dispositions are built from considering beliefs, information and



knowledge of available medical options, consideration of the public and most reliable medical options and worldviews that play a crucial role in the perception of illness and disease.

From this understanding, Moshabela et al. (2016) state that patients, in their quest for health and well-being, carry particular worldviews influenced by religious or indigenous belief systems. The same applies to healthcare providers, irrespective of the type of healing service they provide. These diverse worldviews predispose patients and caregivers to several ways health can be understood, explained and attained. Despite the various views on health, the relationship between traditional health practitioners and the biomedical health system has been indicated to be of longstanding importance in providing diverse, collaborative, and informed health insight to patients. Traditional medicinal caregivers are commonly known as Traditional Health Practitioners or traditional healers. According to WHO (1978), a THP is “a person who is recognised by the community where he/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”. Galvin et al. (2023) note that THPs play an integral role in society as they are commonly consulted as a first line of care for spiritual and medical ailments. Although THP has been widely used, Zuma et al. (2016) express how mode-specific terms are found within the generic category. It is further stated that THPs can be *Isangoma* (diviner) or *Umthandazi* (faith healer), both of which would have been called by their ancestors to become healers. An *Inyanga* (herbalist) is referred to as a person who has undergone an intense period of training and learning about traditional medicines and practices.

THPs have a role in society to provide and engage with the traditional aspect of medicine, which has, over the years, been confused with the rigidity of accepting or participating in biomedicine. According to Galvin et al. (2023), many THPs, in varying cases, often practice medical pluralism; this indicates considering both traditional practices/medicines and Biomedical treatments. It is further highlighted that THPs can adopt some elements of Western and African belief sets into healing practices that require multiple religious and medical fields. This “said” relationship between traditional and biomedical healing paradigms has significantly driven a prevalent streak in research. South Africa has elicited attention due to its pluralistic healthcare system and relatively strong support for THPs (Wreford, 2005; Zuma et al., 2016). This research streak has been directed towards health-seeking behaviours of the large South African population across medical environments and communities that openly practice medical pluralism over THPs themselves (Galvin et al., 2023). Although a traditional



lens and foundation have been indicated in COVID-19 from the significant South African population context, the information vacuum alluded to by Galvin et al. (2023) substantiates varying reasons to conduct empirical research that illuminates the stance of medical pluralism in a traditional perspective through THPs in South Africa, wherein this can be achieved through examining their beliefs, thoughts, attitudes and behaviours towards COVID-19 vaccinations. This holds the potential to understand how the views of THPs can aid in understanding the reality of medical pluralism amongst cultural communities in a traditional context, where the focus of this study is vested.

1.3 Literature Review

According to Pharm et al. (2014), a scoping review is a method used to map research areas to examine the parameters, range, and nature of research activity in a particular topic area. A scoping review aims to map existing literature in a field of interest regarding the primary research's volume, nature, and characteristics (Arksey and O'Malley, 2005). This chapter follows frameworks set by Arksey and O'Malley (2005) and further utilises recommendations asserted by Levac et al. (2010) to scope the literature knowledge regarding Traditional Health Practitioners (THPs) dispositions towards COVID-19. Levac et al. (2010), in the study *Scoping Studies: advancing the Methodology*, assert that Scoping reviews show an increasingly valuable and popular approach utilised to review health research evidence. Levac et al. (2010) concluded that by building upon the methodological framework of Arksey and O'Malley (2005), clarifications and enhancements to each step were established to aid researchers in better undertaking and reporting scoping studies. THPs have been said to hold with them worldviews that affect the way they see and interpret illness (Moshabela et al., 2016). With the COVID-19 pandemic illuminating an array of concepts in the medical fraternity, perspectives of THPs towards COVID-19 have the potential to bring into perspective how traditional medical practice is framed within biomedical systems and structures through the practitioners' lens. The main objectives that contextualised the review were exploring existing literature on THPs' positioning in COVID-19 vaccinations, what motivates this positioning, and how it affects the medical fraternity.

The review followed the conceptual framework set by Arksey and O'Malley (2005) and utilised the recommendations of Levac et al. (2010). The review was guided by the structures formed by the framework to explore the finest of details to enable the literature to be covered comprehensively. The framework is set in five varying stages. The first stage is set to identify the research question; this is aimed at establishing a set of parameters in which the search strategies are built; the second stage is identifying relevant studies that are favourable to answering the central research question; the third stage involves selecting studies through inclusion and exclusion criteria which helps eliminate studies that do not resonate with the research inquiry, the fourth stage consists of the charting of data and the fifth stage is collating, summarising and reporting the results.

1.3.1 Identifying the research question

The review was conducted under the research question: what is the literature knowledge on Traditional Health Practitioners(THPs) towards COVID-19 vaccinations? Following the research question, a PICO framework was applied to identify the key terms in the data collection stage. The framework identifies a Population, (the phenomenon of) Interest, and Context (PICO).

Table 1: Keywords

Primary keywords		
Population	Concept	Context
Traditional Health Practitioners	Vaccination	COVID-19
	Immunisation	Coronavirus
Secondary keywords		
Traditional healers	Jab	SARS-CoV-2

1.3.2 Identifying relevant studies

In scoping the field or data pool, the process needs to be comprehensive to identify primary studies and reviews aligned with the appropriate research interests. This was achieved through using the specified keywords to develop Boolean search terms. The Boolean search terms were (“Traditional Health Practitioners” OR “Traditional healers”) AND (Vaccination OR

Immunization OR Jab) AND (COVID-19 OR “Corona Virus” OR SARS-CoV-2). These terms were used in four relevant databases that aided in the identification of relevant studies.

The databases include Sabinet, Web of Science, JSTOR, EBSCOR host and ProQuest. The relevance and identification of the Boolean search terms and databases were confirmed by a librarian with expertise in emerging sensitive search strategies and were further corroborated by a supervisor. The period limitation was between 2019 and 2023, given the context of the study (COVID-19). Therefore, the identified data needed to be within the parameters of the COVID-19 pandemic. Assessing the reference lists of the related studies further highlighted relevant articles.

1.3.3 Study selection

Various studies emerged from the search and were exported to an online reference manager. Mendeley reference manager was utilised, and the initial compartmentalisation was done through the different databases, which yielded specific articles. The total number of studies (1772) was then put in a general working folder where further extractions would be conducted. Due to the language limitation to English, non-English titles (1) were excluded from the public working folder to its specialised folder. With only English-related titles left, duplicated titles (2) were also separated from the rest of the articles. With the exclusion of non-English titles and duplicate folders, a pool of articles could be assessed based on relevance and alignment to the review question. The first selection stage was based on the significance of the study titles, where the non-relevant titles (1265) were excluded from the general working folder, with the “assumed” relevant titles remaining.

The second selection stage was based on abstracts; abstracts that were not entirely associated with the study but had a relevant title were excluded (473). This was except abstracts with highlights that indicated relevance but were not fully aligned with the study. From assessing the abstracts of appropriate titles, titles without abstracts emerged and were therefore excluded from the general working folder. The third stage of selection was based on the relevancy of the papers. A dedicated and in-depth review of the remaining papers occurred, and documents that did not meet the selection criteria were excluded (29). From the pool of relevant abstracts, some had no papers and therefore were excluded, from which there was a reading of remaining papers again, where those that were relevant were included and those that were not relevant were excluded. A Preferred Reporting Item for Systematic Reviews and Meta-analysis extension for

scoping review (PRISMA-ScR) flow diagram, as suggested by Tricco et al. (2018) below, indicates the data expatiated above.

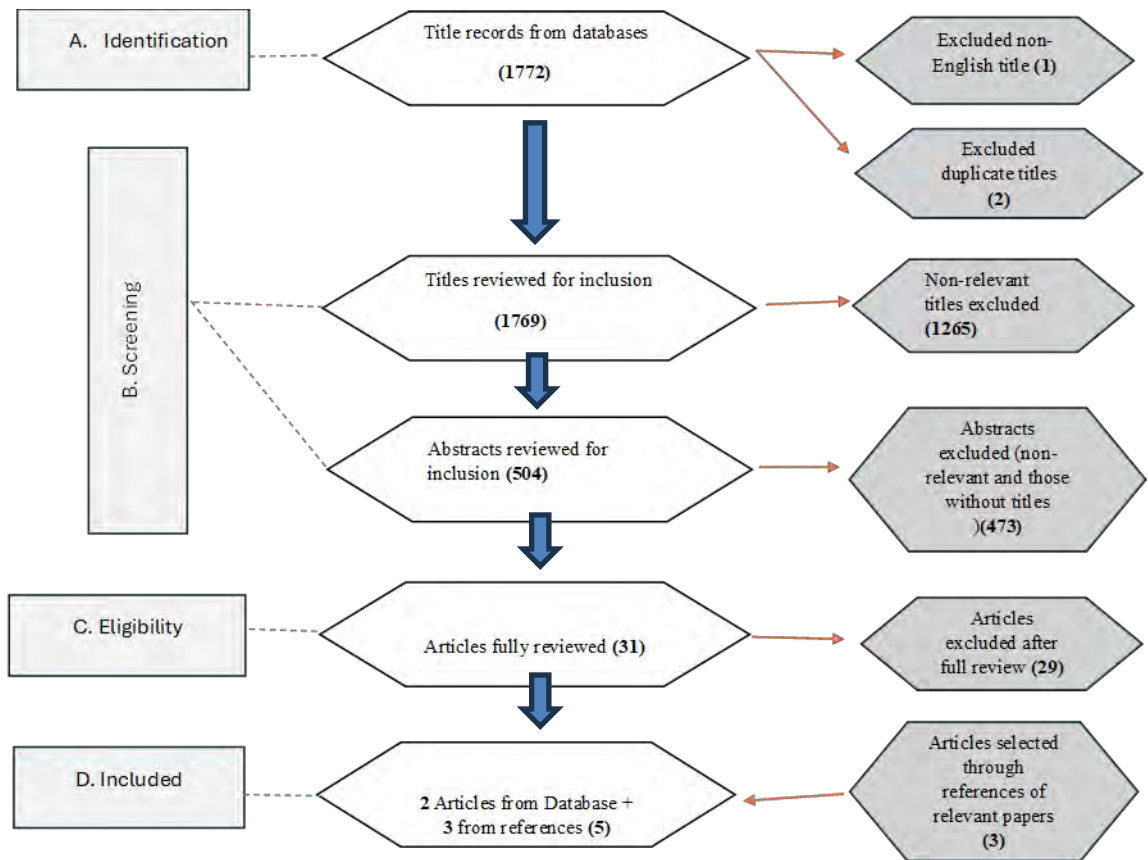


Figure 1: PRISMA flowchart of the search process

1.3.4 Extraction and Data Charting

Charting of data refers to synthesising and interpreting qualitative data by sifting, charting and sorting material according to critical issues and themes (Ritchie and Spencer 1994). This was achieved through the extraction tool (Table 3), where the extracted data chart was captured in the database program Excel by the titles identified in the table below.

Table 2: data charting headings

Background of information	Methods	Key Findings
Title	Study Design	Key Findings/Results
Year of Publication	Sampling Approach	Conclusion
Author/s	Data Collection Tools	Recommendations
Country	Intervention/phenomenon description	Reported Gaps
Population	Intervention objectives	

1.3.5 Collating, summarising and reporting results

According to Arksey and O'Malley (2005), a scoping study needs some analytic framework or thematic construction to present a narrative account of existing literature. Therefore, the charted data was coded and analysed through a narrative description, and the findings were further explored through thematic presentations.

1.4 Results and Discussions

The initial generation and identification of data produced 1772 articles, of which 77 were from Sabinet, 11 from Web of Science, 50 from JSTOR, 1 from EBSCOR host, and 1633 from ProQuest. The collecting, transcribing, and analysis of this literature data unearthed prevalent mannerisms and themes presented and engaged within the below sections. The seven themes express the considerations of vaccine safety, the multiple lenses of vaccine efficacy in COVID-19 vaccine uptake, the positioning of THPs in the “orthodox” medical system, the consideration of culture and beliefs, non-inclusive vaccine programme as a barrier to uptake, and vaccine and COVID-19 knowledge among THPs. The emerging themes are presented and engaged within the sections below.

1.4.1 Characteristics of included studies

Five papers met the inclusion criteria; three were published in 2023 and two in 2021. The countries in which the studies were published include Malawi (one), South Africa (three) and the United States of America (one). Amongst the studies, there's a survey study, (three) research articles and a cross-sectional qualitative study. The data generation methods included focus groups, online surveys, in-depth interviews, and open-ended questions.

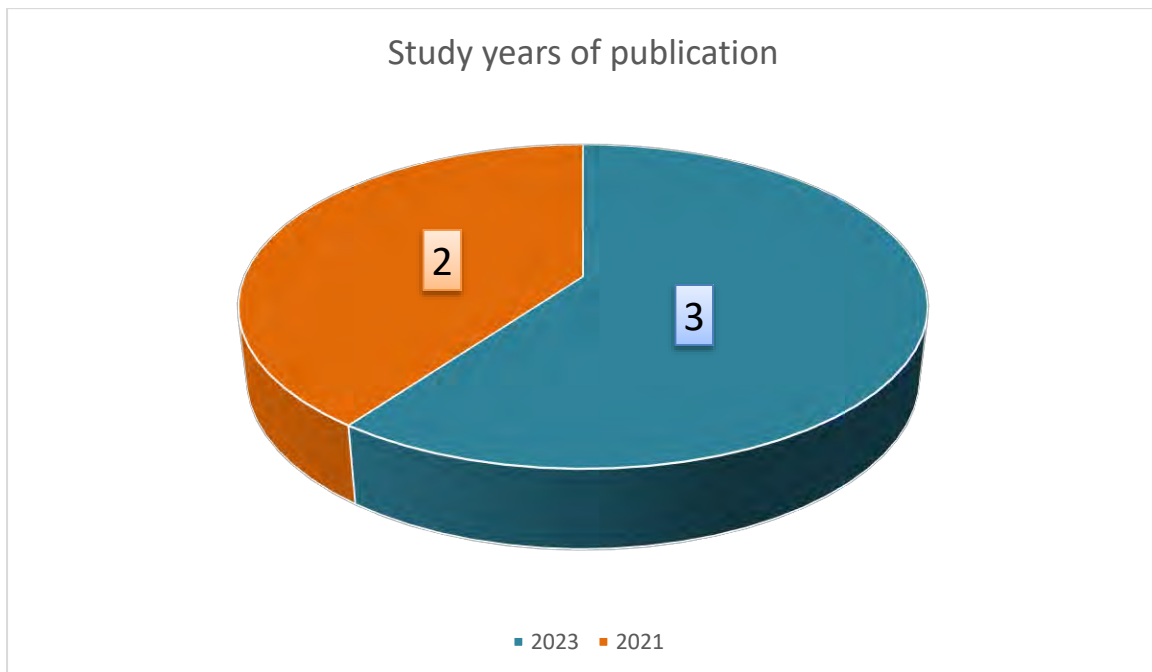


Figure 2: included studies' years of publication.

From the extracted papers, only two were published in 2021 and three in 2023. Despite having a large number of grey writings on traditional healers and COVID-19, little was published in peer-reviewed journals, and more so, fewer publications were written on their disposition to vaccination in South Africa.

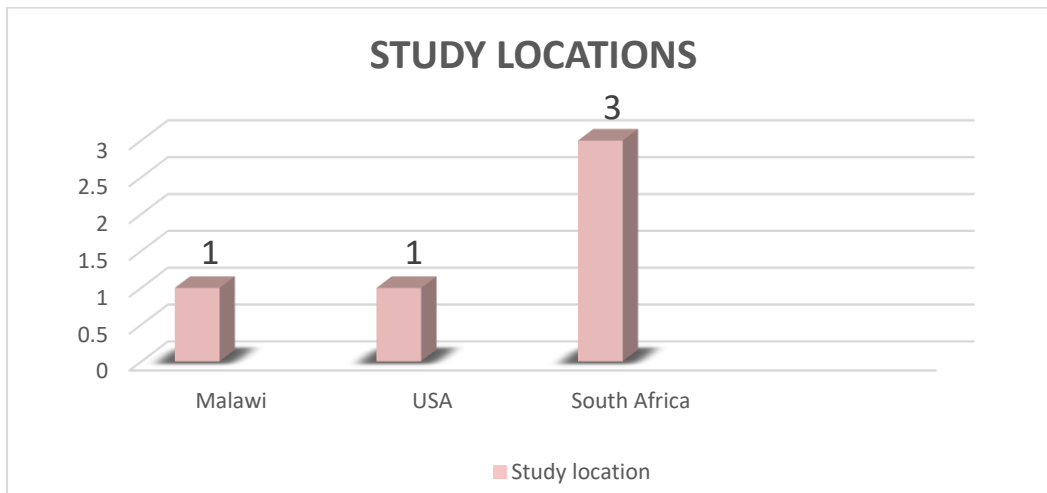


Figure 3: study locations of included studies

The locations of the studies included show that there were more articles published on the dispositions of traditional healers to COVID-19 vaccinations in South Africa compared to other countries. The USA and Malawi were the only countries that published literature on the phenomenon.

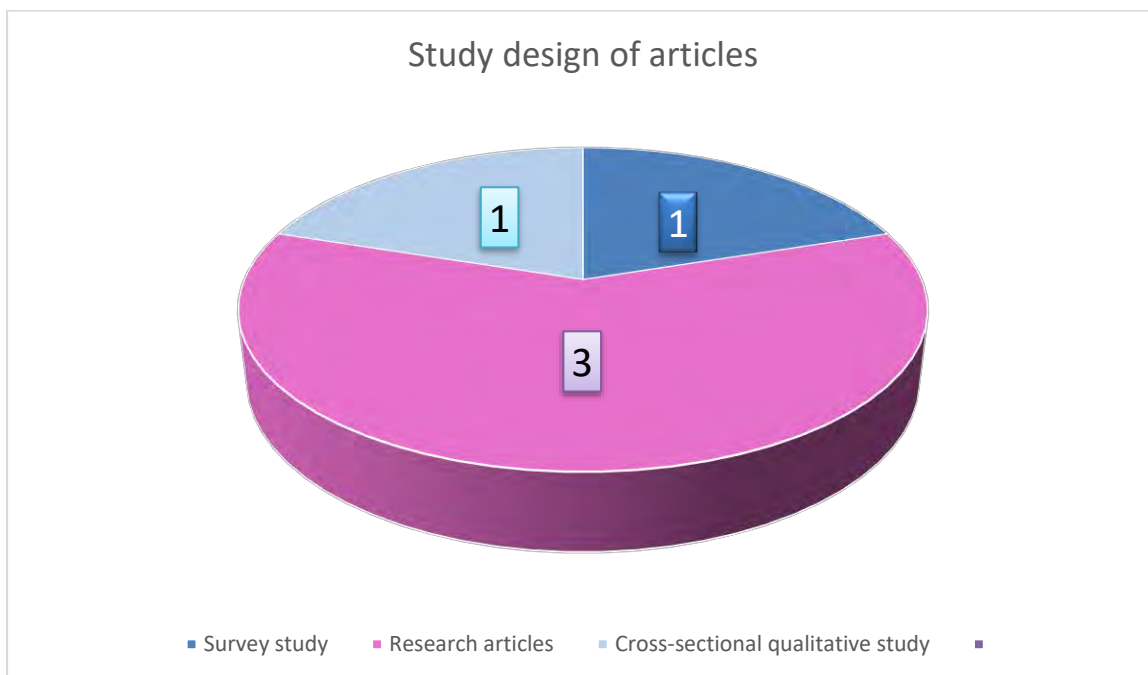


Figure 4: study design methods of studies

Most studies were categorised as qualitative research articles, while the others were classified as survey and cross-sectional qualitative studies. This shows the lack of extensive qualitative studies on the disposition of traditional healers to COVID-19 vaccinations.

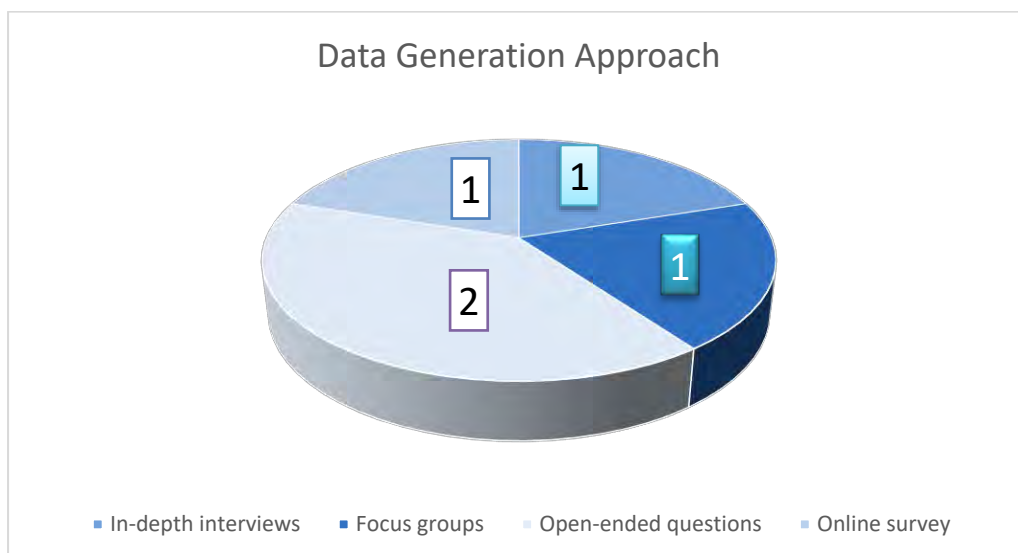


Figure 5: data generation approaches of each study

Most data generation approaches used qualitative data generation approaches: in-depth interviews, focus group discussions, and open-ended questions. Only one study utilised a quantitative data generation approach: an online survey. These approaches align with the nature of the phenomenon, which requires participants to provide in-depth information about their choice of either being vaccinated or not, as well as their views on COVID-19 and its vaccinations in general.


1.4.2 Positioning of THPs in an “orthodox” medical system

COVID-19 had an unprecedented impact worldwide, posing a vivid threat to life as interlinked with health al. (Chimatiro et al., 2023). Chimatito et al. (2023), in their study on barriers affecting COVID-19 vaccination in Phalome District, Malawi, report that, with the rapid and poignant surge of COVID-19, most people, including Traditional healers, have adopted public health preventive and vastly non-pharmaceutical measures. The measures the World Health Organisation (WHO) announced included frequent hand washing with soap, maintaining social distancing and using face protective masks. This form of robust response to epidemics by WHO has been prevalent, as was seen in the rise of TB and HIV. WHO disseminated guidelines for national programs and multiple stakeholders on collaborative TB and HIV prevention activities, treatment, and care to support governments, civil society, and healthcare workers in combating the health crisis in 2004 (Hlabano, 2018). In the context of COVID-19, pharmaceutical measures at great lengths were explored by scientific communities across the

globe to rapidly develop several types of COVID-19 vaccines and assets Chimatiro et al., (2023).

With the availability of vaccinations and their provision to most countries, it is noted that there was prevalent verbal acceptance; however, there was relatively low uptake, reflecting the positioning of traditional healers in the COVID-19 vaccination program. Although various concepts resulted in this pattern of behaviour, there was an attribution to the idea of mistrust. The concept of mistrust is agreed upon by Peltzer (2001) in a study that sought to review an array of interventions that may be effective in cultivating health and well-being in traditional African contexts. He states that there is generally a lack of trust among Traditional healers and biomedical practitioners. Openeye and Ochogwu (2007) exclaim that what negatively impacts the relationship between THPs and Biomedical practitioners stems from the conventional scientific notion of “material causation”. This implies that the friction between medical practitioners stems from the understanding of illness and the method of diagnosis and treatment, as biomedical practitioners look at the physical causes of an illness and respond accordingly. In contrast, THPs look into holistic factors that include spiritual causes. Kangwa and Catron (2010) state that some biomedical practitioners believe that certain cultures do not offer anything peculiar in the medical field. In contrast, Thandisa and Seobi (2009) also said that approximately 1300 medical doctors represented through Life International-a body that holds confidently that they only recognise biomedical practitioners (medical doctors, specialists, dentists, veterinary surgeons, and professors of medicine) across South Africa as people who demonstrate sound science in the medical profession. Nzima et al. (1996) express that these patterns of behaviours further instigate the alienation of THPs from the biomedical fraternity, as they are often perceived as inadequate to practice medicine in their distinct way.

On a varying perspective of mistrust, Chimatiro et al. (2023) note that according to the informants of the study, THPs may consider participating in COVID-19 vaccinations only if “one of their own” shares the information about it, alluding that the authority of the information needs to be of a trusted member of their community thereby inferring to biomedical practitioners as outsiders. Chimatiro et al. (2023) further highlight that the reference to “one of their own” describes an individual within the community of traditional leaders who are also regarded as a traditional healer and more reliable than biomedical practitioners. Although Traditional healers who took part in the study held that COVID-19 vaccinations could be an option to be considered, there are reservations about the source of information and influence.



Netshapapame (2023) also explored mistrust through information accessed via social media platforms in his study of COVID-19 vaccination hesitancy in South Africa. He states that during the pandemic, one of the most significant issues associated with mistrust was the vast amount of information available for consumption that reflected various ideas of the COVID-19 vaccination efficacy. The mistrust is further associated with the idea that although there were multiple sources of information, biomedical information was still not perceived as legitimate enough to be considered a viable source, further solidifying that traditional healers are reluctant to COVID-19 vaccinations and any associated information. Although those above may be related to the context of COVID-19 vaccinations, the study conducted by Peltzer et al. (2006) indicated that THPs in four districts of the KwaZulu-Natal province in South Africa displayed significant interest in increasing their knowledge of HIV and STI management strategies. This process is said to equip THPs with the appropriate understanding of conducting risk behaviour management, providing HIV/AIDS and STI education to the community and record keeping. The study not only highlighted the readiness of THPs to position themselves within the biomedical fraternity to mitigate the HIV/AIDS and STI outbreak but also indicated that government engagement with THPs and providing knowledge first-hand increases the chances of legitimising that information.

To further bring into perspective the positioning of THPs in COVID-19 and vaccinations, Makanda and Matambo (2022) assert that COVID-19 exposed the reluctance of THPs to participate in COVID-19 by attributing this positioning to the idea that mainstream Western scientists determined what COVID-19 from a biomedical perspective and a scientific perspective. For example, Makanda and Matamba (2022) stated that through the scientific community, it was said that COVID-19 is transmitted through saliva droplets from an infected individual (WHO), from which the advice on how to mitigate the COVID-19 catastrophe was western-orientated by medical experts/scientists through various measures including the uptake of the COVID-19 vaccination. This viewpoint significantly impacts health care, particularly when the two medical paradigms have conflicting bases. This is shown by Asante (1991), who states that within a Western paradigm, a patient's conception is of an isolated individual, whereas that of a traditional paradigm is consummated in the spirit of communalism, interdependence and connectedness (Schiele, 1990). Western explanations to counteract COVID-19 have been established as a barrier to the positive positioning of THPs in COVID-19 and vaccinations. This approach to health has been associated with recognising cultural

differences that display a diversified and multicultural country like South Africa (Bomoyi & Mkhize, 2016).

According to Makanda and Matambo (2022), constructing an orthodox medical system (biomedicine) is interconnected with the conceits of colonialism. The colonial conceits associated with health care are expatiated through (Digby, 2006). These conceits stem from the limited historical interactions between traditional and biomedicine in Africa, such that European doctors were determined to proclaim scientific medicine as the “dominant paradigm”. Wreford (2008), however, engaged in this notion from the concept of “witchdoctor”. From this viewpoint, Wreford explains that colonial missionaries and medical practitioners used the term witchdoctor to their African counterparts, which most likely stemmed from the varying realities and undeniable ambiguities surrounding witchcraft.

Wreford (2009) established that through navigating these colonial conceits, healers in historical contexts alienated themselves from biomedical facilities to protect themselves. Makanda and Matambo (2022), however, bring into focus by asserting that these forms of colonial connotation in the present day led to the reliance on African indigenous approaches amongst traditional healers in combating the spread of COVID-19 rather than considering vaccination uptake. Makanda and Matambo (2022) further explained that, although the significant dependence on biomedicine can result from its track record of efficacy in combating disease and improving well-being, over time, it is becoming anachronistic for biomedicine to be described and ascertained as the primary or traditional medical system.


It is from this understanding that the uptake of COVID-19 vaccinations is influenced by the uncomfortable position that Traditional healers have to assume in the “most championed” medical system that was the primary and only response in the fight against COVID-19, from which such connotations allude to the disregard of other medical systems. It was further revealed that upon engagements between traditional healers in biomedical environments, they felt undermined by Western medicine health care (AMREF 2007). This section shows how traditional healers have assumed an uncomfortable position in the COVID-19 vaccination programme as a curated approach. This results from mistrust linked to biomedicine being regarded as the primary medical system amongst many other successful medical systems, including traditional medicine. From this stance, it is believed that colonial footprints are still present in the COVID-19 vaccination programme. The following chapter explores the knowledge and understanding of THPs' compass towards COVID-19 and vaccinations.



1.4.3 Contextual social and cultural beliefs affecting whether to be vaccinated or not and the information gap

As intensively explored by Kahn et al. (2023), THPs carry a diversified array of traditional knowledge unique to each holder, as he asserts in his study of the Diné (Navajo) Traditional Knowledge Holders' Perspective of COVID-19. The knowledge amongst THPs gravitates towards a cultural perspective based on ancestral teachings, Kahn states. Storytelling and ceremonies are utilised amongst THPs to interpret and understand why certain illnesses occur, from which this understanding further instigates/inspires preceding health-seeking behaviours. These concessions are congruent with those expressed by the World Bank (2011, p1), which asserts that the application of traditional knowledge, skills and practices towards the maintenance of health, prevention, diagnosis and improvement of healthcare based on the indigenous experiences across varying cultures. Kahn et al. (2023) further express that THPs hold Traditional knowledge in high regard, considering it valid even against biomedical perspectives. Important to note is the expressed vital idea that the knowledge held by THPs is unique and is not derived from a Western scientific perspective.

Chimatiro (2023) concurs that although cultural beliefs do not directly link to the uptake or denial of COVID-19 vaccinations, contextual cultural beliefs inform the decision to receive the vaccination. Despite indicating which cultural beliefs or customs inform vaccine uptake decisions, THPs still view COVID-19 vaccination as an approach on the outskirts of their artistic practice compass. Bank and Sharpley (2022) expound on this concept based on the non-inclusive and uncontextualised COVID-19 regulation that fostered hesitancy and death in more significant numbers. This is explained in a South African context where the government is said to have prioritised recommendations of the private sector into following a Global North middle-class biomedical response model that was poorly adapted to the vast majority of the South African population. Sharpley and Bank further highlight that in government, overlooking the importance of a context-specific approach, the vast array of population groups, including those in rural populations, are systematically marginalised and silenced.




The understanding of COVID-19 and vaccinations has been displayed through various dispositions that inform the decision of uptake or denial. Amongst THPs, Chimatiro (2023) confirms that informants of this study indicated a prevalent understanding that COVID-19 is associated with the socio-economic status of the affected. This association is believed to have stemmed from COVID-19 originating from a developed country, China. In multiple rural or peri-urban areas, COVID-19 rates were lower than in urban areas, leading to the perception that THPs are at a low risk of contracting the virus, influencing their response towards COVID-19. Although in the context of China, the assessments of Chimatiro (2023) apply, from a South African point of view, Sharpley and Bank argue that the most affected population groups are from rural communities.

Chimatiro (2023) further asserts that although cultural beliefs indicated by the denial of vaccine uptake due to ancestors or the long-standing history of non-reliance on biomedicine, there are factors that deter THPs from the vaccine uptake, however uncommunicated. This sort of openness to share this information, as opposed to THPs, is said to be shared amongst Faith-based healers who believe that vaccinations are satanic or are an indication of the end of times (Nethsapapame, 2023). THPS may be harbouring information as is usual because some information held by THPs is deemed and said to be sacred and, in most cases, cannot be shared with anyone, for example, outsiders, women and children in patriarchal communities, and individuals who are not THPs (Hewson, 2014). This section explored the cultural and cultural background that motivates or deters THPs in the uptake of COVID-19. THPs are said to rely on traditional knowledge to understand and navigate healthfully. Although this area has not been shown or significantly covered by literature in the context of COVID-19 vaccinations, this indicates a research gap that does not cover in-depth data on the relationship between specific traditional beliefs and customs that may restrict THPs from considering COVID-19 vaccines.

1.4.4 Non-inclusivity of COVID-19 vaccination rollout


With the surge of COVID-19, countries across all borders are adopting various measures to combat the spread of the virus. Debates and discussions emerged on the impact of governments' policy responses to COVID-19 (Makanda and Matambo, 2022). Although in these debates, there are acknowledgements of the efficacy of lockdown regulations and non-



pharmaceutical approaches, then there was a neglect of African indigenous approaches in the fight against the spread of the infectious COVID-19 virus, especially with the mortality rates spiking daily. The concept of a scientific COVID-19 management plan, from self-isolation to vaccine uptake, is expressed vividly by Makanda and Matambo as a government's ignominious connotation for using indigenous African knowledge. Bomoyi & Mkhize (2016) highlight similar sentiments regarding Psychotherapy and are characterised as Eurocentric in their application. This is based on the reference to Western approaches to knowledge that influence most modern psychology. Swartz (1998) further corroborates that it is plausible that in such an approach, the mental health care needs of students from traditional African backgrounds are not adequately catered for, and this could inhibit wellbeing and health. This pattern of approach to health in South Africa supports the conceits of Swartz (1998), who states that South Africa continues to be plagued by high inequalities. The non-inclusivity of COVID-19 vaccinations disregards the constructions that human beings are calved by their set of beliefs, values and worldviews of specific cultures they ascribe to; this view of health is expressed by Duran et al. (2008)

Makanda and Matambo (2022) further expand on these connotations by stating that indigenous knowledge systems can play a critical role in combating the COVID-19 pandemic and must be considered. Mambabi (2016) asserts that Africans still struggle for decolonisation in Africa across various contexts, including epistemological decolonisation. A statement corroborated by Matambo and Makanda (2022) is that this form of struggle displays the failures of governments to recognise the plethora of rich insights which indigenous healthcare systems and medicine can offer. A pattern recognised within the rollout of COVID-19 vaccines, as expressed by Matambo and Makanda (2022), this pattern is said to illustrate the inability or hesitancy of governments or medical health policymakers to identify and appreciate non-European institutions or approaches; however, they continuously impose their ideas, opinions, thoughts and ideologies on the multitudes of people.

This pattern was associated with mandating COVID-19 vaccinations despite considerations of integrating alternative medical approaches in the discussions of COVID-19. Despite the assessments of Matambo and Makanda (2022), Hlabano (2013) asserted that through The National Drug Policy (1996), provisions for the use and regulation of traditional medicines in South Africa are made. This policy aims to encourage the cooperation of THPs and other health workers in mainstream health service, wherein systems need to be implemented to ensure the



reliability of the supply of cost-effective drugs that meet the acceptance quality criteria. This shows the incorporation of THPs in drug use. As Hlabano expressed, THPs were encouraged to cooperate with biomedical practitioners, particularly in programs such as immunisation monitoring and AIDS management.

In reflection based on the context of HIV and Drug use regulations, the implications of a non-inclusive approach towards COVID-19 are asserted by Chimatiro et al. (2023), who claim that some control measures implemented in COVID-19 are challenging to implement given the African cultural and political contexts. Amongst THPs, it is asserted that diseases and health ailments have spiritual elements and dimensions to them, which indicates that the spiritualisation of illnesses in the case of COVID-19 reinforces “radical beliefs” that are placed outside COVID-19 vaccination plans and other biomedical preventative methods. Hence, it was concluded that the novelty of the COVID-19 pandemic illuminates flaws in the current healthcare system (Mugari and Obioha 2021).

Kahn et al. (2023) corroborate that this lack of inclusivity resulted in THPs expressing suspicion, scepticism, and safety concerns, including questioning if they are not being used as “guinea pigs”, a concept which is rooted in previous injustices African people had to subdue from western authorities. He further asserted that COVID-19 vaccine hesitancy amongst THPs included a strong preference for Traditional medicine due to the lack of an intercultural information compass on the vaccine's risks and benefits. Therefore, the vaccine uptake decision has highly and intensely found gravity in the concepts of inclusivity such that to gain trust and have complete openness of THPs to scientific approaches in COVID-19 (vaccine), there needed to be a systematic blend of African indigenous approaches and elements that are responsive to the communal nature of the African society speaking to a context-specific approach to COVID-19 (Makanda and Matambo 2022). This section illuminates the background of pre-colonial injustices that are still overshadowing the health-seeking behaviours of the THPs in this study in post-colonial times. This is shown in the decision to take up the COVID-19 vaccinations, as there are expressed dispositions based on mistrust and the lack of inclusivity in the current COVID-19 vaccination plan. There is a general feeling of existing in the outskirts of the current medical system, which also indicates a level of disregard and discomfort to delve into a COVID-19 vaccine approach that is, in essence, not catered for all medical fraternities present regardless of their efficacy in the past years.



1.4.5 The interplay of information in COVID-19 vaccine uptake

Social media played an integral role in driving perceptions around COVID-19 and vaccinations amongst THPs, notes Chimatiro (2023). He further asserts a strong belief in some misinformation and myths surrounding the COVID-19 vaccine, which were widely spread through social media platforms such as Facebook and WhatsApp. Some of this information instigates various beliefs amongst THPs; some discredit the vaccine's efficacy and legitimacy, leading to hesitancy in the vaccine. The interplay of COVID-19 vaccines is expatiated as misinformation or the belief in conspiracy theories, denotes Netshapapame (2023). According to Douglas et al. (2019:4), conspiracy theories are “attempts to explain the ultimate causes of significant social and political events and circumstances with claims of secret plots by two or more powerful actors”. Some of the conspiracy theories are expanded by Netshapapame (2023) as he states that there is a belief that Western countries are in a population reduction plot on Africa, which the action plan is by using COVID-19 vaccines. Some of these beliefs stem from the idea that COVID-19 in itself has been manufactured as a mass reduction method against nations, while some hold that COVID-19 vaccinations are a money-generation scheme. The existence of myths and conspiracy theories has been at the heart of the COVID-19 pandemic as a result of the anxieties that emerged from dealing with the unknown, however, notably the fear of being a victim of global geopolitics and power manipulation (Mugari and Obioha 2021).

Mugari and Obioha (2022) continue to account for the fact that the COVID-19 pandemic has been the basis on which conspiracy theories have thrived, such that misinformation was the primary driving force for the prevalence of such theories. The relationship between conspiracy theories and attitudes towards biomedical approaches has been characterised as unfavourable through research. To this end, Mugari and Obioha (2022) assert that the prevalence of conspiracy theories has led to the preference for alternative medicine over biomedicine. In COVID-19, they claim that this is evident as many Africans prefer traditional medicine over the uptake of COVID-19 vaccination. It is from this basis that it is noted that the hesitancy to COVID-19 vaccinations amongst THPs is highly inclined to the narratives surrounding COVID-19 and the vaccine, where there is a considerable information vacuum encompassing


its efficacy and how information was conveyed about the vaccines' consumption safety and use (Chimatiro et al., 2023).

This section of the review, as explored by Chimatiro et al. (2023), Netshapapame (2023), and Mugari and Obioha (2021), sought to navigate the accounts on misinformation through conspiracy theories aligned with COVID-19 vaccinations to build a basis where its uptake is motivated from. The belief in conspiracy theories shows a link to pre-colonial injustices and some of the reoccurring injustices exerted by Western countries in medicine, which instigates the carrying of some sentiments with THPs in considering whether to uptake the vaccine or not. As unhighlighted by the authors, the use of the phrase "conspiracy theory" by scholars undermines the gravity of the long-suffered injustices exerted on African Traditional believers by Western countries. The prerogative is not to reform THPs into taking the vaccine by discrediting their beliefs by substituting their expressions as conspiracy theories but to address the fear and mistrust built in the past years and work towards rebuilding and integrating traditional medical practice into the mainstream medical system.

1.4.6 Significance of community sensitisation in vaccine uptake


The concept of community sensitisation was extensively explored by Chimatiro et al. (2023) and Kahn et al. (2023) as a prevalent theme expressed by multiple study respondents. According to Gezahegn (2023), community sensitisation is imparting knowledge and injunction amongst individuals and groups within a community to raise awareness, promote involvement, and gather funds for a specific cause. Community sensitisation is said to be achieved through a thorough plan of action that can be utilised to inform a community about a particular issue or program to instigate action, promote change, and increase community engagement (UNDP, 2006).

Although a vast majority of research on COVID-19 vaccinations indicates misinformation and conspiracy theories as linked to social media, there is limited attention to the link between these issues and community sensitisation. Kahn et al. (2023) display the difficulties related to the COVID-19 vaccines amongst THPs due to not being approached from a traditional practice perspective. One of the study's respondents expressed hesitancy because they did not know what was in Moderna or Pfizer. The narrative is built around the fact that what is being



communicated is the immunisation that the vaccine can provide without engaging with other additional information, such as sharing possible side effects. One of the respondents further concurred as they stated that anything made by a human being probably has an aura, which means it does have a side effect; however, it is not adequately addressed by health officials. From this view, Kahn concurs that education plays an integral role in COVID-19 vaccine acceptance amongst persons of a traditional medical practice, where an emphasis is put on the need for community apprehension from a Western perspective to put to ease and rest some of the discomforts and questions THPs may hold. Kahn et al. (2023) further concurs that although traditional and biomedical systems and approaches have varying fundamental elements, the understanding of the processes of COVID-19 and vaccines has the potential to give THPs insight into and understanding of what the vaccine is about, aiding them in making a well-informed decision of whether to take the vaccine or to retreat to alternate approaches. The lack of community sensitisation has fostered the reliance on social media information and the conceptions attained amongst Traditional Authorities' communities. One of the respondents of this study asserts that COVID-19 and vaccinations became all that was said about it and what was also said it could do, which narrowed their perceptions.

Chimatiro (2023) narrates a different perspective on community sensitisation through the lack of tangible evidence and testimonies of the successes of COVID-19 vaccination. The basis of vaccine uptake amongst THPs is what is experienced first-hand, as one of the participants in the study expressed that they did not know what the benefits of the vaccine were, given that the various people who administered the immunisation still adhered to the non-pharmaceutical preventive measures, rendering the vaccine inefficient. With an enormous pool of information (credible) from health officials, it is apparent that the availability of varying accounts of COVID-19 vaccinations has tainted what can be said to be the most reliable source of information. This has been said to be an indicator of the lack of community outreach through the government health sector to address the damages done by misinformation. It is further highlighted that the outreach could have ensured that an understanding of COVID-19 and vaccinations reached the population at large so that communities such as traditional healers could make well-informed decisions with a sense of what the vaccine is, its benefits, and its side effects. Chimatiro (2023) further illuminates that it is from the lack of consideration of using mobile vans, educating traditional communities from both a Western and a conventional perspective and using drama groups to provide vaccine education that hesitancy will still be prevalent, especially amongst THPs. This section of the review displayed a separate glance at




the low uptake of vaccines amongst THPs through explained information. The studies establish a link between the discomforts of taking the COVID-19 vaccine amongst THPs and the lack of government community education programmes, especially with the oversaturated pool of information surrounding COVID-19 and vaccines. Some of the views expressed by THPs are linked to misinformation passed down through word of mouth and social media, indicating the lack of government measures in reaching out to the public to disseminate correct information, allowing THPs to make well-informed decisions regarding COVID-19 vaccines.

1.5 Recommendations from authors

Through the analysed literature, all five studies express recommendations to better navigate THPs' dispositions to the COVID-19 vaccine and how their roles and views can help build a well-vested and diverse medical approach in the fight against COVID-19 and future medical ailments. Kahn et al. (2023) assert that THPs offered a new and insightful perspective on the pandemic that has not been explored from a traditional healing glance. It is further stated through this perspective that the barriers and strengths of conventional healing are thoroughly analysed, prompting and probing THP voices to be included, prioritised and apprehended in future pandemic planning. Through THP's shared dispositions about COVID-19 and vaccines, there is a need for co-created cultural revitalisation strategies to address health outcomes related to the pandemic as a form of integrating traditional healing into the mainstream healing fraternity. Kahn et al. (2023) further recommend that the role played by THPs must be conceded by funding opportunities to support their services. The provision of training opportunities and the development of policies within government institutions are needed to bring into perspective the critical roles that THPs have in collective health.

Makanda and Matambo(2021) held that the point of concern should encompass African values being employed to aid scientific methods of containing COVID-19. In addressing the expressed concerns of non-inclusivity in COVID-19 approaches by THPs, Makanda and Matambo (2021) further highlight that there is minimal vaccine uptake through the scientific approaches employed in the fight against COVID-19. This is said to result from the mindset shaped by specific communal socio-economic and cultural circumstances that result in African indigenous approaches to COVID-19 being more helpful and accepted. From this



understanding, Makanda and Matambo (2021) recommend that the government must be intentional and responsible in creating awareness of traditional values that can be utilised to understand and navigate the scientific guidelines provided in COVID-19. Further, these guidelines should be aligned and compatible with traditional African values promoting community importance. The emphasis of such a value implies one carries a responsibility for the general health of the community, which is what is needed to curb COVID-19. This speaks to how the traditional principle of *Ubuntu* and Afrocentrism can be utilised in addressing the alienation between THPs and biomedical approaches in building a well-integrated and blended medical system that presents various helpful approaches to combating COVID-19. Netshapame (2023) alludes to an identified need for collaborative measures between faith, science, and religion as an agent of power that can drive change and address the negative attitude associated with the COVID-19 vaccine uptake.

Alluding to the adherence of THP attitudes and behaviours towards COVID-19 vaccines in obtaining a better responsive approach Chimatiro et al., (2023). The study explores the recognition of perceptions and misgivings expressed in promoting vaccine uptake amongst THPs. Knowledge dissemination is at the centre of what could be done to clear the pool of information on social media that can be false or true. It is recommended that through adequate sensitisation and engagement, the dispelling of myths and misinformation about the vaccine can be effective. It is further asserted that the role of THPs in communities as leaders can promote accurate dissemination of vaccine knowledge. Mugari and Obioha(2021) corroborate effective community engagement strategies. It is asserted that the considerations of mass public awareness campaigns, community engagements, and strategies to counter misinformation can be utilised to improve perceptions about the COVID-19 vaccines.

1.6 Reported Limitations

One out of five studies report limitations. Kahn et al. (2023) said that a potential limitation of the study was the exclusion of two out of fifteen interviews in data analysis. This could have yielded more insights, themes, or patterns if all interviews had been analysed. Kahn et al. (2023) further highlight that eleven of twelve interviewees were males, which does not give a broader female traditional practitioners contextualised perspective. The interviews were

conducted in a native language and further translated into English. Some of the meanings behind the interviews and accurate reflection of expression could have been altered or lost in translation.

1.7 Problem Statement

Through the review, the use of Westernised terms to understand African concepts takes away from the authentic reflection of the dispositions of THPs, as highlighted in the limitations section. There is limited data exploring THP dispositions to COVID-19 vaccinations without entangling the study with hesitancy and behaviour that inhibits the progress of vaccinations. This entanglement displayed a close-ended loop to the parameters that could be explored in the revelations THPs express through what hesitancy means in their regard. Within the small pool of studies included in the review, the review does not fully explore traditional beliefs as a barrier and vaccine efficacy from a traditional perspective, illuminating a gap that has the potential to justify why THPs' retreat towards Traditional medicine over vaccinations should not be regarded as "hesitancy". The pool of knowledge associated with traditional and cultural communities is studied from the larger population's perspective, wherein the dispositions of THPs are not fully delved into. This concern indicates the need for empirical research in the gap identified.

1.8 Research Aim

This study aims to understand the disposition of traditional health practitioners in Makhanda towards COVID-19 vaccinations. This will help us develop an understanding of how these dispositions can help us understand the practice of medical pluralism from a traditional perspective.

1.9 Research Objectives

1. To explore the views of traditional healers in Makhanda on COVID-19 vaccinations
2. To understand the motivational factors that contribute to the uptake of COVID-19 vaccinations amongst traditional healers in Makhanda
3. To explore factors that deter traditional healers in Makhanda from taking COVID-19 vaccinations
4. To explore how the disposition of traditional healers in Makhanda to take or not take COVID-19 vaccinations can contribute to or limit collaborative healthcare provision

1.10 Key Questions

1. How do the dispositions of vaccinated traditional healers in Makhanda aid in the understanding of the practice of medical pluralism?
2. How do the dispositions of traditional healers in Makhanda who are unvaccinated aid in understanding medical pluralism?
3. What factors contribute towards the uptake of COVID-19 vaccinations among traditional healers in Makhanda?
4. What factors inhibit the uptake of COVID-19 vaccinations among traditional healers in Makhanda?
5. How can the disposition to vaccinate or not traditional healers in Makhanda shape the practice of medical pluralism from a traditional perspective?

1.11 Structure of the Dissertation

1.11. 1 CHAPTER 1: Introduction and Literature Review

This chapter of the study overlays the rationale from which the study feeds. The understanding that health-seeking behaviours stem from worldviews encapsulated in our belief systems and surroundings is discussed. The chapter displays the relationship between these worldviews and dispositions toward medical approaches. On a contextualised level, the dispositions of traditional health practitioners are explored to understand the broader stance of medical

pluralism amongst health care providers whose health-seeking behaviours can be associated with their belief system, which shames their worldview. This chapter further explores using a scoping review in the literature review. This section illuminates the positioning of various scholars and the pool of knowledge that may/may not exist as aligned with the study phenomena.

1.11.2 CHAPTER 2: Conceptual and Theoretical Frameworks

In this chapter, I engaged in various interlinked concepts to create a conceptual representation of the study. I also motivated the reasoning behind the selected theories that developed a set of parameters and guided the research proceedings of this study. A section of this chapter also highlights the aim of the study, the research questions that show the study and the study objectives.

1.11.3 CHAPTER 3: Methodologies

This chapter engages in methodologies that were followed in conducting this research. As revealed in the reflection section, I also gave in-depth motivations for why specific methods were selected and engaged with them.

1.11.4 CHAPTERS 4: The Understanding of COVID-19

This chapter delved into the understanding of COVID-19 that shapes how THPs respond. The association between illness understanding and health-seeking behaviours is established and further explored.

1.11.5 CHAPTER 5: Dispositions of THPs towards COVID-19 vaccinations

This chapter explores the expressed motivating or demotivating factors that influenced the decisions to uptake COVID-19 vaccinations. This chapter feeds from an element of understanding illnesses, as expatiated in Chapter 6. From this point of view, Chapter 6, which explores the understanding of medical pluralism, is adequately studied.

1.11.6 CHAPTER 6: “One size does not fit all”: context specific approaches in the decision towards COVID-19 vaccinations shaping the practice of medical pluralism

We build the understanding of this chapter from the dispositions of THPs expressed in Chapter 5; however, we represent some of the context-specific positions THPs display in understanding a holistic health system.


1.11.7 CHAPTER 7: Conclusion, Recommendations and Reflections

This chapter analyses the study by critically engaging with the research findings. I use methods considered to ensure the study's trustworthiness and express reflections. Recommendations of the study are shown and stated.

1.12 Conclusion

This section of the chapter gives an outlook of the study. In the quest for healthcare, THPs reflect on worldviews that inform their health-seeking behaviours, as asserted by Moshabela (2016). By expanding on this health-seeking behaviour, we are allowed a position to understand health-related phenomena that exist in society, from which the understanding of the health system in a traditional context is attained. The health-related phenomenon in this study is medical pluralism. Medical pluralism is characterised by the availability of various medical systems at the disposal of the public. In understanding this phenomenon, the explanation of Traditional Health Practitioners towards COVID-19 vaccination needs to be explored. This can be achieved by asking what motivates the positions of THPs in a biomedical system. From this basis, the study further emerges.

COVID-19 vaccinations have spurred various thoughts, beliefs and attitudes across different populations. It is through the perspectives of THPs towards COVID-19 vaccinations that a traditional lens of COVID-19 is established. The analysis of the five included papers illuminates an aspect of conventional medical practice left desolate by governments or policymakers in pandemic management approaches. This was prevalent in COVID-19 through the emergence of vaccinations. Displayed in the review are the motivating and demotivating



factors expressed by THPs as to why COVID-19 vaccinations are either administered or rejected.

Although vaccine hesitancy is highly associated with misinformation and the belief in conspiracy theories across all population groups, including THPs, what is shown is the gravity at which THPs hold traditional medicine practice, as expressed vividly in the review. This is illustrated through the prevalence of integration and building a diverse, inclusive and well-rounded medical system to fight against COVID-19 and be readily prepared for future pandemics. The level of accountability by the government in ensuring that all barriers alienating medical approaches are questionable among THPs further instigates sentiments of lack of support and the championing of one medical system, disregarding other existing medical approaches.


Chapter Two: Theoretical and Conceptual Frameworks

2.1 Introduction


This chapter establishes the conceptual framework and the theoretical orientations that frame this study. According to Tamene (2016), both frameworks play an integral role in a study as they allow for the application of theory, or a set of concepts drawn from the same theory, to build an explanation of an event or a research problem. Although the terms conceptual and theoretical frameworks are widely used interchangeably, they express varying elements of research (Antonenko, 2015). According to Maxwell (2006), A conceptual framework is then understood from the following perspectives: one that conveys the importance of a conceptual framework as a plan and guide of study builds an interrelation of ideas and tentative comprehension of a research problem.

2.2 Conceptual Framework

According to Maxwell (2005, p.33), a conceptual framework is a system of concepts, assumptions, expectations, beliefs, and theories supporting research. Jabareen (2009, p.51) also extensively engaged with the meaning of a conceptual framework by stating that it can be understood as a network, or a “plane”, of interlinked concepts that together provide a comprehensive understanding of a phenomenon or phenomena. This indicates that the various components or concepts that make up or constitute the conceptual framework engage with each other, articulating their respective phenomena to establish and feed into a framework-specific philosophy or theoretical framework. Given that a conceptual framework is not merely a collection of concepts but rather a construct in which each concept plays an integral role in the understanding and interpretation of the phenomena, it can be utilised to lay out key factors, variables, and presumed relationships that exist among them (Miles & Huberman, 1994, p. 440). This conceptual framework alludes to the presented definitions as it is set to relay a simplified understanding of medical pluralism through various interconnected factors that induce different responses to COVID-19 vaccination among Traditional health practitioners.



In this framework, the relationship between COVID-19 vaccinations, Traditional Health Practitioners (THPs) and their responses will be established, where these responses are divided into three different factors, namely, the choice of using traditional medicine, the choice of taking the COVID-19 vaccination, and the use of both traditional medicine and vaccination. Notably, these health-seeking behaviours are connected to various concepts; these concepts include belief systems, sufficient/insufficient information provided to people about their medical options, family influences, COVID-19 regulations and obligations, the usage of vaccinations as an access tool and lastly, the impact of social media in how people understand and respond to illnesses and diseases. Significantly, all the concepts play an important role in answering the questions of “how” and “why” medical pluralism is interpreted, understood, and practised amongst THPs through the uptake or denial of COVID-19 vaccinations.



Health use is often either carried out in a plural manner or through a single system use. According to Khalikova (2021), medical pluralism describes the availability of different medical approaches, treatments, and institutions at people's disposal while pursuing health. Medical pluralism constitutes how people deal with various illnesses and navigate between traditional medicine, religious healing, and other alternatives as their response. Thornton (2010) further expounds on medical pluralism by explaining that the demand for healing manifests as a “market for healing” governed by a parallel market for belief. From this observation, belief sets can access multiple healing paradigms in pursuit of health. Upon keen observation, Khalikova (2021) believes that, to some extent, this practice has been prevalent in many contemporary societies, leading to the question of whether this practice can be formally accepted. It is with this understanding that through exploring the attitudes that inform responses towards COVID-19, the critical question is whether multiple medical systems can coexist and be accepted in a society or community deemed as “traditional”?


This question can similarly be clarified by using a medical system to administer the COVID-19 vaccine or using traditional medicine separately. Studies show that South Africa is arguably one of the few countries in Africa that has an enormous array of diverse cultures, races, languages, ethnicities, and religions. However, this diversity challenges social dynamics, potentially negatively affecting its healthcare system (Wreford, 2008). This realised diversity informs how people understand illnesses and how they respond in their health-seeking behaviour, meaning that behind every response lies multiple factors embedded in how an individual perceives, interprets, and comprehends the world around them (Zuma et al., 2016). Even though this diversity points to the existence and practice of medical pluralism, there still is a prevalent reliance on and use of traditional medicine in multiple communities in South Africa (Beyers, 2020). This shows the distant vacuum associated with “who” may be open to the “what” form of practice of medical approach by singularising “who” and “what”; a connection between THPs (who) and the choice of vaccination or traditional medicine (what) is established. This connection builds the research question's foundation as informed by various dispositions. The dispositions are thus shaped by multiple factors, which will be discussed below.

2.2.1. Beliefs

According to the South African Traditional Health Practitioners Act, THPs are consulted for their explicit linkage of health with social and cultural beliefs (Nattrass, 2005). Mokgobi (2012) also infers that THPs regard beliefs and customs as the basis for informing their ways of life and their interpretation of the world around them. Therefore, the THP's approach to health is highly embedded in indigenous knowledge and belief systems. This can be better understood through a statement made by Young (1982, p.260) that “every culture¹ has rules for translating signs into symptoms, linking symptomatology to etiologies and interventions, and using evidence provided by interventions to confirm translations and legitimise outcomes”. Different belief systems will, therefore, breed different perceptions towards biomedical interventions, especially considering the fraternity in which THPs elicit their health-related guidance.


According to Thornton (2009), traditional healers appear to preserve a sense of distinctive “African” identity in an increasingly globalised and westernised country, where their tradition has multiple roots extending across cultures, languages, and time and derives partly from pre-colonial African systems of beliefs. With this understanding, the reception of COVID-19 vaccinations may be met with hesitancy among THPs because what informs their health choices hold very distinct fundamental principles to the biomedical approach to health. The study of Farrand (1984) sought to establish if a pluralistic medical system is desirable amongst black patients, indicating a need for a cultural explanation even in a biomedical institution. The majority of the informants of this study, coming from various parts of South Africa in a large modern hospital on the Witwatersrand, held a solid cultural overlay to their illness. Despite hospital treatment, they continued to feel that something had been left unattended. Farrand (1984) highlighted that some of the patients requested the termination of their contract of service to be able to consult an indigenous healer close to home. This infers the role of traditional beliefs being held in high regard, which can indifferently build a connection to how THPs view traditional knowledge in health systems present in South Africa.

¹ Culture is a concept that encompasses the social behaviour, institutions, and norms found in human societies, as well as the knowledge, beliefs, arts, laws, customs, capabilities, and habits of the individuals in these groups.



Amid the reliance on traditional beliefs that inform health-seeking behaviours amongst THPs, there is an expressed belief in the government's exclusion of THPs in discussion of COVID-19 mitigation processes, contributing to how they respond to COVID-19 vaccinations. The World Health Organisation (WHO) disclaimed a traditional curated remedy widely believed to have the potential to curb COVID-19. The Madagascar government announced a potential treatment for COVID-19 named Artemisia Annual; Kapepula et al. (2020) continue by stating that there was an increase in the usage of traditional medicine in Africa, and people believed that the medicinal knowledge of their ancestors was the only solution towards defeating the virus. Apart from the WHO not clearing traditional medicine as safe to consume, according to Weber and Hopp (2020), the National Centre for Complementary and Integrative Health 2020 stated that no scientific evidence supports alternative medicines' effectiveness in preventing or curing COVID-19. Contrary to what the National Centre for Complementary and Integrative Medicines had said, (Iwuoha & Aniche, 2020) revealed that in some isolation centres in Africa, many patients in quarantine recovered from COVID-19 due to the use of local and herbal remedies which played a massive role in their recovery. These remedies included consuming and inhaling hot water mixed with garlic cloves, lemon, turmeric, and ginger.

It is important to note that according to Adejoro et al. (2020), the WHO met with authorities from Madagascar for discussions around the clinical trials for Artemisia and its healing components. It is alluded that the efficacy of traditional medicine is questioned where it is believed that there is a cycle of authorities' use of political power to manipulate health systems. Adejoro et al. (2020) further note that most of Africa's 54 countries have one or more local medicines in clinical trials for COVID-19 treatment, which have not been clinically accepted. However, there is a prevalent prioritisation of vaccinations, which are mandated and "forced" to be taken. The perpetuated competing of medical knowledge seems to be at the ground roots of the anti-progress that's experienced in the healthcare sectors around the world, and that contributes significantly to the bottlenecks around biomedical approaches by THPs that believe and live by traditional medicine (Moshabela, 2016). Given the vast amounts of medicines produced from traditional knowledge, even in critical pandemics like HIV/AIDS, Tuberculosis and Malaria. (Beyers, 2020) poses the question: What more needs to be done or said for African Indigenous health knowledge to be entirely accepted as a viable and effective health system?




The foundations of Good (1976) bring into perspective the role of semantic illness networks in understanding ailments from the viewpoint of the affected. This sort of understanding puts into perspective how THPs experience and interpret illnesses within a diverse and pluralistic larger community of South Africa. Good(1976), therefore, establishes that semantic illness networks are inseparable from the idea that illness is an individualised process, indicating that there is a belief amongst THPs that articulations of other medical systems cannot adequately assess and communicate some of their medical needs, especially with regards to COVID-19, where the vaccination program is widely met with hesitancy. Young (1982) sets out some fundamental prepositions by Frake, which allude to the ideology that beliefs affect illness perception. This is shown by the intervention methods to address the discomfort. These prepositions align with the assumption that THPs rely on cognitive structures to organise their behaviour and make decisions in their quest for well-being. This cognitive structure of COVID-19 is implicit in utterances, which can be elicited from patients through standardised questions such as “How does COVID-19 affect me?” and “Are vaccinations compatible with my beliefs?”.

According to Chateau (2023), THPs can interpret any condition in terms of specific social-spiritual meaning systems, in contrast to Western medicine, which emphasises the disease and its pathophysiology more. From this indication, the concept of the rich traditional knowledge embedded in cultural beliefs that inform THPs and their practice can be identified as a barrier to COVID-19 vaccinations, as COVID-19 can be explained in a distinct traditional manner. Therefore, THPs apply curative medicinal approaches to curb COVID-19. Furthermore, the decision on which COVID-19 approach is compatible with THPs heavily stems from the positioning regarding traditional medicine. There is openness in cases where support is shown towards traditional practice; however, given the government's belief in undermining traditional medicine, such action can elicit the denial of COVID-19 vaccinations.

2.2.2. Knowledge/information

Knowledge and information played a critical role in the COVID-19 pandemic. In the emerging stages of the pandemic, limited research and information about the virus were available, wherein people were dependent and relied on what was communicated by the government through official media, either on national networks or social media. This lack of adequate information allowed various people to hold and express opinions on social media, which




brought multiple consequences. This lack of concrete information at the beginning of the pandemic has also led to inconsistencies in the government's approach to addressing the nation about COVID-19. The pandemic is, therefore, linked with a lot of anxiety and fear among people, given the millions of mortality numbers that were announced daily. This resulted from earnest information or knowledge seeking amongst people to find solutions and, at the least, a strand of hope to hold on to. This opened one of the biggest challenges in the world, resulting from the ungoverned and unmanaged social media space and environment.

Regarding multiple information bases provided, the World Health Organization (WHO) recommended that the public should not use cloth protective masks (2020); that statement was followed by a series of rebuttals from healthcare professionals citing studies that masks could reduce vital transmission. In this tug-of-information war, the Western Cape Department of Health appealed to the public to prioritise mask-wearing in public spaces or healthcare areas as a preventative measure against the virus; subsequently, the National Government made this a mandatory regulation (Western Cape Government 2020). Following the initial WHO statement in the same time frame, the WHO made a follow-up and contrary change to their guidelines, making mask-wearing a “norm” in public spaces (2023). Within the devastating pandemic, characterised by the loss of livelihoods and closely connected people, what seemed to be a trial-and-error situation by the World Health Organization and governments worldwide contributed to the loss of credibility from valid and legitimate sources. Kling (2021), however, states that the changing guidelines by governance is not an example of misinformation but a reflection of the rapidly changing knowledge. The revelation expressed by Kling (2021) may represent some truth; however, amid a world pandemic resulting in spiking mortality rates, the inconsistencies were regarded as misinformation amongst the larger community. Therefore, this rapid change of knowledge and the loss of credibility led to uncertainties regarding any form of information or strategy posed by the government as an answer to the pandemic.

2.2.3. Social Media Influence

The use of social media to communicate this information is connected to the concept of medical knowledge and information. With the complete shutdown and the discontinuation of physical interactions, virtual spaces were flooded with varying beliefs about the virus, which resulted in the revelations of many “unproven therapies” and misinformation (Kling, 2021). These platforms became an active space where people, including influential personnel, shared their



COVID experiences, and concurrently, people shared their thoughts and theories about the pandemic. Kling (2021) continued to state that alternative; unproven treatments would gain consideration by people on social media through individuals of influential solid power in the quest and need for an urgent solution. In the early stages of the pandemic, it was said that hydroxychloroquine, “the miracle drug”, was advocated by former US President Donald Trump, accounting for its credibility; however, it lacked the basis of scientific evidence, leading to its invalidity. Due to the need for a solution, most of his “followers” believed in and championed it because of his influence and political and societal standards.


Social media influence has a global impact on healthcare systems and numerous fatalities. As Froehlich (2017) notes, “the age of information is the age of Anti-enlightenment”. Anti-enlightenment is associated with a constant drive to believe and take up information provided on social media without verifying its credibility. This culture perpetuates ignorance instead of promoting the growth of information and potential knowledge. Suarez and Alvarez (2021) conducted a systematic review of health misinformation assessed in 69 studies, of which 32% were from vaccines. Moreover, the most prevalent misinformation and disinformation currently relates to the COVID-19 vaccination. Studies show a link between social media influence and low vaccination rates; for example, according to Rogers (2020), the large measles outbreak in the United States resulted from low vaccination rates influenced by misinformation about a link between measles, mumps, and autism. This concern during the COVID-19 pandemic led to the WHO declaring an overabundance of information and the rapid spread of misleading or fabricated news, images, and videos as the greatest threat to global health (South African National Department of Health 2022). This means there is a link between social media influence and how THPs experience medical approaches. THPs, in the context of COVID-19 vaccinations, assume the role of a health seeker, indicating that what affects the health-seeking behaviours in COVID-19 regarding vaccinations can have a similar effect on them, with exceptions and cognisance of their distinct traditional positioning if relied on.

2.2.4. Regulations/Obligations

Among multiple countries worldwide, one of the countries greatly affected by the pandemic was South Africa (Broadbent et al., 2020). South Africa recorded its first COVID-related death on the 27th of March 2020, following the first confirmed positive case on the 5th of March 2020 (The National Institute for Communicable Diseases). Therefore, the government swiftly responded by enforcing a moderate lockdown, followed by a complete lockdown that prohibited access to movement for non-essential activities and a complete shutdown of economic activities (South African Government, 2020). One of the multiple regulations enforced by the government was the uptake of the COVID-19 vaccination. COVID-19 vaccinations were introduced to the public as a critical tool for personal health, protecting vulnerable populations, reopening social and economic life, and potentially achieving population health and safety through immunity (Gottlieb et al., 2021).

Mandating vaccination uptake became pivotal in many countries worldwide as this approach was recorded to be one of the best defence methods against the pandemic (Coccia, 2022). Proponents supporting mandatory vaccinations assert that mandating the vaccine offers an excellent opportunity to break viral transmission chains, protect vulnerable communities, lessen death rates, and improve the state of the overburdened health systems (Honein et al., 2020). However, other countries' main prerogative with the mandatory regulation was to achieve herd immunity. Eliseo (2021) states that other governments questioned if they should consider this approach, if so, under what conditions, for whom, and in what context. Given that the "mandatory rule" is objective and non-autonomous, these conditions can potentially propel various responses towards vaccine uptake. This indirectly indicates the inconsideration of other population groups with beliefs or attitudes, such as THPs. In support of this narrative, Jivado (2020) asserts that "citizens' sentiments regarding vaccines are a result of divergent and deep-seated beliefs, which emanate from "the tension between divergent cultural viewpoints and value systems", with most cultural groups not subscribing to vaccination".

Mandating the vaccination created a stir amongst various population groups, including religious groups and traditional health practitioners, which highly influenced their openness to its uptake. According to a study by Netshapapame (2023), traditional healers have been at loggerheads with the government due to the non-inclusion in discussions about the response to the COVID-19 pandemic. It is further stated that THPs expressed mistrust in the vaccine due




to its “highly scientific base”, further associating COVID with other common flu. In THP's belief that COVID-19 is yet another common flu, there were suggestions for using medicinal plants such as *mugwibiri* and *mubomo*, which can be trusted and have been utilised during the pandemic and many years before in respiratory-related ailments. Although COVID-19 regulations may have been proven effective, THPs experienced mandating vaccinations differently. The presence of COVID-19 vaccinations to THPs is a physical representation of the disregard and the non-inclusive nature of the medical system, which creates a barrier to them seeking COVID-19 vaccinations as a viable solution to COVID-19 above their traditional medicine (Trout, 2021).

2.2.5. Vaccination as an access tool

Closely linked to the concept of regulations around COVID-19 and mandating vaccinations are some governmental regulations that permit access to vaccinated individuals only. Many countries worldwide have implemented “vaccination certificates,” which can also be referred to as a vaccine passport. It is a physical or digital health certificate confirming that an individual has been vaccinated against a specific contagious disease and grants them access to movement, including public spaces (Larson et al., 2021). This programme has been widely used since its introduction in February of 2021, with Israel becoming the first country to issue a modern vaccine passport (Waitzberg et al., 2022). This program's mission gradually opened access to movement while the pandemic continued; however, more importantly, it was to get countries to navigate the “new world” progressively (Arias-Oliva et al., 2021). One benefit of this vaccination certificate is access to various social and leisure activities such as restaurants, university campuses, employment, and long-distance travel.

With the impact of COVID-19 on livelihoods, this certificate would be pivotal in access to employment. According to (the Department of Employment and Labour, 2021), many companies deployed a mandatory vaccination policy requiring all their employees to provide a vaccination certificate, or they stand to lose employment. Similarly, other sectors and institutions implemented mandatory vaccine policies to regulate access. This institution includes education institutions, government institutions, the private business sector and public service institutions. Although there are various driving forces towards multiple responses to COVID-19 amongst THPs, it is asserted (Bank & Sharpley, 2022) that an integral aspect of




traditional medicinal health and practice relies on access to forests and bushes for plants, roots or leaves that help them create medicine. With the lockdown and THPs not regarded as essential healthcare providers, access to such environments would drive vaccine uptake. There is a willingness to trade autonomy for access to movement despite beliefs, feelings and thoughts.

2.2.6. Family Influence

Kleinman and Good (1976) attribute the impact of patients and individual family members to a social factor that affects the understanding of processes in exploring healing and sickness in anthropology (Young, 1982). Helman (2007) associates the weakness of “modern medicine” with the ignorance of societal and psychological occurrences that precede the onset of symptoms, which focuses on disease care, not community care. This allows us to examine the influence of the institution of the family on how health and interventions are interpreted. WHO (2020), in their response to vaccine hesitancy amongst many African countries, states that influences that include beliefs and what others in one’s social environment do or what they approve or disapprove of can be a driving force to the low vaccine intake. It was further highlighted that the opposite is also possible, where if there is a positive response towards the vaccine, people around it may also be influenced to participate.

For example, a study by Madewell et al. (2022) showed that the Omicron variant and its subvariants have demonstrated a higher household secondary attack risk. It was further stated that COVID-19 vaccination effectively reduced transmission where the primary case was vaccinated compared to households where both the primary and the secondary cases were unvaccinated. In light of this, Vaccinate Your Family (2023) advised the public on vaccinations, asserting that an individual vaccination protects more than just themselves but people around them, including family and loved ones, inhibiting the spread of infectious diseases, including COVID-19. It was further emphasised that vaccination can be used as a form of protection towards family members who may not be able to get vaccinated themselves due to their age or certain health conditions, depending on those around them to help prevent the spread. On the contrary, hesitancy may also stem from multiple reasons, including the influence of friends, family, and colleagues because, according to Fedele et al. (2021), Some individuals were not faced with the presence of vulnerable family members (the elderly or individuals with underlying chronic illnesses) in their decision against taking the vaccine.

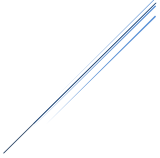


Therefore, family influence may be presented in various ways and can induce multiple responses (Freeman, 2020). Family dynamics play an integral in traditional communities, especially among THPs. It is noted (Hewson, 2015) that in initiation schools, what thrives is the sense of family and reliance on other initiates for support as they become family away from home. This indicates that the dynamics of family influencing COVID-19 vaccination uptake, as asserted by Freeman (2020), can be used to build a connection that THPs' regard for the family can be associated with the influences within their structures of family.

2.3. Theoretical Frameworks

Anthropology has offered various schools of thought that precede possible effective ways to see, interpret, and understand life beyond basic and shallow representations of reality, even in contexts of medical fraternities. This can be effectively practised through research structured by a theoretical framework regarded as a “blueprint” that serves as a guide on which a study is built and supported (Grant & Osanloo, 2014, p. 12). In the interest of research in anthropology and its various enquiries, one is tasked to utilise a relevant and accurate theoretical framework regardless of the school of thought while navigating an array of challenges that come with it. Some of these challenges include a delayed consensus of what makes a theory, the representation of various frameworks that speak to the basis of one's study and most importantly, finding the middle ground in which the study is suited and can be best-made sense (Omodan, 2022, p. 276).

In navigating all those above and appropriating the study to its framework, an understanding of the school of focus must be established to materialise initial research ideas into a tangible and practical study. In a more elaborate sense, in the field of medical anthropology, where this study lies, there are two prevalent points of view within which one can attempt to articulate their research and find an alignment with its relevant theoretical structures properly. The first point of view focuses on understanding disease epidemiology through traditional medical practices and beliefs in particular social and ecological settings (Fabrega, 1972). The second perspective, which this study draws from, is based on understanding what medical beliefs and behaviours mean for the people who hold and perform them.




The theoretical framework of this study is influenced by the expressions of Young (1976, p. 5), which are comported with the perspectives that (1) every undesirable biological state experienced by people is mitigated through various medical beliefs and attitudes that enable them to attain immunity. (2) A consequence of these meanings of health also holds an ontological role, communicating and confirming what reality is and what it looks like, particularly to them, helping them navigate the world they live in. With this elaborate information, it only made sense for the study to follow the phenomenology theory. There is also an inclusion of the social identity theory and, to a great extent, the Exploratory Illness Model, which aided in navigating the study further.

2.3.1. Phenomenology theory

No further comprehension of what phenomenological research stands for permeates beyond the parameters of what it has done for the understanding of human existence. This theory has aided anthropologists in deconstructing the generalised connotations around what it means to be human, to have a body, to suffer and heal and to live, among others (Throop & Desjarlaid, 2011, p. 88). This is achieved by the theory's ability to interrogate (provoke) enquiries such as how social relations, modes of perceptions and lived experiences take form in peoples' lives and how those lives are, in turn, lived (Gill, 2020). John Dewey (1958, p.7) proposed that the way to evaluate the efficacy of any philosophy is through a "first-rate test" that questions: "Does it end in conclusions which, when they are referred back to ordinary life experiences and their predicaments, render them more significant, more luminous to us, and make our dealings with them more fruitful?". The conclusion to the test emanated by Throop (2011, p. 97) indicated that all phenomenologically inclined efforts in the study of anthropology have indeed encompassed the test's requirements.

The phenomenology theory aided me in recognising the gravity of THPs' regard towards their belief system and the integral role it plays in what materialises in life as decisions. This recognition was also towards how the healers in Makhanda have used their experiences with various previous medical encounters to navigate the recent pandemic and, in some ways, used those experiences to create a prototype that informs how they can understand and respond to those medical conditions. Adams and van Manen (2008) solidify this recognition by stating




that by the use of this theory, the “lifeworld” is understood as the context wherein an individual has found meaning as a person, resulting in the enculturation and meanings which are made through perceptions, cognition and language surrounding phenomena and experiences. Through the lens of subjectivity, the emotional, cognitive, and behavioural standing of THPs towards the concept of medical pluralism and how they view its positioning in society were better explored and understood. Through the phenomenology theory, the varying dispositions of THPs towards COVID-19 vaccinations were better understood. Although the basis of traditional medicinal practice is aligned with traditional customs and prognosis, THPs across all levels of callings and backgrounds hold different perspectives on how medical pluralism can be understood.

2.3.2. Social Identity Theory

The second theory utilised was the Social Identity Theory. The theory is set to explain a part of an individual’s concept of self-being intermingled within a group to which the individual may belong (Turner & Tajfel, 1986). It is further asserted that an individual does not only reflect personal selfhood in that multiple identities can be assumed in various associations of affiliated groups. A person may take a different identity in various social contexts according to the context. Some thought identities could be attributed to a natural process in a group setting such as a clan, an ethnic group or a family without the aware and conscious decision or choice. This is associated with how an individual may visualise themselves as a result of constructing an internal-external articulation between self-image and public image (Jenkins 1996).


This theory helped explore the conflicting notion that comes with attaching the identity of THPs to their view of medical health, the moral complex of practising traditional medicine yet participating in biomedical approaches. The theory furthered the exploration in understanding that assuming all the responsibilities that come with being a THP does not always impact one’s perception of other medical systems; therefore, practising as a THP does not mean they have limited consideration of varying medical options present. This theory allowed me to explore the dispositions expressed without the premeditated knowledge of associating THPs health-seeking behaviours with who they are and what they do. Some of these complexities were carefully examined and understood. The theory also helped me understand how significant THPs' identity is. This is shown in how they understand and accept a pluralistic health approach



as associated with some of the negative connotations attached to what encompasses “who they are” by biomedical practitioners. Biomedical practitioners’ disregard for THPs’ assumed identity in society solidifies the alienation and the clashes between medical systems as conveyed through the denial of COVID-19 vaccinations. A prevalent realisation that the theory allowed for exploration is the flexibility of THPs to assume the identity of a “healthcare seeker” rather than a “healthcare provider” to portray the fundamental importance of building integrated healthcare-seeking behaviour. This realisation also led to exploring the attachment of one’s identity to one practice such that participating in biomedical approaches can be perceived as taking away from who they are.

2.3.3. Exploratory Models

The structural standing of this research is extensively expressed through this model as it provides the pluralistic assimilation of this study. This model is known as the Exploratory model of illness and extends from the Semantic network system (Good, 1997), as they both stem from the understanding that semantic networks are attached to systems of medical knowledge through people’s exploratory models of illness. This is an approach by Kleinman, who further explains that EM is a set of beliefs which contain various factors that encompass what an illness is and how it is experienced and understood by an individual. In Helman’s (2007) definition of the concept of Exploratory Models, the central concern is to be aware of the specific meaning of disease for the individual in question and those around them. Kleinman, in the construction of this model, reflects on the work of Geertz (1966) and alludes to his idea that culture provides people with ways of thinking that are simultaneously models of and models for reality. Essential to note of this model is that it is attributed to an individualistic perspective and not homogeneously and is shown quite explicitly in this study where Ems vary from one THP to another and were expressed as dispositions are reflected in various and differing ways even though they may belong to the same classification groups, i.e., culture. Alluding to the aforementioned, Helman (2007) further expresses that the model aids in realising the vast amount of medical pluralism, which can improve medical care and treatment; he further asserts that improved clinical communication brings improved health outcomes.



Given that it is a model of cognitive transactions, this model allowed me to get a deeper appreciation of the mechanisms through which culture can influence decisions and evaluations of treatment. It allowed me to explore various clinical realities in the eyes of THPs. It allowed me to understand what multiple illnesses mean to different people and how these interpretations of illness inform their responses. This model speaks to the aim of this study, which is to understand the positioning of THPs' attitudes towards COVID-19 vaccinations to navigate the realities presented about medical pluralism and how this practice is received in some communities that can be categorised as native. This model is critical as it illuminates the perceptions of THPs who expressed how they were not afforded opportunities to give their insight on how COVID-19 affects them and how they can utilise their medical systems to be of assistance in World Pandemics instead of the subjectivity to a non-inclusive approach to the curbing of COVID-19. The model creates a set of parameters at which the researcher may not look at the non-reliance on COVID-19 vaccinations as a delinquent behaviour associated with regression towards the practice of medical pluralism but as an opportunity to gain insight into how THPs understand and view a pluralistic system from their perspective. This model helped explore the understanding that the impediment to medical pluralism can be linked through systems that do not inhibit the free and fluid use of COVID-19 vaccinations amongst THPs.

2.4 Conclusion

This chapter displays the structure or direction with which the study follows. Varying concepts interrelated to narrate the study's depth and outlook were expressed. Theoretical orientations were engaged to align the study with a set of parameters within which the research idea could materialise into doable and achievable research. All frameworks presented were employed and offered the study a guided direction that can, on one end, answer the research questions and fulfil the study objectives.



Chapter Three: Research Methodology

3.1 Introduction

As stated by Kothari (2004), research is comprehensibly defined as a scientific and systematic investigation to attain relevant information on a particular subject matter. Research can be further understood as an intellectual activity responsible for eliminating existing misconceptions and new knowledge to attention, eliminating existing misconceptions, and adding new learning to an already existing pool of expertise (Pandey and Pandey, 2015). A research process needs to be followed; this process is understood as a methodology. Related to the study in question, an appropriate and relevant methodological procedure is of utmost importance for medical pluralism to be understood through the disposition of Traditional Health Practitioners in Makhanda towards COVID-19 vaccinations. A research methodology refers to “the philosophy and framework fundamentally related to the entire process of the research” (Ahmed et al., 2016, p.33). In further understanding research methodology, Mackenzie and Knipe (2006) note that a method is an overall approach to proposed research aligned to a paradigm or theoretical framework to be utilised, where methods used are referred to as systematic modes, procedures or tools used for the collection and analysis of data. Based on the premise drawn thus far, a methodology and methods compatible with the nature of the study were followed to ensure well-conducted research with the potential to yield pertinent information.


This chapter Reports on the methodologies followed in the study. As Kothari (2004) highlighted, deciphering the available research techniques at a researcher's disposal is of utmost significance. This aids in understanding why particular techniques are relevant to the problem at hand and which are not; this further aids in understanding what the techniques help to unearth in research. Those above are necessary considerations a researcher should make to design a methodology for the problem related to the study in question. The techniques are defined as methods the researcher uses in performing research operations. The researcher utilises these techniques to find a possible solution while investigating the research problem (Kothari, 2004).

Through exploring the research methodologies followed in this study, relevant methods and techniques were identified and can be adequately supported by the logic behind the decision-making. This intricate analysis of every method considered allowed for the study's results to be read, analysed and understood. This chapter delves into methods applied in this study, their importance, and their roles in finding a possible solution to the research problem.

3.2 Research design and methods of data generation

Research entails rigorous examination of a phenomenon, indicating that the study design strategies are pertinent. These plans can also be considered explanations and interpretations linked to every technique and instrument employed during the study and how the instruments were applied to produce the desired results. This study used a qualitative research approach based on its nature to seek an understanding of a phenomenon from the traditional healers' perspective as they experienced it. Creswell (2003) defined qualitative research as an effective model that occurs in a natural setting, which enables the researcher to develop a level of particularity from being highly involved in the actual experiences. This research approach encompasses listening and understanding the participants' lives in their terms (Doucet, 1995). Additionally, this research approach is also said to achieve an understanding of the world through the point of view of those who live in it (Clark, 1999). Through understanding medical pluralism, viewpoints of THPs towards COVID-19 vaccination needed to be understood as they experienced them, which resulted in the adoption of this research approach. Denzin and Lincoln (2000) added that adopting a qualitative research approach should guide the conceptual framework and data collection process, and therefore, this approach further followed these suggestions.

The choice of the research design was influenced by Murray et al. (2021), who utilised the phenomenological design in the study conducted on a community's experience during and after the Ebola epidemic of 2014-2016 in Sierra Leone. The main objective behind the use of the phenomenological design, according to Murray et al. (2021), was to explore and better understand the often overlooked avenue, that is, the lived experiences of community members, including children, during and after the Ebola epidemic in Sierra Leone. The nature and structure of the study above resonated with my research and became one of the reasons why



the phenomenological design was chosen. The study utilised a phenomenological design, as mentioned. As stated by (Leedy and Ormrod, 2001), using a phenomenological research design, one aims to illuminate an understanding of the participants' lived experience from their point of view and their perception of the event or situation. This research approach was of utmost relevance in studying the phenomenon in question. This is so due to the ability to examine human experiences through the descriptions provided by the people involved. Donalek (2004) refers to these experiences as *lived experiences*. This approach helped construct the meaning of the lived experiences of the Traditional Health Practitioners as expressed and aligned with how they respond to COVID-19 vaccinations to gain insight into how medical pluralism is understood and widely practised in a traditional context. In this study, participants were allowed to describe their experiences as they perceived them, and this data was gathered through interviews.

3.2.1 Study setting

The location at which a study is conducted plays an integral role in understanding the study in question, how the area can be linked to the data collected and how that data impacts the study's central argument. The study occurred in Makhanda, a small town in the Eastern Cape named after a Xhosa warrior and prophet, Makhanda ka Nxele. Makhanda is a peri-rural town, presenting an opportunity to be predisposed to Traditional Health Practitioners of varying views based on location. It is not profoundly rural. Makhanda is home to a deeply culturally oriented population, as Shaw (2020) highlighted, stating that the town is traditionally the capital and cultural centre of the Albany area and has a distinctive local culture. This specific location appropriately aligned with the study as Traditional healers in Makhanda have already started navigating the urban side of the town and integrating their traditional practices through medicinal stores within a semi-rural community context; this gave a deep insight into delving into the aspect of health and how the navigation is seen and understood. This is an essential element of this research as Dold and Cocks (2002, p.589) mentioned that “the people of the Eastern Cape tend to be more traditional and rural”, so to situate the study in a peri-rural area provided a new dynamic to be explored.



Figure 7: Map of South Africa depicting the Eastern Cape and the town of Makhanda


My choice of this town was based on varying factors; firstly, its proximity to Rhodes University makes access to THPs easier and more fluent. The second aspect was that I was exposed to THPs in Makhanda through an in-service learning programme facilitated by my supervisor. Consequently, their views then sparked an interest. Thirdly, for a non-Eastern Cape residing individual, the fresh perspective and minimal exposure to the livelihood and culture of Makhanda allowed for the study to remain as subjective as possible and to fully explore the phenomena from the participants' perspectives, independently from my preexisting knowledge. THPs in Makhanda belong to various forums, and some practice independently. THPs in Makhanda are predominantly situated in the informal section of the town, where traditional medicine sellers are found at almost every corner of the streets. Most of these sellers are not healers; however, several well-established shops are run by traditional healers, are used to sell medicine and other traditional clothes, and are used to host consultations.

This setting has been carefully selected based on the premise that Traditional Health Practitioners often live in rural/peri-rural areas for accessibility of medicinal plants and the community members' wide use of the approach. As such, a setting acknowledged to have comprehensive use of traditional medicine was ideal for the study.

3.2.2 Study population and sample size

The participants who took part in the study were Traditional Health Practitioners across the identified categories of herbalists (Inyanga), faith healers (Umthandazi), and diviners (Isangoma). Although the type of Traditional Healers did not take precedence in the criteria of selection, the considered THPs who participated in the study had undergone initiation school and were traditionally qualified to be healers. Based on those above, all the THPs were herbalists or, in their respective categories, had knowledge of traditional medicine and primarily provided health care to patients. The study comprised 10 THPs recruited based on either their uptake or denial of the COVID-19 vaccine. 5 THPs were confirmed to have taken the COVID-19 vaccination, and five were confirmed to be unvaccinated; this specific selection was based on the aim to enable the research to gain insight into the varying health-seeking behaviours towards COVID-19 amongst the two distinct groups. During the conception period of the study, a larger pool of participants was anticipated, and the plan was to have 25 THPs. Regardless of not having easy access to THPs closer to the University, there was a time limit given that the study was conducted to fulfil an academic degree. Although accessing willing THPs to participate in the study posed a minimal challenge, the total number of participants greatly depended on the data attained and meaning saturation. According to Fusch et al. (2015), this is the point in research where there is enough information to replicate the study, where the ability to obtain additional new information has been maximised, and further coding is no longer feasible. Data saturation was reached where the participants' views were repetitive, and unique or additional data did not emerge any further.

Age and gender were not determining factors in selecting the participants; however, all participants were 21 years old and above, and most of the cohort was males over females (according to how they wished to be identified). The age spectrum played an integral role in the research, allowing the phenomenon to be studied from multiple perspectives influenced by the generation within which the THPs started practising. Although this point was not one of the central points of the study, such perspectives aid in contextualising the experiences of the THPs and help bring depth to what influences their dispositions on a broader scale. The reason for prioritising the inclusion of vaccinated and unvaccinated THPs was to help expand the various contexts in which health is viewed. The study was not focused on who is vaccinated or not, but this specification allowed for the understanding of medical pluralism through a dynamically structured stance. This was essential for the study as it inhibited a one-dimensional



understanding of medical pluralism based on the knowledge that cultural views may be similar amongst THPs of the same research setting. It was of utmost importance to be aware that THPs who belong to the same setting can have cultural views that materialise and manifest in health-seeking behaviours differently as linked to their lived experiences or influences around them to a certain extent.

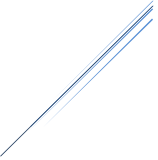


Table 3: Demographics of study participants

Pseudonym	Gender	Age	Type of healer	COVID-19 Vaccination status	Level of formal education
Gogo Gomolemo	Male	62	Diviner	Vaccinated	Secondary education
Gogo Yolani	Female	31	Diviner	Vaccinated	Tertiary Education
Gogo Mthembeni	Male	26	Herbalist and Diviner	Unvaccinated	Secondary education
Gogo Rhirhandzu	Female	53	Diviner	Unvaccinated	Secondary education
Gogo Hlumelo	Female	28	Diviner	Unvaccinated	Secondary education
Gogo Phathutshedzo	Male	30	Diviner	Unvaccinated	Secondary education
Gogo Jobe	Male	22	Herbalist	Vaccinated	Secondary Education
Gogo Kgodisho	Female	27	Diviner	Unvaccinated	Tertiary education
Gogo Tendo	Male	24	Herbalist	Vaccinated	Tertiary education
Gogo Sthembiso	Male	46	Diviner and Herbalist	Vaccinated	Tertiary education


3.2.3 Sampling approach

The 10 Traditional Health Practitioners were recruited for this study through purposive sampling and further utilisation of the snowball sampling method. I was already exposed to two THPs through an in-service learning programme, wherein they were purposefully recruited as they met the study's sampling criteria and displayed a deep knowledge of various medicinal plants they used towards COVID-19 before the study was conducted. Hoagwood et al. (2015) defined purposive sampling as a non-probability sampling method widely used in qualitative research to identify and select information-rich cases related to the phenomenon of interest. Purposive sampling is beneficial in cases where one seeks to gain an in-depth understanding of people's experiences (Neumann, 1977). THPs recruited through this sampling approach were selected based on their compatibility with the phenomenon of study and their capacity as THPs in Makhanda. However, their availability and willingness to participate also played an important role.

Snowballing was used as the second sampling method, where all the other participants were recommended. The snowball sampling method expands the sample by asking one participant to refer others to you (Bailey, 1994). The use of snowballing extensively served the study as some THPs were not easily accessible and were not practised in public spaces; therefore, reliance on the links of the initially identified THPs helped to access them, from which they also helped identify others. Although a snowballing method was utilised, it was of utmost priority to ensure that the pool of participants consisted of both vaccinated and unvaccinated THPs; this yielded different findings because, to each group, there were different temperaments attached to their decision on vaccinations, which helped in understanding such implications on the understanding of medical pluralism.

3.2.4 Data generation

The data was mainly generated through in-depth interviews. Brounéus (2011) defines this data generation method as a research method used to learn individual perspectives on a phenomenon through direct interchange and collection of detailed information beyond surface-level answers. Following a semi-structured interview guide to guide the research and set barriers to avoid derailing from the study objectives, participants were allowed to fully express themselves



through conversations that seemed more natural than curated. Kumar (2011, p.389) defines an interview guide as a list of issues, topics, or discussion points the researcher seeks to cover in an in-depth interview. I used semi-structured interview guides to help direct the conversation towards the point of inquiry and topics that needed to be illuminated. Although the initial questions may be predetermined, the nature of the interviews led to the questions being posed in a non-uniform way, giving room for more questions to emerge during the interview to engage with the phenomenon of interest deeply and broadly adequately. This data generation approach was beneficial as there were minimal limitations to how traditional health practitioners could communicate their dispositions towards COVID-19 vaccinations. This meant that the interviews were flexible and adaptable to each THP. As mentioned, the worldviews, lived experiences, and health-seeking behaviours vary from person to person, which was a fundamental notion to remember throughout the data collection process.

Although Mariano (1990) asserted that phenomenology may be challenging to comprehend and may sometimes be viewed as a “soft science”, Streubert and Carpenter (2002) held that this research approach is rigorous, critical, and systematic. Guidance from a supervisor was sought to ensure that this research method was appropriately applied, which aided in navigating the data collection process and exhausting the multidimensional aspects of this form of study. In the context of the data generation, the interviews were conducted at the medicinal shops or homes of the participants and Rhodes University, depending on what best suited the participants; however, safety was prioritised for both the participants and me. Interviews lasted for 45-60 minutes. Each participant had a choice of allowing the interview to be longer or shorter depending on their comfortability and how long they were willing to engage. For all interviews, I used an audio recorder upon permission from the participants, which was confirmed verbally and through the consent forms provided before the interview. I reiterated my willingness to record the interviews in all instances before the commencement of the formal interviews.

3.2.5 Data analysis

The generated data was analysed using the Thematic Analysis. Thematic analysis is a powerful yet flexible method for analysing qualitative data that can be used within various paradigmatic or epistemological orientations (Kiger et al., 2020). This method of data analysis was appropriate to the study as it allowed the understanding of the experiences, thoughts, and behaviours expressed by Traditional Health Practitioners towards COVID-19 vaccinations.

Due to the nature of the generated data, inductive analysis was further utilised to take the raw data, establish concepts, and create or seek links between the emerging codes and themes. According to Thomas (2006), a general inductive approach for analysis of qualitative evaluation data is to condense raw textual data into a brief, summary format, establish clear links between the evaluation or research objectives and the summary findings derived from the raw data; and develop a framework of the underlying structure of experiences or processes that are evident in the raw data. Post-data generation, the analysis process through the approaches above helped to find meaning from the data set. The initial stage was familiarising myself with the contents of the interviews again, which was listening and going through all field notes collected to identify some emerging codes. The coding process began when sections of the transcriptions were highlighted to establish codes that describe the data. From the codes highlighted, multiple patterns and a combination of codes emerged from which themes were created. All themes were reviewed and named to be appropriately engaged within the write-up stage.

Personal perceptions and reflexivity are essential components of research. This is due to the understanding that an individual's experiences and sentiments can influence how they interpret what they observe or hear (Rosaldo, 2003). As a result, the data analysis reflects a position from which I understand the study. Although there is an awareness of the potential consequences of focusing too much and heavily relying on my interpretations, I made a conscious effort to minimise my own opinions through bracketing, which helped me hold back my judgement and, instead, remain acute to the participants' views took precedence. Polit and Beck (2008, p.228) define bracketing as a method extensively used for the researcher to continuously and consciously suspend preconceived notions and personal experiences that can influence what the participants may share and express.

3.3 Ethical Considerations

An ethical application was created and submitted to the Rhodes University ethics board for approval, where the study was fully approved, and the ethical clearance was granted (see Appendix 1). This process was essential in this study to protect participants, ensure that the survey is voluntary, informed and safe for both participants and the researcher, and ensure that the research is honest, rigorous, transparent and respectful—all of which need to be aligned with the university's ethical code of research conduct.

Informed Consent and Voluntary Participation

The fieldwork proceedings were granted permission through the Rhodes University ethics board from which the process began (see Appendix 1). The visitations to participants were conducted through a 2-phase system. The first phase was to visit potential participants, engage in conversations about the study, and introduce themselves to each other, where they could express willingness to participate. Through this process, participants were given in-depth invitation letters with complete, detailed information about the research and all it stands for. After the conversation was had, potential participants were handed the research information form for perusal, wherein they would indicate if they were willing to participate. Following this step, I signed a consent form and gave it to them to sign individually and privately to ensure no form of coercion or manipulation into participation (see Appendix 2).

The consent form and invitation letters were in English (see Appendix 2 and 3). Although all participants spoke IsiXhosa, they indicated a complete understanding of English. They showed a total willingness to engage with the consent form and the invitation letter upon enquiring if a Xhosa version should be provided. The second phase of the visitation to participants was the days of the interviews, where the consent forms were collected, and the participants were then given leeway to conduct the interview. The participants did not indicate any issues regarding being interviewed in English. Therefore, 9 out of 10 participants were interviewed in English. One participant out of 10 requested to be interviewed in my home language (Sepedi) rather than English; however, they had chosen to have the consent form and invitation letter in English. This preference was indicated due to their understanding of Sepedi; they felt I would be more comfortable conducting the research in my mother tongue. Should any participants have requested to be interviewed in isiXhosa, an interpreter would have been considered


despite the risk of losing the meaning of some words through translation. This measure is essential in a study of this nature to protect and uphold the participants' preferences and wishes and not inhibit their full expression.

I fully and vividly afforded the participants the choice to say they were willing to participate or decline, as did some potential participants. This ensured that the participants understood the element of volunteering in this study. This was also done to allow participants to withdraw from the research at any given point without incurring any penalty. The participants were made aware that there were no compensations, incentives, or financial benefits for participation. They were assured that the knowledge shared would contribute towards building holistic healthcare provision in the community.

Confidentiality

Flashback (1993) states that no one should feel concerned about their privacy being compromised due to having taken part in a study that could potentially hurt them. Participation in research is entirely voluntary. Since research often does not benefit participants and offers no compelling motive to become a part of the study, a researcher has a greater need to uphold participant confidentiality. Research needs should not supersede a person's fundamental right to privacy. The development of the study, its approval, and implementation should comprise amicable ways to research while protecting participant confidentiality.

In light of those above, I prioritised the protection of my participants' identities in the write-up of my thesis and in the multiple occurrences where the attained data had to be discussed either verbally or digitally and in cases of publication. The consent forms also reflect the identity of the participants; they were stored in a digital folder (Google Drive) where access is only granted to me and locked out for viewing from any external parties. This protection was also used to store all recordings or research notes that could compromise my confidentiality obligation towards the participants. In discussions of the conditions of the study, all participants and I signed consent forms, each of us having copies. The stored data will remain available for five years, according to the university's ethics policy, and only after that would it be permanently deleted.



Using pseudonyms was vital in protecting my participants' identity, allowing them to freely express their dispositions without fear of contradiction or disseminating their private views to the public. All interviews were conducted in spaces where the participants felt comfortable and had no fear of exposure; this was done to protect them from feeling the need to express societally accepted views over their own, which may be perceived as controversial.

Autonomy

Before the interview, I explained the study and asked permission from each traditional health practitioner who participated in the survey. This permission was also requested regarding the recording of the interview, where I assured each THP of anonymity, confidentiality and protection of their identities using pseudonyms (see Appendix 2). I further communicated to the participants their right to terminate and discontinue the interview process at any given time for whichever reason they may have without fear or hesitation. Considering a safe, comfortable, and relaxing environment took precedence to let the participants feel at ease speaking openly about their viewpoints. I ensured that the interviews were conducted at the participants' homes, herbal shops, or the Rhodes University vicinity, where privacy was guaranteed, considering the safety of both the participants and myself.

Justice

In terms of biases of personal beliefs and viewpoints, I ensured that I was highly cognisant and conscious of all forms of biases against the participants before, during, and after the interviews so as not to impose these biases on them. I ensured that I avoided bias through all interviews in any given situation. Given that the research consisted of different types of THPs (diviners and herbalists), different genders and all age groups, I ensured that all THPs were treated equally and fairly without prejudice or discrimination. In consideration of respecting the practice of THPs, I confirmed that I did not pose any disrespectful or demeaning questions about the practice of traditional healing during the interviews. I made it a priority to act with the utmost professionalism and remain aligned with the scope of the study; I upheld and protected the rights of all participants and exercised reflexivity through the conceptualisation of the study, data collection, and analysis. I ensured the participants that the data was not collected on behalf of anyone else or for any reasons other than all the purposes communicated to them in detail.


Beneficence and Non-maleficence

In protecting the participant's mental health and emotional well-being, I was conscious of any triggering topics that may have arisen during the interview. I emphasised that should any triggering event occur, the participant can seek professional help from any preferred healthcare provider. Against this backdrop, I guarded against any harm, risk or embarrassing situation that can cause the participant anxiety, harassment, invasion of privacy or dehumanising and demeaning of character. As I thoroughly communicated and discussed with each participant, I assured the participants that the research is to be used to contribute to the building and promotion of a pluralistic and holistic healthcare provision system in South Africa, wherein their honest and open participation plays an integral role in achieving the research goal. I remained aligned and focused on the study's objectives and aim in analysing and presenting the findings. I refrained from negatively portraying THPs or presenting their views in a manner that is disrespectful to their line of practice. I ensured each THP that privacy and confidentiality were maintained throughout the research by removing all personal identifiers for transcripts and notes using codes and pseudonyms in all cases. I stored all recordings, transcripts, and field notes in a password-protected folder where access was only granted to myself. Lastly, I guaranteed the participants that the findings would benefit themselves and me.

3.4 Study Limitations

In this study, a few challenges emerged that amounted to its limitations. The initial cohort of participants was more accessible; however, increasing the sample size became a challenge due to needing to be more familiar with the research setting and the community. Due to this challenge, the anticipated sample size is still required.

The language barrier was one of the biggest challenges encountered. Multiple Traditional Health Practitioners in Makhandla presented as people who pride themselves in their home language and prefer to use isiXhosa when speaking about their ancestral call. Although contextualised, there was an understanding; however, some of their revelations required an in-depth understanding of the language. A few THPs indicated their comfortability communicating in English; however, some words could only be fully translated into English without losing meaning. Therefore, isiXhosa was used. In this regard, there was much reliance




on non-verbal communication, revisiting specific topics that needed to be fully expatiated on and seeking interpretation. Some of the understandings were drawn from the environment in which the interview took place, wherein if a particular herb were not easily explainable, they would indicate that it is the one that is smelling in the room, so I would be able to identify it thereof.

Another challenge I experienced was gaining the trust of some older participants. Age and language played a role in how I was perceived, and therefore, getting into a position where the participants were free enough to engage on a deep level required more time and more application of oneself to the process of the interviews with patience. This challenge limited the in-depth engagement I would have gained between myself and the participants; therefore, I could only act within the set of parameters that the participants had curated for the research to follow.

3.5 Reflection

In retrospect, THPs who allowed the interviews to be conducted in their medicinal shops showed more comfort and a sense of relaxation than those who preferred the university premises. Although the main reason for this realisation was not fully explored, the setting of these surroundings spoke more. In all these interviewers' havens, a similar scent was established; all of them had tea or a herbal drink where incense was continuously burnt in the background, from which one can only associate this surrounding to how safe they feel in a space that connects them to their practice and their sense of self, a place from which they could communicate and articulate themselves in depth.

How I was perceived allowed me to push my knowledge boundaries about what encompasses fieldwork and helped me navigate the interviews. It is not often and openly discussed how one's outlook can create a perception amongst participants and their willingness to participate. In one instance, I was told that I looked too modern to study THPs; on another occasion, I was constantly referred to as a child, which, in hindsight, pushed me to want to understand how this perception may have affected the data collected. Upon reflection of perceptions created, participants who engaged deeply with the inequalities in medical systems which were exposed through COVID-19 and vaccinations viewed me as someone with the potential to affect



change; where one participant made a request statement; “Whenever you get a chance or wherever you are given a platform to talk about us, make sure they know of people like us, that we exist and we matter”. Through this participant, this represented being given a concession to invest in the study entirely.

Language played an integral role in how participants were understood on multiple occasions. Some traditional healers attach a different meaning or interpretation towards COVID-19 vaccinations, their perception, and the biomedical practice. When and if understood from a Western perspective, these interpretations take away from what was initially communicated. For example, Traditional healers in a cultural context would define disproving a traditional herb as safe to consume in its natural state as tempering and undermining mother nature, whereas else from a scientific perspective, when THPs use those herbs instead of biomedicine, it is called hesitation and an inhibitor of “medical progress”. These considerations bring into perspective the understanding of health illness semantics to fully explore a phenomenon without approaching it from a perspective parallel to that of the participants.

3.6 Conclusion

In this chapter, the methodology applied in the study was presented and explained in a step-by-step manner, including how the study was conducted, including conceptualisation, data collection, data analysis, and write-up. This chapter explored, in detail, the research design, sampling approach, the study setting, data generation, data analysis, all measures taken into consideration of ethics, and all limitations associated with the study. The selection above was justified according to the nature of the study and the research enquiry.



Chapter Four: THPs' understanding of COVID-19

.....I tell you, if I had trusted my ancestors and gut feeling telling me not to take him to the hospital but keep him here and make him steam and give him umhlonyane and iyeza lam, he could still be alive today because it was after he passed away that my mother got Covid as well. I told her that COVID is just another flu and she needed to treat it so that she could get saved.

Gogo Rirhandzu is a 53-year-old mother, sister, daughter, and THP (inyanga) who has been practising and making traditional medicine for the past three decades. Her journey and understanding of COVID-19 centre capture the essence of this chapter. It is through her personal story and testimony that this chapter comes to life. From losing her brother to COVID-19 to channelling that grief into what drives her to help patients with COVID-19, her understanding of what COVID-19 is encapsulates some of the prevalent understandings of illness and diseases. It displays the true art of experiencing reality through a participant's walk of life.

4.1. Introduction

The relationship between the understanding of medical ailments and health-seeking behaviours has been coherently explained by Olenja (2003), stating that the explanatory model of a particular illness comprises signs and symptoms by which the illness is recognised. This recognition encapsulates the presumed causes of a disease and the prognosis attached to it. These inform how individuals and their social networks process and label the ailment experienced. Established measures are taken from a specific understanding, where seeking desired and preferred therapies is prioritised. Health seeking amongst THPs has often been characterised and influenced by their belief systems, worldviews, and knowledge base, which exist in the traditional practice fraternity (Henriques, 2013). However, various other factors affect THPs' health-seeking behaviours, among them understanding the medical condition. Overall, this also allows them to explore available preventative methods within their scope of practice or across varying other medical approaches determined by their openness to the

practice of medical pluralism. This illuminates how THPs apply their knowledge and understanding in health-seeking, whether alternative health approaches are considered and the distinct way THPs experience illnesses.

Based on the understanding that THPs had various ways COVID-19 was understood and perceived, exploring multiple concepts that arose during the pandemic to elicit these perceptions is warranted. In a study collating Traditional healers and other faith healers' openness to COVID-19 prevention methods, Asmelash et al. (2020) noted that an intended action committed to a particular behaviour is a function of their attitude towards that behaviour. He further stated that the decisions to participate in preventative methods against COVID-19 depend on traditional healers' attitudes, which are shaped by their understanding and knowledge of the virus. This established that to fully comprehend health-seeking behaviours from a THP's point of view, their understanding of the disease in question needs to be deciphered. This can potentially breed the cognitive structures that inform their positioning in the vaccination programme. Relevant to this study, it is through the establishment of this relationship that we highlight factors that either drive THPs away or towards the consideration of alternative medical systems, to what extent they can expand their practice compass and how their distinct understanding of COVID-19 can be aligned with COVID-19 vaccinations. This medical approach is an alternative health system.

4.2. COVID-19 out of THP scope of practice

I cannot say I had some idea when it came to Covid. I think we, as traditional healers, need to know when to admit that we don't know certain things, and COVID-19 is one of those instances. We have to agree that there is little to nothing that we know about what was going on, so even what we could do was limited because you cannot help people or yourself with something you are unaware of; you will end up killing or misleading people. (Gogo Gomolemo)

Gogo Gomolemo's understanding of COVID-19 alluded to the limited capabilities amongst THPs, given that COVID-19 was outside of their scope of practice. This led to the reference that there is a need for introspection, realisation, and accountability amongst THPs regarding the limitations that may exist within traditional medical practice. She also noted that in

recognising these limitations, THPs can acknowledge when there is a need for vaccinations and other preventive measures against COVID-19 without appearing rigid and unwilling to learn to expand their knowledge spectrum for the benefit of their practice.

.....see, for example, I did vaccinate, and I know how other traditional healers feel about the vaccine, but I knew this was the best way to go about it. When I learned that steaming and taking herbs could not help me be completely free from COVID-19, I instantly knew that I had to get the jab. This is the same with HIV/AIDS. We cannot boast that we know much about it, but we know that we can help boost people's immune systems, but how the person gets to sustain their life is out of our line of practice. I always say that Western doctors should be involved beyond our point because they know more about that side of things..... I cannot have a pile of bodies lying dead here because of my being naive. So, as an inyanga, it is essential to understand what you are dealing with; that will help you navigate your way forward.

Concurrently revealed is the use of previous epidemics such as HIV/AIDS as a point of reference and a comparison stance at which the understanding and navigating of COVID-19 amongst THPs is achieved. Patterns established in illnesses and diseases are often used to navigate future diseases, how they spread, and how one can use previous methods to position oneself responsively (Lesko & Bengtson, 2021). This revelation is seen in how patterns established through HIV/AIDS and COVID-19 are used to develop an attitude of familiarity among THPs to come up with management strategies. From the views of Gogo, Gomolemo expressed the reliance on biomedicine in cases of HIV/AIDS due to the limitations of traditional medicine in that regard. This realisation is supported by Zuma et al. (2016), who assert that THPs acknowledged that adhering to treatment and utilising antiretroviral therapy (ART) remained the only ways that HIV/AIDS could be managed inside the biomedical health system. THPs recognised the differences between diseases collected by traditional and biomedical health systems and agreed that only the biomedical system could fully comprehend and treat HIV/AIDS. COVID-19 was approached with the same attitude. COVID-19 vaccinations were considered based on an understanding established through a previous pandemic. THPs who found themselves in a position of “not knowing” or not being adequately knowledgeable in COVID-19 show openness to COVID-19 vaccinations because where traditional medicine is bound, biomedicine can be relied on. This understanding is also linked

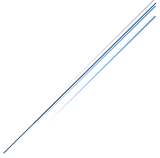
to the need to seek reliable and tangible past experiences that can substantiate the efficacy of the vaccination.

4.3. Reliance on existing multiple sources of information – infodemic

An infodemic state or term refers to the flooding of information and was highly associated with the COVID-19 pandemic, as per the World Health Organisation (2021). This flooding of information from multiple sources is said to be a result of the inconsistencies in the information provided by the World Health Organisation (WHO) itself, especially in the initial stages of the pandemic when there was little known about the virus and how to mitigate better the occurrences of the pandemic (Kling 2021). THPs expressed how the “incompetencies” of governments and the biomedical fraternity have become a push factor for them to be more intentional about finding knowledge that resonates with what they are faced with to come up with curative methods to aid with the virus, with most of this information sourced from social media.

..... we were told to wear masks at the beginning of everything, then doctors said that wearing a mask is dangerous. Then, governments would say one thing today but get opposed by scientists tomorrow; this meant to me that the government was as clueless as all of us were..... (Gogo Phathutshedzo)

According to Gogo Phathutshedzo, there was mistrust in mainstream media that the government used as the reliable and primary information source about COVID-19 and vaccinations. According to Simione et al. (2021), mistrust in medical information was one of the three factors that existed from the exploratory factors analysis on beliefs in COVID-19. Mistrust, as shown above, resulted from multiple communiques released during the pandemic, which aimed towards addressing the nation on how the virus is spreading and how deadly it can be. Mistrust leads to seeking alternative information to understand the disease better. As Gogo also expressed, alternative media streams became a viable option for seeking information to help them make enlightened health decisions.



....They always tell us when there is a disease roaming around, and in all cases, the information being given is always correct and straight to the point. When I saw that they also were not sure and even the doctors in the hospital didn't seem like they knew what they were doing, I decided to read up on Google and on my daughter's Facebook to know more about what is said about this Covid because remember my husband is of age. I needed to know what I should do because he had started having a little cough here and there.....(Gogo Kgodisho)

THPs show that information-seeking behaviour is associated with health-seeking behaviour, as also stated by Efe (2020) that the nature of the COVID-19 pandemic and its rapid spread instigated tremendous fear and apprehension about what the disease is about, how it can be spread, and most importantly how it can be treated, prevented, or managed. The disparities that came with living in the unknown time of the pandemic became the leading factor towards information seeking. Thus, Gogo felt it would be beneficial to gain insight into the pandemic from social media platforms.

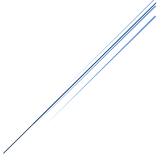
I learned from these celebrities because some had COVID-19 and shared how they felt. So, when I saw that they had chest problems, cough, high temperature, fever, and headaches, I knew that, according to my experience, I could use the herbs I use for TB (Tuberculosis) to manage the virus. I also read that some politicians were against the vaccine. For example that "law guy" who is a pastor (Former Chief Justice Mogoeng Mogoeng) did say the vaccine is from the devil, and it made sense to me because I had helped my husband and my family with herbs and did not see the need for the vaccine so it only made sense when I started reading up on the vaccine and what was said about it..... Yes, I can say that I built my understanding of the virus from social media, especially Google and Facebook. This helped me know what to do, and like I said, I already had Iyeza that I used for TB (Tuberculosis). It worked, so I decided that the vaccine could be used by those who don't want or trust traditional medicine, but if someone believes in it, there is no need for vaccination. (Gogo Phathutshedzo)

With an infodemic state associated with COVID-19, THPs express that they also relied on social media information, solidifying the inference that alternative information was considered more than traditional medicine amongst some THPs. Reliance on traditional medicine by THPs, according to (Wreford, 2005), is believed to be based on their beliefs and their traditional

practices. However, Gogo showed that biomedical information is adopted to inform medicine curative methods outside the information accessed through ancestors and spiritual knowledge. COVID-19 became an evident example of such a dynamic integration of biomedicine in traditional medical practice. Amongst the sampled THPs, sourcing information, expertise or guidance about COVID-19 and vaccinations from the spiritual environment was not highlighted, although past revelations of diseases closely related to COVID-19 were utilised. Social media played a massive role in creating a relatable and easily understandable picture of COVID-19, helping THPs navigate the pandemic.

..... I did trust some of the information that was given by the minister; for example, the preventative methods they gave made sense to me. I was already highly hygienic, so I understood what was said. I went to social media to seek further clarity because I felt there wasn't much physical representation of people suffering from Covid except numbers and rates. Remember, during HIV/AIDS, they showed people dying and that young man Nkosi Johnson, but with COVID-19, it was just numbers going up and up all day long..... So, it only made sense to me to see actual people who are going through this in order to understand the severity of the virus but also to prepare myself. From all those numbers I only got scared, because all you are seeing is death rates, people being counted there like they are nothing so by going on social media and trying to find what the struggles actually looked like then I knew what I could do to further protect myself. (Gogo Jobe)

Excessive exposure to media in information seeking is associated with greater fear and worry, especially during a health crisis (Neria et al., 2008). COVID-19 showed similar patterns, as stated by Sasaki et al. (2020), that there was fear and worry with the outbreak of COVID-19 and that limited exposure or the frequency of access to what is being conveyed in media can alleviate the distress. The need for information was not only based on the attempt to access reliable information but on accessing relatable information that creates a clear picture of what is being dealt with. As reflected in the account above, fear was instigated by the “unknowing” of what COVID-19 looks like beyond the death rates and the spiking statistics of infected individuals.

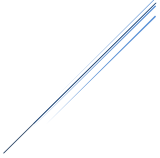


..... even though some may say that social media information could be misleading and false, I can say that social media helped us ask questions that needed answers to further navigate the virus. As a THP myself, I could have easily said I will see when a patient walks in and have a visual image of how bad this virus is, but we were deep into lockdown, meaning COVID-19 was just about the number of people dying and not actual people who are suffering. With that, I could only expand my understanding by following stories of people who wrote about their struggles but also see pictures and videos, so I don't think that was misleading. Also, it is very important to use your own intuition as well, you can not be told to go swim in Nile River to cure COVID-19 and nawe you go, common sense must be applied.

Although social media is associated with negatively impacting the reception of COVID-19 vaccinations and the overall perception of COVID-19 (Kling, 2021), it is shown in the above reference that social media has also played a role in decentralising information. The conveyed mistrust in the vaccination results from misinformation and exposure to enough information for one to make well-vested decisions. This chapter section displayed the reliance on social media and other information sources. THPs bring to light some of the underlying factors that drove them to social media, further illuminating that social media played an integral role in how they understood COVID-19, an understanding from which attitudes towards the COVID-19 vaccine were built.

4.4. The use of experience with other respiratory conditions to understand COVID-19

.....they told us that COVID-19 could enter a person's body from just them inhaling those bacteria. Indeed, you can get it like that, and that is why we wore masks, right? However, what they didn't tell us is that they exaggerated everything about it. From my experience, this virus is just like any other disease you get during winter, also isn't it that they said it is stronger in colder regions, so I understood that it is just another winter disease and if I can just wear a mask and put on my vics and drink cough medication I will be fine. (Gogo Hlumelo)



Gogo Hlumelo expressed how his understanding of COVID-19 was just as random as everyone else's. Inferring to his perception, there is no need for people to see COVID-19 as a deadly disease as that will only lead to increased fear that will affect them psychologically. These sentiments were shared during a back-and-forth conversation about what I am studying and how vital my studies are in society; one of the participants simply referred to as Gogo Hlumelo, said he wanted to have *“an important argument to have in order to assess how much information I (he) should give you (me)”*. He further asked, *“Did they not say it attack the lungs?”* explaining and outlining some similarities between COVID-19 and other airborne diseases that prevail in colder conditions. Sharing similar understandings, another participant expressed that *“.....in all honesty, this is actually just like TB if we're being honest”* (Gogo Mthembeni).

The connection between diseases has become relatively consistent among THPs when trying to understand diseases and how to navigate through them; the symptoms between COVID-19, Tuberculosis (TB) and the common cold/flu are said by Both THPs to be expected; however, the only difference being the severity and, in this case, COVID-19 having the more severe impacts. Visca (2020) corroborated Gogo Hlumelo's expression by stating that both COVID-19 and TB display particular similarities, given that they present the potential to strain health systems because they are airborne transmissible diseases that can be quickly diagnosed. They can cause stigma. He further expatiated that there is a need for cooperation and public awareness from the general public for successful prevention, diagnosis, and treatment. Gogo Mthembeni expressed that understanding any disease helps him develop his medicine.

I also took what they tell us on TV about COVID-19 and compared it with what people said they were going through, and then I knew what I was dealing with. I'm not a scientist, and I don't have the right tools to tell what kind of disease this is, especially COVID-19; it was new to all of us, but patterns and experience do not lie. I knew by managing the flu-like symptoms, I was preventing the virus from getting even worse, and that is how I even continued to help people. The more you treat it like flu or TB even, the more you are gaining power over it (Gogo Mthembeni).

A prevalent element of understanding the COVID-19 virus was the reflection of existing Tuberculosis (TB) patterns and experiences, as explained above by Gogo Mthembeni. These concepts are widely used in health crises, as corroborated by Rahman et al. (2011), who state that there is a longstanding relationship between existing disease patterns and health-seeking behaviour as an essential way to navigate the provision of health delivery. In discussions about COVID-19, many airborne disease-related remedial approaches were reflected upon and influenced by the successes of medicine used in other airborne conditions. This association speaks on finding familiarity in what is being presented to apply preexisting knowledge to seek health (Lesko & Bengtson, 2021).

There are various and differing positions that THPs expressed about how COVID-19 and all remedial options are best understood and sort of. Although health patterns and experiences are utilised to realise COVID-19 among them, the therapeutic options differ from healer to healer, and the motivation behind these decisions is subjective to their positioning. From one stance, the association of COVID-19 with other airborne diseases instigated a sense of control and the confidence to apply one's traditional knowledge solely and move away from the choice of vaccination. From the different stance, this association brought more hopelessness and anxiety, such that the comparison amongst diseases proved the severity of COVID-19, where the need for vaccination was solidified from the understanding that there is so little that "airborne-like" traditional remedies can do alone.

..... Unlike other traditional healers who think they can heal COVID-19, I do not think it is possible. My view stems from the fact that we still advice our patients to go for TB treatment while we give them immune boosting medicine. This then proves to me that even though I can relate to them together I cannot prove that I have some form of solution for the virus which is way worse than a TB in my understanding..... yes, absolutely. The understanding pushed me to the vaccine option because if corona is worse than TB, I know what sort of help I need to seek (Sthembiso). (add picture)

The differing perceptions by THPs brought about an exciting complexity that brings an emphasis on the comprehension of understanding health-seeking behaviours according to one's interpretation and experience because when one THP hold that they can curate their own medicine by identifying similarities and differences between diseases of the same fashion, the other expresses that they are open to engaging in various available approaches presented or the

concurrent usage of treatments in hopes that where one fails the different covers and vice versa. This engagement is reflected by Hlabano (2013), that the AMREF Traditional Healers pilot project was implemented where THPs underwent HIV/AIDS training, from which they were expected to refer patients suspected of having HIV or TB to available local clinics for Voluntary Counselling and Testing (VCT) and TB screening.

4.5. “The fatal COVID-19”

“...Covid is a deadly virus, were you not scared?” (Gogo Gomolemo)

Rhetorically asking, Gogo Gomolemo expressed his understanding of COVID-19 as someone who spoke of the virus with evident fear. His understanding was similar to that of Gogo Jobe’s 23-year THP, who just got initiated last year and shared these sentiments.

“.....Some were like, I did not get any symptoms, but I found out that I had COVID. Some people believe that there is nothing such as COVID. That's their belief. I believe that maybe there is COVID because I know people who have COVID, as well as friends and family members who've got COVID. That's how I believe maybe this COVID thing is real.” (Gogo Jobe)

They both held that the virus was as deadly as conveyed in media and had no traditional aspect. They both expressed that COVID is highly Western and can only be understood and treated by Western methods and no other way. The shared perspectives and use of similar phrases and sentiments were more than coincidental. Amongst the THPs referred to by Gogo Jobe, he mentioned Gogo Gomolemo, indicating that they are relatives and his spiritual mentor.

What was shown in that encounter was the shared understanding of an illness by a particular group of people, including family, friends, or people of the same cultural group. The knowledge of illness, in this instance, was not a representation of personal revelation or personal realisation but was sorely based on the interpretation and influence of a close family or an essential member of a particular group speaking to the expressions of Turner and Tajfel (1986)

Amongst Gogo’s initiates, we knew that we could trust him. He was the eldest, he had guided us before, and he had more knowledge. He did not even force us; he just made us aware that COVID-19 is as real as other diseases that came before, and we should approach it as such. The fact that he did not over spiritualise it

was a lesson to us, that not everything is about ancestors and stuff..... Gogo Jobe

The building of collective understanding can occur subconsciously in a group without a decision taken. This often happens in clan groups, families, a group of initiates or amongst friends. THPs, in their roles, rely significantly on their mentors and spiritual guides (Galvin et al., 2023). The same trust was applied during COVID-19, the reliance on an authority to help fellow THPs or those under their guidance navigate COVID-19 and, in a broader sense, other diseases that may confuse.

A very close friend of my wife is a nurse and also a traditional healer, she told my wife that when she feels like she is sick she should just stay at home and treat the symptoms as she would treat flu. She said to her people die because of fear, and COVID-19 is not as people see it. (Gogo Gomolemo)

Galvin et al. (2023) expatiated that various traditional healers have displayed health-seeking behaviours shared amongst social groups to grasp reliable information to help navigate COVID-19. Amongst the many ways collective understanding was shown, COVID-19 was understood as a deadly or random disease. The reflection drawn upon these accounts is social groups' pivotal role in the perception of COVID-19 amongst THPs.

4.6. The role of trust in understanding COVID-19

Jonga mntanam, in this world there will always be different versions of what the truth is depending on what someone wants you to know and how they want what they tell you to affect it. Do you see that cloth (pointing to a blue traditional cloth with lion prints on it), I can tell you now that it is red and it has monkeys on it, it is up to you to take what I say and run with it, but it is also up to you to create your own truth that makes sense to you so that you can have a peace of mind. (Gogo Rirhandzu)

The conversation around owning one's disease experience to create your understanding of what is affecting you "personally" was a prevalent and strong topic, followed by passion and a strong tone from Gogo Rirhandzu. She expressed how as a THP, it is important to rely on your knowledge about a disease and avoid fully relying on what is given by biomedical practitioners,

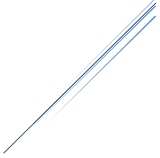
however, referring to them as “*abelungu*”². Her position about the importance of having one’s understanding of the disease was followed by a story relayed of her younger brother who lost his life to COVID-19 because he was being withheld in the hospital unattended and treated for the “*deadly virus*” instead of a “*stronger flu*”,

.....I tell you, if I had trusted my ancestors and gut feeling telling me not to take him to the hospital but just keep him here and make him steam and give him umhloniyane and iyeza lam, he could still be alive today because it was after he passed away that my mother got Covid as well and I told her that Covid is just another flu and she needs to treat it as such that she got saved.

People were banned from talking about COVID-19 publicly, don’t you remember when social media accounts were banned and shut down when they were sharing their thoughts. from there I knew that that there was something that was hidden about this COVID-19 because since when was someone sharing their truth a crime? I would be stupid if I did not say that I saw with my own two eyes what COVID-19 is and what it can do to people if they follow everything Ramaphosa tells them to do. (Gogo Rirhandzu)

This testimony aligns with the conceptions of De Andre (2012) as he expresses how the misconceptions and misunderstandings of illnesses as experienced by a patient fail the first rule of essential health and, in the end, fail health seekers and speaks to how important it is always to view illness from the sufferers’ perspective. Holding back her tears and redirecting her attention to packaging an herbal mixture for a client, she jokingly said, “*If you cry wena Limpopo* (the name she kept referring me to because she forgot my real name and because I am from Limpopo), *I will beat you up and call the police and tell them that you want to expose the government for killing people*”. In the passing of her joke, one could realise some of her sentiments towards the way she understood COVID-19, that it is a very secretive topic that people cannot have open conversations about as if we are scared of relaying out our true stories and experiences of how we were affected, which after I enquired and followed up on the confirmed was the case.

² *Abelungu* directly translates to White people.



In my experience as a person, I have never trusted my doctor's word. I know he is aware of what I do so I will go there and tell him I am experiencing 1,2,3 and he will tell me from his perspective what he is seeing, and I will get help and leave. So, I am used to this kind of relationship with my doctor because even when I started coughing and feeling weak during corona, as you can see, I am old, so I just called him and asked him what is going on and then he helped me. (Gogo Sthembiso)

The reflection on experiences by THPs has yielded various positions in the understanding of COVID-19. From the reflections of Gogo Rirhandzu, COVID-19 was based on the experience of loss, which prompted the disregard for what was communicated on how COVID-19 should be treated. Contrary to that positioning, Gogo Sthembiso's reflections were based on his longstanding experience working closely with his doctor. This form of patient-doctor trust is explained by Rasiah et al. (2020, p.2) as a "collection of expectations that the patients have from their doctor" This form of relationship is characterised as a feeling of reassurance or confidence in the doctor. From this, the understanding of COVID-19 was drawn from the trust and the successful relationship they had built in the past years, deeming the doctor's perspective reliable and trustworthy. However, the common ground between the two reflections indicates the reliance on biomedicine as a primary healthcare approach in COVID-19 and the experiences of how beneficial their encounters have shaped the narrative of COVID-19. Therefore, experiences in seeking health care have the potential to shape perceptions and diseases.

4.7 Conclusion

This chapter explored the perception of THPs in Makhanda towards COVID-19. The fundamental premise towards exploring this perception was to indicate where health-seeking behaviours stem from. In understanding a disease, how one approaches one's ailment becomes clear and understandable. The various components expressed by some THPs indicated that how COVID-19 was understood differed from person to person and, in some cases, from group to group. The expression concluded that COVID-19 presented a peculiar platform for traditional healers to look beyond their traditional knowledge base. Across the THPs, some relied on social media information, live experiences, and epidemiological patterns, and others relied on

biomedical practitioners and governments. From this understanding, what had not been prevalent was the total reliance on traditional knowledge or spiritual guidance to understand COVID-19. However, the ancestry element was explored by applying past knowledge given by ancestors in addressing related respiratory diseases towards COVID-19, which yielded the desired results.

Chapter Five: THPs dispositions to COVID-19 vaccinations

“ You disregard my ancestors by invalidating the gift they gave me as a healer; you lock me in the house stopping me from accessing my form of medicine from the forest, but allow your people to access their form of medicine. You then force me to put your form of medicine in my body, and I still need to be deprived access to quality education if I don’t comply to your form of healing, convince me then that I’m not living in the same era as my ancestors where I need to be like you while I compromise being me.” (Gogo Thendo).

Gogo Thendo- A 23-year-old THP who is also a student at Rhodes University. He has been experiencing dreams since age 6, where his ancestors would communicate with him and guide him in his healing gift. He was initiated at the age of 18 and had a deep appreciation for his culture and his gift.

5.1 Introduction

According to Moshabela et al. (2016), religious or Indigenous belief systems influence patients' worldviews when seeking health and well-being. The same goes for healthcare providers, regardless of the type of healing service they offer. These worldviews predispose patients and caregivers to various approaches to understanding, explaining, and achieving health (Taylor, 2007). Despite differing perspectives on health, the interaction between traditional health practitioners and biomedical health approaches is of utmost importance in the understanding of medical pluralism. Traditional Health Practitioners possess diverse emotions, perspectives, and viewpoints on the introduction of the COVID-19 vaccine, dispositions that are either favourable or negative. The attitudes held towards COVID-19 tend to influence the choice to get vaccinated or utilize alternative forms of treatment, all of which aid in understanding the practice of medical pluralism from a traditional practice point of view, as explored through THPs. This chapter’s focus is on expanding and fully engaging the dispositions of THPs in Makhanda that lead to their decision towards the uptake or denial of the COVID-19 vaccinations.

5.2. Dispositions of vaccinated THPs

5.2.1. Vaccination as a viable solution to ending COVID-19

.....the injection helps to boost the immune system and prevent.....Yes, we did trust that the vaccination would help (Gogo Sthembiso)

Amongst various thoughts about the vaccinations, few THPs believed that the vaccination was approved based on its efficacy. Gogo Sthembiso, at the beginning of our conversation, made his acceptance of the vaccination clear. He believes that the vaccination was there to help prevent from the virus but also to help boost the immune system. In his expression, he further indicated that his thoughts were not because he was either of age or just following the obligations and the many other reasons that others may hold. His dispositions reflected a deep understanding of the virus and how to best respond to it without disregarding any medical system, including his practices. He further alluded that this does not dismiss his belief in traditional medicine. Still, he acknowledges that traditional medicine always has limitations (See 4.6), and that is where his reliance on biomedicine stems from.

.....it is because, the time COVID-19 came to existence, we did not know what to do or what is being done, and the medical doctors already knew what to do, as they mentioned taking the vaccine is important. This then gave us a solution because no one wants to die at the end of the day. When you are sick, your head doesn't function properly even if you have herbs to use for protection, you just cannot function properly.

In Gogo Sthembiso's response to the vaccination, it is essential to note that his association with healing is directly linked to his understanding of what a disease presents as. He made multiple references that indicated that diseases are physiological and bodily experiences and, therefore, need to be treated with biomedicine as the appropriate response. His view of medicine alludes to the contributions of scholars such as Good and Kleinman in their definitions of what disease can be understood as. They state that disease is an abnormality in the structure and function of organs and organ systems, pathological states, whether they are culturally recognised, the arena of the biomedical model. (Young 1982, p.264). In comparison, illness is defined as a person's perceptions and experiences of socially disvalued conditions, including, but not limited to,

“disease”. In the interaction with Gogo Sthembiso, it was established that he did not base his view of the vaccine as a cultural influence or draw his influence from his scope of practice but referred to his comprehension of COVID as being entirely scientific.

It is important to note that in his understanding of disease as a bodily experience, he emphasised that he does not disregard traditional medicine and uses it with caution and understanding. He further explained that he is aware of the limitations presented in both types of medical responses; however, he will not be “rigid” and deny himself good health because it is “Western medicine.”

There are things that, as traditional healers, we cannot do that the medical doctors can do, but the difference is that the doctors are educated, and I am not. For example, people come here in a critical condition and cannot breathe; traditional medicine is not fast enough, but the injection is. Sometimes it is people with high blood pressure, and yes, we do have medicine for that, but sometimes the meds are not fast enough. The doctors will see that the patient is weak and give them drips, and us traditional healers we have boosters, but the boosters sometimes are not fast, they take time. (Gogo Sthembiso)

Alluding to this set of beliefs is Gogo Jobe, who used mental illness as an example to explain his view of medicine. His example led to a detailed understanding of the differences between disease and illness (as described above). Further, it cemented the exciting notion that THPs are often associated with their position as healthcare providers and are rarely seen as healthcare seekers, which then creates generalisations about how they approach health.

At the age of 16, I got hit with the calling, and I was diagnosed with depression. I was forced to take antidepressants; I was heavy in antidepressants. So, Western medicine helps a lot....even though I still needed to answer the calling, it didn't take away from the fact that I still needed to treat the depression as an illness and if I did not, maybe I would just continue living an unpleasant life. (Gogo Jobe)

Through this understanding, we can establish that the use of vaccines amongst some THPs was solely based on the belief that this was the most effective response to the virus. Although deeper reasoning was shown in how the disease is understood (See Chapter 4), it further illuminated the idea that there are preexisting and varying views held amongst THPs towards healing despite some significant similarities and differences.

When the world needed to get back to normal, the government gave us the vaccine to help restore normality. So yes, the vaccine works, and I don't think we should even compare what the vaccine can do and what traditional medicine can do. We take the vaccine because it is the solution, but we still use traditional medicine for other things. It is as simple as that.

A common narrative amongst the participants who hold that vaccinations are the most effective way in the fight against COVID-19 is the subtle and faint idea that traditional medicine might not have been an appropriate response to the ending of the vaccine. There is an acknowledgement that traditional medicine helps manage some symptoms and helps boost the immune system, as also corroborated by Rankoana (2021). Still, it is rarely associated with the sole vaccine-combating method. I say subtle and faint because there was hesitancy in bringing in traditional medicine in the conversation about individuals who may think that traditional medicine should be the only response to COVID-19. This led to the thinking that it stems from the fear of contradiction; there are a lot of connotations and expectations attached to being a health provider, primarily a traditional one. This assumption includes THPs standing against the vaccine, as said by Gogo Jobe that there is a common belief in society that if you practice in a specific medical system, you should not participate in alternative ones, which is wrong and should be corrected; this was followed by an example he made where he questioned “*how many local municipality leaders end up leaving those places to go live in the town?*”, he continued to say that such decisions are based on personal reasoning and should be dissociated to general beliefs and societal standards.

5.2.2. Separating choice from action: Regulations and “Coercion” VS Obligations and “Transaction”

Whether you want to or not, you have to take the vaccine. I took it because I was told to do so and not for any other reason..... I don't know much about the vaccine, but it wasn't by choice, maybe I would have or maybe not with time, but we will never know. I just did it because it was a thing that we must all be vaccinated. Also, for example, when you are told not to drink and drive, you are obligated to do it because you understand the repercussions of your actions but with the vaccine you don't understand why you are mandated because I mean you are wearing a mask and you are sanitizing but you just do it, yeah that's how I feel (Gogo Yolani)

To counteract the spread of COVID-19 through the use of vaccines, regulations and obligations were posed by the government to all citizens of South Africa to reach mass immunisation (Yoda and Katsuyama 2021). Mass/Herd immunisation, according to Eames and Heymann (2011), refers to a state where a certain percentage of the population gets vaccinated, meaning there will be more vaccinated individuals than those who do not. In achieving Herd immunisation, the spread of COVID-19 is less effective than if there were more unvaccinated individuals than those vaccinated. THPs expressed that this specific regulation went against their fundamental right of choice and free will. We are seeing the participation in the vaccine programme based on what they refer to as “coercion” rather than their willingness. The term coercion³ came with sentiments that showed unhappiness and unpleasant thoughts towards the government and the vaccine. THPs believed their participation did not reflect their representation of thinking and understanding. Gogo Yolani expressed that she and many others were forced into the vaccine program because the disadvantages of not getting the vaccine far outweighed holding on to one's thoughts and genuine ideas. This only indicated a level of compromise because how one viewed this healing approach had to be overlooked and not considered.

....I feel like the vaccine should speak for itself; if it was indeed beneficial, we should be able to see it and choose it on our own, but you then ask yourself that why are they too focused on who takes it more than who it heals (Gogo Yolani)

³ Coercion: the practice of persuading someone to do something by using of force or threats

What is seen here is the very divisive impact that these regulations have left on society. The level of compromise was also experienced as THPs had to come to terms with the fact that is complying with the rules far outweighed the benefit of the vaccination. Amongst many THPs, including Gogo Yolani, was the sense of dissatisfaction with how they lost their power and right to say yes or no. Although having taken the vaccine, they felt it was important to note that it didn't mean that they agreed with all that the vaccine is for and what it does in the body. In all that is said, it is vital to notice the prioritisation of regulations over the efficacy of what has been presented to people; this was noted by Elling (1981, p.105) as he states that the belief that there is one superior medical system which is western medicine overshadows and overlooks the notion of medical efficacy and that this types of debates end up having political narratives over the initial purpose of medicine which is meant to be people and their wellbeing. This further highlights the dispositions of THPs regarding regulations by Elling's controversial statement; "governments use western medicine as a means of social control, which is an extremely general evolutionary typology of social control functions of medicine as an instrument of imperialism" (Elling 1981, p.105).

I know I am not the only one who feels like the government doesn't care about my beliefs or religion. Because what if I want to use traditional medicine or I believe in prayer or maybe I just don't believe that vaccine works? Some of these questions we are not even allowed to be asked because the first thing they told us is that "we found the vaccine, but you all must take it" haow! So why aren't ARVs (Antiretrovirals) forced on people even though HIV/AIDS wiped out the lives of many? See there's really no reason for them to say "you must take it" like imagine how many people died of Ebola but till today no one is forced into treatment but here is Covid, I mean we have established that it is more or less like flu, but now people's beliefs and thoughts must be overlooked. But I still took it because we were told so, I was being a "responsible citizen" (indicates inverted commas with finger gestures while laughing). (Gogo Yolani)

This excerpt exposes participants' knowledge of previous epidemics to show the inconsistencies that potentially played a massive role in how people responded to the vaccine. Regardless of the act of taking the vaccination, some lack of conviction still exists that it is in the larger population's best interest. Participants like Gogo Yolani appeared highly cynical about the people who gave out the regulations, even though in conversation, Gogo Yolani did

confirm that she did not believe in the conspiracy theories expressed by people, and she might not be in the best position to know why the vaccine is forced on people. However, she did say that it is unusual for medication to be imposed on people via regulations as if they do not have the mental capacity to make those decisions for themselves. To accompany these discomforts already established amongst some THPs, there was a prevalent reference to the obligation associated with “feeling as though vaccinations are used like currency”, where one must vaccinate to gain access to something and, therefore, the word “transaction” was primarily used.

When Covid hit, we were told to go home from Rhodes University because everything was basically shutting down and everyone was going into lock down. I went home eHamburg which is a village outside Grahamstown, and I mean, just like everyone I thought in the next six months things will go back to normal and I'll be going back to school. For me going back was very important because I worked there as well to feed me and my siblings following the passing of my mom. So fast forward 2022, after a very long time of online learning the government announces that a vaccine was found, and that people must vaccinate in order to lighten some of the restrictions especially with public facilities. so now we're told in order to return to campus we must produce vaccination certificates. I was extremely conflicted I tell you. (Gogo Thendo)

..... just so you know I don't have a problem with vaccines, I just never grew up on western medicine, like I mean I was never given any cough syrup or any injection from birth so this became a conflicting thing for me because I knew from the moment, they said vaccines are available, I wouldn't even imagine taking it because I'm just not accustomed to those things. So, I ended up taking the vaccine to cut the story short.....the first time I ever took any western medicine wasn't because I was dying or something but was because my need for education and a job was greater than my need to feel comfortable and that is where it becomes very problematic for me. (Gogo Thendo)

Gogo Thendo, in his story and conveying powerful and passionate sentiments to the introduction of vaccinations, highlights again the separation of action from choice; however, in this case, action is led by a need. He further questioned, "when has it ever been a thing that basic needs are traded for a piece of paper that shows that you took medication?" This line of

questioning resonates with the work of Good (1977) on the importance of having a broad view of medicine and health, rather than having an almost innate response to associate signs and natural disease existents to biomedical thinking, but also delve into various other symbols and meanings that run together for the other members of society. Gogo Thendo further elaborated that “*this is because when people choose not to vaccinate, it doesn’t reflect the ineffectiveness of the vaccine, and that is where many get confused*”. The existence of multiple medical systems is not a reflection of failure by any; it is about creating a system that caters to the larger community without compromising or disregarding any group (Wreford, 2005).

The reason I was vaccinated, honestly, was because I had clients in Port Elizabeth, Port Alfred, Pretoria and East London. I knew that the only way I can gain access to transport and to move around was if I can get a vaccination certificate because they had told us that no one will be allowed in public spaces if they are not vaccinated. I wanted to be able to travel to the forest to get herbs for my medicine but also a lot of my clients from all over really wanted my help and I just made peace with the fact that I have to vaccinate in order to be able to move around. To be honest, I hate the vaccine because I’m a person that rely so much on traditional medicine that I make myself and so if I had a choice, I swear I wouldn’t have taken the vaccine but because my clients needed me, I just had to. (Gogo Rirhandzu)

Gogo Rirhandzu, among the THPs who believe that COVID-19 is just another flu with more intense symptoms, also expressed how she was vaccinated. Prevalent in the above reference is the usage of vaccinations to gain access and allow mobility. Further in our discussion, she mentions the need to be allowed access to the bush/forest to get some herbs, roots, and plants to produce traditional medicine. This is reflected by Netshapapame (2023, p.4) when he mentioned that THPs were left behind in the fight against COVID-19 as potential healthcare providers who are capacitated to find solutions to the virus. Gogo Rirhandzu cemented this as she mentioned that scientists take their medicine only to disprove it and tell them it is not safe to consume where else it works for them. This has, however, become a continuous cycle that will never stop where THPs are disregarded and overlooked when it is time to make “real life” decisions that affect people’s lives (Beyers, 2020).

5.2.3. Increasing longevity

.... I also vaccinated because I'm over the age of 60. We were advised to vaccinate because we are older and are most likely to contract the virus and so I told my wife to vaccinate as well because she is a teacher so with her going around the chances of her getting the virus are high and then she will bring it back at home (Gogo Gomolemo).

Gogo Gomolemo, who highly believes in the vaccine as the leading solution in the fight against the virus, also indicated that his other motivating factor was his age and that getting vaccinated as a form of protection was beneficial for him and his family. In this instance, protection was shown on two scales: an individual stance and a collective stance (see 4.5). In the way COVID-19 spread, there was a need for one to protect themselves, fostering an individualised perception as shown by (Lio, 2021). However, with the findings of how the vaccine works, a more collective effort was required. Therefore, more influences and collective decisions prevailed. When COVID-19 is understood and explained from this angle, both protection perspectives are considered; however, they were not mentioned in cases where COVID-19 was not regarded as dangerous. According to Wise et al. (2020), individuals who perceived COVID-19 as a deadly disease that posed a greater risk to their health engage more promptly in the recommended preventative methods. This was further highlighted by one of the THPs, expressing that:

As I said, I am of age, and I do have high blood pressure, so after calling my doctor, he outright advised me to be more careful and do whatever I can to protect myself because we get COVID-19 very fast. So, when the vaccine was not here, I avoided going out and took all the measures they told me and when the vaccine came, I made sure I vaccinate (Gogo Sthembiso).

One global health concern, as stated by Jafar et al. (2022), is that vaccine hesitancy will increase the danger for highly vulnerable populations, including older people and those with pre-existing medical issues. This supports the dispositions of Gogo Sthembiso regarding protecting himself as he realises the broader effects of not taking the vaccine than the individual benefit. Betsch et al. (2018) note that one of the reasons considered by people in vaccination uptake is the risk associated with the particular disease that the vaccination is meant to protect them against. Although this line of thinking can stem from “fear”, in Gogo Sthembiso’s pursuit of well-being

and longevity, the vaccine was considered adequate, thereby trusting it would protect against COVID-19.

5.3. Dispositions of unvaccinated THPs

5.3.1. “Vaccine doesn’t work”

Among the pool of participants, several THPs held extreme opinions about the vaccination not fulfilling what was said it would and, therefore, rendering it ineffective. These feelings were based on various reasons, either by individual testimony, testimonies of other people or by comparing themselves with those who took the vaccine and unfortunately passed away still or got very ill. These dispositions were followed using alternative medicine, Traditional Medicine (TM). The use of traditional medicine for a brief background was used based on varying reasons; some of the reasons were because it was seen as the most effective option as opposed to the vaccine; it was already an option that they used and had complete confidence in, unlike the vaccine but also was used when loved ones were suffering either from COVID-19 or the effects of vaccinations. All these factors are expressed by most THPs who choose not to vaccinate. Thereby, the common phrase being used was “*the vaccine does not work.*”

I only see the vaccine not working at all because people that have vaccinated got infected again after taking their vaccination, and I made my traditional meds and gave it to them. The person you see in front of you is my daughter, my first born, she never vaccinated. COVID-19 came several times in this house, but there’s never a day someone in this house went to hospital (Gogo Hlumelo).

The lived experience of Gogo Hlumelo supports the notion of the vaccine's ineffectiveness. We see her express her decision and response to the disease by using her interaction with what vaccines can and cannot do. This is better put by Leedy & Ormrod (2001, p.157) as they define what phenomenological research design is; applying this definition to what is stated by Gogo Hlumelo, we see a construction of meaning and comprehension of one's surroundings through the use of their own lived experience which in this case is seeing patients seek help from them in order to combat the adverse effects of the COVID-19 vaccination. It is also shown by Russo (2021), who expressed those narratives by delving deep into lived experiences to conveniently

capture and expose the complexities of medical activity and the multidimensional reality of diseases and healing approaches. In the same light, the reflection of the participants' lived experiences also shows how traditional medicine became an effective tool against COVID-19 compared to the disappointments felt by family members and patients with the use of vaccines. One's reflection on how practical a medical approach can be plays an integral role in one's response to diseases because it is through the presumed failures of the vaccine that the legitimacy of traditional medicine is glorified.

I did not feel it would help (the vaccine). As I am a traditional healer, I believe in traditional meds, that it can heal anything that it comes across with, like the coronavirus. (Gogo Mthembeni)

It is because most people when they take the vaccine, they become sicker, as some of them die due to the vaccine that they took. Some people's cause of death by the vaccine is related to how their immune systems couldn't handle the reaction from the vaccines. Now, when I thought about myself, I saw that the vaccine cannot help me, maybe I can go and take the vaccine, but the vaccine won't work for me (Gogo Mthembeni)

The account given by Gogo Mthembeni is presented in two variations. The choice to not vaccinate stemmed from an innate and instant feeling when the vaccine was introduced; he expressed that he knew the vaccine would not help him because of his role as a THP and his belief in the power of traditional medicine. What cemented his view on vaccines was the experiences of others, as we see from the second quotation. His encounter and interaction with various people who had negative accounts about the vaccine validated his premeditated assumptions about the vaccine and solidified his emotions. Compared to Gogo Hlumelo, who relied on her lived experiences, Gogo Mthembeni relied on the lived experiences of those around him to validate his thoughts. This, however, does not dismiss the fact that he had complete reliance on traditional medicine based on his role. Identity, in this instance, led to the choice of approach; he decided to stick or instead rely on what was in line with his practice. Health practitioners are prone to retreating more towards their medical systems than ordinary health seekers, as expressed by Netshapapame (2023); traditional healers often rely on their role to inform what concerns their lives, including health-seeking behaviours.

5.3.2. Outside “vaccine efficacy” considerations

So, multiple people would say the vaccine works, but I got to a point where I did not care if it works or not anymore. I sat down and thought, because I have a gift that means I can go to the bush and dig some herbs and mix them and make something that can help me and those around me. The herbs I dug from the bush really helped me, because I know that every day, in the morning and at night I must steam and consume the herbal mixture I made. (Gogo Mthembeni)

The belief praxis displayed above shows the non-consideration of vaccine efficacy based on the consideration of what traditional knowledge can do; this resonates with Street (2016) as it shows that some decisions towards medical approaches have absolutely nothing to do with the efficacy of medical systems but the consideration of how belief systems play a massive role in the perception of health.

Some THPs expressed uncertainty with the uptake of the vaccine because of the multiple theories that existed and were expressed through social media and via word of mouth, especially in the Makhanda community, given that their community of THPs is small, thereby fostering easy access and communication amongst each other.

“... Western people created this virus and now have a solution because they are making money out of it, and that is why they do not want us to have our own medicine. Yes, the vaccine might be working, but they know that we will need it and will be forced to buy it. Now South Africa is in dept to them because they gave us money and that is exactly what they want so that we can be their slaves one day when we are unable to pay the money back... So those who believe that the motive behind the vaccine is right can vaccinate, as for me I will not support that narrative” (Gogo Kgodisho).

How COVID-19 vaccinations were engulfed with multiple associations and connections with theories and what was referred to as revelations led to distrust among THPs. This was expressed through the belief that the vaccine's efficacy is not all that is needed to motivate them. However, it has social, economic, cultural, and environmental impacts. This was further delved into as Gogo Kgodisho expressed that “COVID-19 will never end and that will lead to a continuous reliance and dependence on western countries”, indicating that there is more to the decision of

taking the vaccine and the consideration should not only be on health-related issues but the general outlook of the uptake.

Apart from mistrust led by theories and revelations of what the vaccine could be about, there was evident discomfort with the COVID-19 vaccine rollout. Some THPs noted issues around the vaccine, noting what they perceived as discrepancies or mishaps that built the mistrust. These issues include the inconsistencies in communicated information by the government, the fast-paced manufacturing process of the vaccine, the lack of clinical tests conducted before rolling it out for administration, and insufficient information regarding the vaccine and possible related inauspicious side effects.

“There is a lot to not trust about the vaccine; for example, it took many years for HIV treatment (ARVs) to be made and released to the people for consumption, but with the vaccine, it was swift and then people were used to test if it works. So, there is no way that I can vaccinate knowing exactly that there is a high chance that in the next year, we could be told that actually that vaccine wasn’t meant to be used on human beings and we are dying soon.” (Gogo Phathutshedzo)

According to Saied et al. (2021), similar concerns expressed by some Makhanda THPs were also expressed by Egyptian healthcare workers (HCWs), explaining that even though there may be perceived importance of taking the vaccine COVID-19 vaccine, they still have a significant hesitancy that is associated with a lack of surety on how safe the vaccinations can be and the unknown potential adverse effects. This further illuminates some of the THP's reasons for not taking the vaccine: that there is more to the potency of the vaccine in consideration of medical decisions, there is a well thought and earnest need to understand what is being consumed, how it was manufactured and if it can be consumable for individuals like themselves.

5.3.3. Influencing factors

Latkin et al. (2022) note that an adhesive social element of health behaviour may occur through social norms, modelling, and persuasion. He notes, importantly, that people’s responses towards vaccination programmes are influenced by one’s attitudes and perceptions among members of their social networks, especially during ambiguous and potentially stressful events. In the case of a new, deadly and dreadful event such as the COVID-19 pandemic, individuals may turn to closely knitted relations for guidance and reliable advice (see 4.5). This was

constantly reiterated by Gogo (mental health) as she highlights the crucial role that some of her family members played in her decision not to take the vaccine and how she also ended up embodying some of the family members' perceptions and thoughts of the COVID-19 vaccine.

“When COVID-19 hit, I was in Bloemfontein, where I was being initiated, but unfortunately, due to the lockdown, I eventually could not go back home to the Eastern Cape. There clearly was no solution that could help me travel back even after my Gobela had released me and given me the go ahead to go home. So, when we were told of the vaccine, initially, I had planned to go take it because I knew it would allow me to finally travel back home but also to protect myself as I will be exposed to a lot of people. This was before I went to my Gobela to ask for advice about the vaccine, as I saw a lot of things that were said on social media. He then advised strongly against it based on the reasoning that he did not believe the government was being upfront and honest about the vaccine in itself, and things were occurring in such a way that they felt like the government was also under some form of persuasion from elsewhere I did not vaccinate because of the advice I got from him. He had been taking care of me for the past eight months and had been responsible for my life, so I knew he was wise enough to know what is right and I mean he made a lot of sense especially with how things were done with regards to the vaccine, lockdown and COVID-19 in general.” (Gogo Phathutshedzo)

Influence plays an integral role in the way in which people navigate their lives, their surroundings and their decision-making, and this was shown by how Gogo Kgodisho, even as a THP, relied on his teacher's knowledge or understanding of the vaccine in order for him to curate a response. This is cemented as an instinctive byproduct of the need for a sense of community or cultural belonging based on reliance and trust. Dube and MacDonald (2022) corroborate this in detail as they express that acceptance and refusal of the COVID-19 vaccine should be looked at from a context-dependent stance and not only reduced to individual factors. From elements such as cultural values, social norms, recommendations by primary caregivers, social networks, and the value of communication environments, attention is directed towards how people perceive and make such important decisions. It is essential to highlight that these cultural norms primarily manifest as perceptions of support from family and friends, which, as seen through Gogo Phathutshedzo, influence the decision towards the vaccine.

5.4. Conclusion

In this chapter, the views and perceptions of THPs were explored through various components that encapsulated what motivated THPs to take or not take the COVID-19 vaccination. It has been studied in detail how THPs viewed themselves as healthcare seekers more than they did as healthcare care providers, given varying reasons that included being undermined by the government and COVID-19 being a somewhat strange condition outside of the familiarity of their line of practice; however, a few THPs still relied heavily on Traditional knowledge and training. The views expressed by THPs who decided to take the vaccine stem from varying spheres of understanding. While some THPs based their decision to take the vaccine on their knowledge of the efficacy of the vaccine, some THPs expressed how the effectiveness of the vaccine was questionable; however, they vaccinated for varying other compelling reasons that were encapsulated in the government regulations around mandating the vaccine and how taking the vaccine could be beneficial to them. What is seen in this chapter is the complexities and confusion that arise with getting to a medical decision, especially in a dreadful time such as the COVID-19 era; some of these include the feeling of losing autonomy and the compromise of one's beliefs and customs to make a decision that is deemed as correct.

In the chapter, we also explore the dispositions of THPs who have not been vaccinated. The chapter explored this concept from two angles: a decision based on the vaccine's efficacy and a decision based on the understanding that there is an interplay of various other concepts, such as cultural norms, social networks, beliefs, and influences that should be considered. This also was highlighted by the idea that the vaccine's efficacy should not be the only determining factor but the compact or collective sphere encompassing a human being. It has also been significant that there is a need for the preservation of THPs' culture in the question of vaccination, especially when there has not been any authorised traditional medicine in response to the virus, excluding their interests and deterring representation in the primary health system. THPs attached their denial of the vaccine to the protection of their beliefs and their line of practice. While some THPs view the vaccine as an appropriate response to the virus despite their own medical system's existence, some felt that other compelling reasons fostered their decision not to engage with the vaccination.




Chapter Six: “One size does not fit all”: context specific approaches in the decision on COVID-19 vaccinations shaping the practice of medical pluralism amongst THPs

“it was better when we knew that the reason we could not coexist in the same spaces as the Western people was because they did not see us as humans, unlike still being unseen; however, having your brothers in the same rooms where such decisions are made”. Gogo M’s story captures the chapter as it reveals the various contexts that need to be explored in the uptake of COVID-19 vaccinations in order to attain a clearer and more explicit view and understanding of medical pluralism. His belief is based on the idea that the question of the direction of medical pluralism should not be studied through the THPs’ lens but through the lenses of all parties involved in health from the person that makes policies to the one that gets affected by those policies.” (Gogo Mthembeni)

Gogo Mthembeni is a 70-year-old traditional health practitioner who has been practising since his teenage years through the guidance of both his parents. He was raised in a family with a longstanding history of traditional medicine and practice. The conversation about the uptake of COVID-19 vaccinations birthed various complexities that exist in medical systems amongst healthcare providers that “had” the potential to alienate medical systems further, with which, according to his experience, the alienation has now, over the years, become the actual pandemic.

6.1. Introduction

It is known that THPs use a variety of experiences, ideas, and motivations to shape their criteria for seeking health care. These have shown that while obtaining a practical course of treatment is the primary goal of well-being, other considerations must be made for the patient to experience complete healing (Taylor, 2007). Though traditional practice may not be regarded as the primary health system, THPs play a significant role in the health community since they serve as the primary healthcare providers for many South Africans in various regions of the nation, including Makhanda. Evidence suggests that THPs are also influential, given the



leadership role they assume in communities and, in some instances, guiding responsibilities crucial in how health is seen and understood (Leclerc-Madlala, 2002). The highlights that medical pluralism as a practice and concept can be examined and analysed from the perspective of healthcare providers, with a particular focus on THPs where Beyers (2020) concurs that, in studying health behaviours from a traditional perspective, the focus is often on the larger community with less emphasis on THPs. Drawing from the recommendations of Beyers (2020), the practice of medical pluralism amongst THPs in Makhanda can be understood through their health behaviours towards COVID-19 vaccinations.

As this chapter follows the patterns drawn and expressed by THPs regarding their health-seeking behaviours in COVID-19, these patterns portray specific approaches that are based on varying contexts which are used by THPs to create attributes, thoughts, and behaviours towards the broader sense of what medical pluralism is and what entails its practice amongst them and their scope of practice (Moshabela et al. 2016). The context in which these dispositions are explored is vital as it best encapsulates who THPs are and what they stand for. The THP's point characterises this chapter that it is one thing to view medical pluralism in a Western or urban context. Still, it is another thing to delve into from a traditional practice point of view. The centre of this chapter is to focus on the practice and acceptance of medical pluralism amongst THPs through their dispositions towards COVID-19 vaccinations; this is achieved by expressing the multiple context-specific approaches THPs use to characterise medical pluralism.

Some of the concepts that are fundamental to the various contexts portrayed are based on THPs in Makhanda being people of colour, meaning that these are people with an overarching history of injustices experienced first-hand based on their line of practice rooted in the conceits of Colonialism (Benatar, 2001). With some of these injustices exposed during the COVID-19 pandemic, THPs in Makhanda allude to the compromised autonomy towards COVID-19 vaccination uptake, complexities and gaps that have to be navigated between existing medical systems, and the inconsistencies of biomedicine in varying illnesses, which influence THPs' positioning towards medical pluralism. In all these, the highlight is that "One size does not fit all". This, in essence, encapsulates the thoughts expressed by THPs that to delve into the practice of medical pluralism in their community, it is necessary to understand how multi-faceted and complex their stance is based on varying and specific contexts that make it

challenging to assume what medical pluralism is or what it can be, based on a unilineal glance that a researcher may take.

6.2. One size does not fit all: THPs' openness to medical pluralism excludes COVID-19 and vaccinations

*.....as I said, I do believe in ARVs, and I would take them or the TB treatment if I were ever to get those types of diseases...with COVID-19, I really do not believe in the vaccine. So, the fact that I cannot consider vaccines doesn't necessarily mean that I may not consider other forms of Western medicine.....
(Gogo Mthembeni)*

Preferences amongst THPs, as expressed above, follow their lived experiences and exposure to various diseases that they face and, at times, deal with. THPs draw from what they have been in contact with to make sense of the present; this is so because there is an understanding that the previous epidemics or diseases were managed differently from COVID-19 (Relf, 2020), such that these differences play a role in how THPs respond to COVID-19 vaccinations. This has alluded to the fact that reservations are applied towards medical pluralism based on the type of disease and how comfortable the Traditional healer is with the treatment available. What is being shown in the above reference displays hesitancy towards medical pluralism in COVID-19 based on their discomfort towards vaccinations. However, there has been a prevalent practice of medical pluralism before COVID-19.

*COVID-19 is different, I tell you. Like I said, with TB and HIV/AIDS, everything is real in front of your eyes, and you can see that the person in front of you needs serious help. With COVID-19, the vaccination is not a serious help, to be honest. I can do without it, and we can do without it. So, my sister, it defeats the purpose, right? If something is not useful to me, why must it even be presented to me?
(Gogo Phathutshedzo)*

Gogo Phathutshedzo's argument is based on the understanding that medical pluralism can only be prevalent in instances where all available treatment options are effective, for example, treatments such as ARVs for HIV and TB treatment. THPs considered these treatments because they were practical; this, however, cannot be said about COVID-19 due to the inefficacy of the COVID-19 vaccination. In COVID-19, only one option was regarded as the most effective, which is traditional medicine; this led to the limited consideration of the COVID-19 vaccination and, therefore, made medical pluralism circumstantial and only viable in particular contexts. Based on this understanding, Gogo shows that although there is the practice of medical pluralism, its acceptance is not linear but continuously changing, depending on how beneficial the available treatments are to them.

Although Gogo's comparisons of diseases yielded an understanding that a complementary medical system can only be successful and accepted if COVID-19 vaccinations are effective, another THP used these differences amongst diseases to bring to attention the inconsistencies in how the diseases were managed. This led them to question the practice of medical pluralism based on the role that some presumed failures of policymakers incurred in the rollout of COVID-19 vaccinations, raising multiple questions of mistrust and therefore not being open to the vaccination.

Ever since I have been a traditional healer, it was my first time experiencing something like this.....there are a lot of things that were quite different with how other epidemics were dealt with, the one that is troubling is forcing people into treatment, and withholding employment or education from them unless if they are vaccinated. That made me raise my eyebrowsaccording to what you have explained as to what medical pluralism is, it already tells me that there was no medical pluralism during Covid because we were not presented with multiple options that we are allowed to choose from and practice them fully and freely. If that was the case then the vaccination would not be forced on us, they would say "here is a vaccine, take it if you want as much as you can consider taking umhlonyane" (Gogo Thendo)

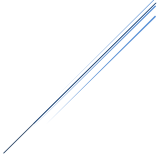
The understanding is drawn from the main objective of what medical pluralism is meant to stand for: a complementary approach to health that involves multiple health systems at the disposal of healthcare seekers who are allowed to explore these systems freely and openly without fear of contradiction or being prejudiced against (Wreford, 2005). According to Gogo,

this aim of medical pluralism was compromised during COVID-19 as the vaccination was and still is the only and main officiated treatment towards curbing COVID-19, where all other options are regarded as non-efficient despite the successes they have had during the pandemic. The lack of trust in alternative medical systems by policymakers and government indirectly instigates a narrative that medical pluralism is still at a point where the autonomy of health seekers is compromised, which takes away from the practice and the success of medical pluralism. According to Gogo, the limited access to multiple health options is the main impediment towards achieving a pluralistic health state within which the COVID-19 vaccinations regulation has exposed that about the South African health system.

6.3. Medical systems' conflicts and complexities as impediments to obtaining maximum healthcare treatment

This medical pluralism you are talking about can only be achieved and accepted if there is a level plane field between all health providers. Because see I have this book that I was given by the clinic after we went to a short workshop as traditional healers about TB and HIV/AIDS to write referrals to the clinic. That was a good thing, but it was not reciprocated, we make referrals to them, but they do not make referrals to us where needed, so in essence we are just used to feed the hospitals with patients which means they are trying to tell us that we are doing is mediocrity. (Gogo Sthembiso)

The conflict between the traditional medical system and the biomedical system in this context is shown by Gogo Sthembiso as the lack of reciprocity in measures taken to address the gap between medical systems in Makhanda. Integrating medical systems in the primary health system exposes patients to the potential of attaining maximum well-being. This is compromised due to the subjecting of patients to biomedical health once in their care, hindering patients from being “formally” referred to alternative health care providers should there be no progress in health, a health care issue expatiated in depth by (Louw & Duvenhage 2017). As alluded to by Gogo, it is problematic for policymakers to urge traditional healers to present patients with biomedical health options in cases of crisis; however, biomedical healthcare providers cannot do the same.



.... I personally took the vaccine because it was the only way I could have gone back to school, but if we were given an option to prove that we use traditional or alternative medicine, I would have chosen that option, and that is what medical pluralism would be if I understand it properly... (Gogo Thendo)

In the above reference, the understanding of medical pluralism regarding COVID-19 vaccines is that regulations around vaccine uptake inform their attitudes towards the general acceptance and exploration of alternative medicine. The main objective of what was mentioned was that medical pluralism amongst THPs is enforced by health policies and regulations that push them into taking vaccinations. This creates a negative correlation between THPs and the practice of medical pluralism because it creates a narrative that only one system is enforced on them, disregarding their right of choice and their need to familiarise themselves with options to select whichever one best suits what they are dealing with.

...being a traditional healer in these times of COVID-19 is really conflicting because we also want what is best for ourselves, but the government is not making it easy for us. During apartheid, we were told straight up that we are not allowed to practice traditional healing because it was evil, and we knew how to make our plans but. These days, we are told we live in a democracy. However, we are still obligated by the same laws as back then, that I am forced to take the vaccine and that even though we come up with a remedy or mixture, they will most likely reject it or say it did not pass tests.....so maybe in a time were the government fully supports all medicines the same, there won't be oneness and unity between us. (Gogo Mthombeni)

Injustices hold an overarching dent in the health system in South Africa (Benatar, 2001), especially in the practice of traditional medicine, as it was regarded as backward and barbaric. However, THPs are still experiencing some of the colonial restrictions. Gogo Mthombeni draws his dispositions and positioning in medical pluralism from the continuity of oppressive policies that make it challenging to consider COVID-19 vaccination and further doubt the possibility of a complementary and diverse healing system in South Africa. His expression reveals that it is through mandating the vaccination that policymakers indirectly insinuated that there should be one recognised medical system is formalised and acknowledged, where the

alternatives are not regarded as similarly significant, making it difficult for Traditional healers to be able to embrace a medical system that is said to accommodate all people, especially under the same medical policies and laws.

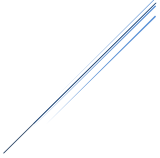
6.4. Acknowledging limitations and shortfalls in medical systems

I did take the vaccine. I knew that it was the only way to protect myself because I also take the flu vaccines at the pharmacy when it is winter... my understanding is that my traditional medicine can heal me now. Still, it doesn't help my immune system build a pattern to fight it next time it comes but the vaccination can, and that is where I knew I needed to consider that route. (Gogo Gomolemo)

Medical pluralism is most beneficial when there is a clear understanding that medical systems have shortfalls and strengths, respectively (Hahn, 1995). Identifying and acknowledging these helps health seekers make informed medical decisions. Gogo Gomolemo expressed that there is an openness to taking the vaccination despite their line of practice and that this openness can only be achieved if there is an understanding of traditional medicine limitations and acknowledging that there is a need for vaccination for COVID-19. This alludes to the idea that comfortability displayed towards COVID-19 vaccination uptake stems from “realisations” and the willingness to seek health beyond one’s line of practice, meaning it is this comfortability that breaks the internal barriers that cause impediments to the practice of medical pluralism.

I am not a doctor; I didn't go to school for seven years, so I cannot claim to know more than the doctors, so when they said vaccinations are the only way to fight against the virus, I followed. The reason why other healers cannot do this is that they feel insecure because they will not tell you valid reasons why they choose not to vaccinate except hearsay.

.....sometimes it stems from the conflict of disregarding the practice of our ancestors, that we feel as though acknowledging that we don't know much about COVID-19 means we are not respecting them and that they can educate us. Sometimes, it can also be that you are basically saying you are now mixing things, and your ancestors are not accepting of it. (Gogo Thendo)

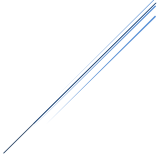


Traditional healers unveiled some conflicting understandings that exist amongst themselves in navigating COVID-19 and the uptake of vaccinations. Many decisions are based on interpersonal conflicts shown through their attitudes towards vaccinations and the idea of engaging with Western medicine. On one account, it is noted that among the conflicts that prevailed in COVID-19 and that informed traditional healers' openness to medical pluralism were of "self" against their ancestors' role in informing their healthcare pursuits. Standard health practice is characterised by a reverence for ancestral authority where the spiritual community is almost unfathomable; therefore, it rarely finds a place in the practice of biomedicine (Iwu, 1986). There is a need to navigate the spiritual aspect of traditional medicine for THPs to be openly comfortable engaging with various alternative approaches, as the spiritual element is of utmost significance to their health system.

..... Taking the vaccine was never a problem for me, and I know sometimes I feel something, but I know it doesn't require the doctor. All I have to do is consult with maybe my mentor or my ancestors so that the issue can be addressed. I don't think we live in a world where we can openly discuss some of these issues with our doctors. It is as if it's a taboo.

Having highlighted the spiritual element of Traditional health practice, there is, therefore, a holistic view of health prevalent amongst THPs, which involves both the physical and the spiritual. The spiritual is sometimes found complex and unpredictable in that it cannot be quantified and experienced by many; however, it can be used to navigate the physical. This form of dynamic spikes misconceptions among biomedical practitioners, which, in most cases, results in difficulties that deter the openness of the practice of medical pluralism amongst THPs (De Andrade, 2012).

"..... at the end of the day, we are not the only ones that need to be aware of our limits. People die daily after being kept in hospitals where doctors are aware that there is little that can be done. Then they come back and say the person is on life support, but they haven't consulted with us about what could be done.



How many people died during COVID-19, and most of them also after taking the vaccine? If there are limitations to the strength of the vaccine, why can't they say, "After taking the vaccine, one can consider traditional herbs or vitamins from the pharmacy to keep boosting the immune system." (Gogo Rirhandzu)

According to Gogo Rirhandzu, medical pluralism is understood as more than just taking the vaccination, while traditional medicine is an option or vice versa. It is about communicating and advising how the two medical systems can be used to attain maximum well-being. It is believed that by withholding this information, patients are not served with adequate care and are left to suffer; however, a vast array of information and medical systems exists (Mothibe & Sibanda, 2019). While reflecting on the passing of her brother, who suffered from COVID-19 due to being left unattended in the hospital waiting for "a cure", Gogo Rirhandzu concluded that *"the practice of medical pluralism is about taking accountability from both medical systems to consider the health of the affected first before upholding the policies in medical systems"*.

6.5. "Failures in COVID-19 vaccinations deterring the progression of medical pluralism."

....COVID-19 made me believe that there are several changes about the world we live in that affect us, and we are unaware of them. Firstly, the real fight is not amongst health care systems but with policymakers. That health care providers across all health systems do not even have the power to affect change but they are pawns in all this. It is unfortunate that we are at the ground level, seeing people die without hands tied by people who sit in chambers and make regulations that keep showing that they are out of touch with reality..... if there was a time for governments to preach unity, it was during COVID-19. People were clearly uncomfortable with the vaccine, so they could have invested in making that traditional medicine from Africa work or at least pass the clinical tests, but they just disproved it and waited for a vaccine. (Gogo Hlumelo)


The shortfalls of policymakers and regulations in attempting to mitigate the COVID-19 pandemic are associated with reasons why there cannot be a successful practice of medical pluralism. The understanding is that there is an overextending gap and barrier between healthcare providers and the governing and regulatory systems implementing structures for managing the healthcare sector. According to Gogo Hlumelo, this continuously alienates medical systems from the primary objective of health provision, which is patients' access to quality health care. COVID-19 did not stand for those objectives as people did not receive quality healthcare care provisions due to the enforcement of vaccinations over traditional medicine despite negative accounts and feedback from those who took it.

Back in the day, biomedicine was effective and quickly responsive; with COVID-19, there is almost a sense that the vaccine was not even well thought out and was just done to keep people at bay. That is why I believe there should be other authorised alternative treatments, and that would have shown that there is an earnest to create a system that is for people and not about superiority.

COVID-19 vaccinations are not widely accepted, although championed by the Department of Health governments worldwide (Kahn et al., 2023). With this, THPs expressed a need for alternative treatments to cater for the broader majority to make the health system diverse and in the people's best interests instead of implementing mandatory regulations that subject everyone to vaccinations against their comfort.

*.... Traditional healers were not even included in the discussions of how to mitigate the virus, meaning that a portion of the population is not well represented. I could say the same about faith healers, meaning the portion of the religious community was not well represented in the coming up of the vaccine. Do you see that the problem is not who is willing to take the vaccine, it is generalisation and subjecting everyone to just one medical system and therefore one size cannot fit all especially in places where peoples' health is involved.
(Gomolemo)*

THPs believe there is no inclusivity in the quest for health, which is integral to how medical pluralism materialises. Mokgobi (2014) defines medical pluralism as a system that ensures that the health interests of a community or a population are available and well represented. This allows for a diverse and equipped medical system that promises a more progressive



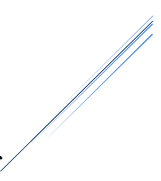
understanding of health and wellness for the people. It is believed that the significant reason for THPs alienating themselves from vaccinations is that although South Africa can be said to have a pluralistic health system, the practice of traditional medicine is not held in the same regard as biomedicine. This is because fewer efforts are being extended towards recognising and investing in the progression of conventional medicine and integrating it into the primary health system.

“.....the things that make their medicine are the same herbs we use; it is just that theirs are processed and packaged differently. So clearly the rigidity is not based on the medicine itself but other external factors..... “

There is a further explanation that shows that there is an interrelation between medical approaches across all health systems (Feierman, 1985). What tends to further separate THPs from delving into other medical systems is external factors such as the lack of recognition, being undermined and sidelined, and the lack of representation in the medical options towards the curbing of COVID-19 despite the many communicated discomforts towards it. This chapter seeks to illuminate the internal issues present within medical systems that impede the practice of medical pluralism amongst THPs. THPs' dispositions to COVID-19 vary from person to person. However, THPs express that the government's continued undermining of them makes it difficult for them to be open to biomedical approaches. In COVID-19, THPs believe that the most accurate form of medical pluralism would have been to invite THPs to engage in conversations about what could be done to respond to the virus. Beyond the medical response from those discussions, the solution would be a tangible representation of what a pluralistic, unified, and progressive medical system should look like.


6.6. Conclusion

In discussions of medical pluralism, various connective concepts were unearthed to bring a holistic view of its understanding and how THPs view it. This holistic view used COVID-19 vaccination-related concepts to narrate the broader image of medical pluralism on a larger scale outside of COVID-19. This chapter used the dispositions and the understanding of THPs towards COVID-19 vaccinations to express their attitudes, perspectives, beliefs, and views on medical pluralism in their community of traditional healthcare providers. It is important to note



that there is a clear understanding of what medical pluralism is and what it stands for, all of which allowed the THPs to build their responses on a firm foundation that could be substantiated with relevance and accurate reflection on what they see and experience in their lives, making it relatable. This chapter displayed the dynamic view on medical pluralism in COVID-19 from a stance that the availability of various medical approaches on a practical level looks like having multiple COVID-19 treatments authorised and presented by governing bodies to display support and the genuine need for inclusivity. This led to an understanding that what deters the progress of medical pluralism amongst THPs is connected to the structural bodies that influence how medical health is regulated and received on the ground level (health providers and health seekers). This was further delved into by expanding on those mandating vaccines, which meant a “one size fits all” narrative displayed in health. The concept of “one size does not fit all” was an expression by THPs as a cry for an inclusive and diverse approach towards COVID-19, representing the various population groups in South Africa.

In the topic of the lack of representation in health, the notion of injustices that existed in the apartheid era still has a clutch hold on how health is approached when exposed through COVID-19 vaccinations. The belief is based on the idea that in the pre-colonial era, there were communicated restrictions to what the minority populations and belief systems could practice, which allowed THPs to navigate those regulations amicably; however, in post-colonial days, these regulations are covered in policies that conceal the injustices. It was explored that traditional healers are forced into a “shadow” position that does not allow them to have a word or an influencing element in the health fraternity, which emphasises that there is still an echoing notion that insists that only one medical system is prevalent which is seen through the mandating of vaccinations. This was further associated with vaccines by expressing that two angles exist to build such an understanding. One is that, even with many attempts from various countries to present the World Health Organisation (WHO) with traditional medicine that had the potential to alleviate the burdens of COVID-19, there was a clear disapproval of introducing a vaccination that did not have clinical tests where its efficacy is admittedly questioned. On the second angle, THPs expressed that there were no attempts by health departments worldwide to invest in various healing approaches to end up with a wide range of options, given that there was communicated discomfort amongst many population groups about accepting vaccinations.



Amongst the various context-specific approaches expressed by THPs towards medical pluralism, the two prevalent notions discussed the complexities and conflicts among medical systems, which embodies the phrase “when two bulls fight in a kraal, it is the ground that suffers”. A widely used example is that there have been attempts to integrate THPs into the biomedical system through workshops and permitting them to make referrals to the hospital in cases of severe conditions outside of their scope of practice. The same measure was, however, not implemented towards biomedical health practitioners to integrate them into traditional health practice, especially with COVID-19 vaccinations. The idea is that before the introduction of the vaccination, biomedical practitioners should have been given a referral allowance to involve THPs and their knowledge to assist in COVID-19-related symptoms that were outside their scope of practice, like using solid herbs that aid in building the immune system. This speaks to what medical pluralism should have meant: integrating medical approaches to create a comprehensive system based on understanding and acknowledgement. THPs expressed the need for accountability and acknowledgement of the COVID-19 vaccination and other medical issues. When there is no acknowledgement of limitations in different medical approaches, there will always be an overarching alienation that affects health-seeking negatively.

Chapter Seven: Conclusion, Reflection and Recommendations

Academic research has tended to explain Traditional African practices as part of a belief system, usually understood as religious. Biomedicine, meanwhile, harnesses this religious definition as validation of the familiar dichotomy between non-factual 'beliefs' and the 'evidence-based' knowledge claims of scientific medicine (Wreford, 2009).

7.1 Introduction

Health seeking in South Africa is protruded in multiple ways, varying from the contextualised sphere surrounding the affected. This is explained as worldviews that shape, act, influence, and reflect how one experiences, perceives and responds to bodily ailments. Belief systems play a significant role in the consummation of factors that impact one's perception of health. Traditional Health Practitioners, in their capacity to navigate COVID-19 through vaccinations, display a multifaceted view embedded in how they perceive the illness, how they perceive available medical approaches and how one's health-seeking behaviours can have a deep connection with their belief system and some complexities that exist within them. This is so because Traditional Health Practitioners in Makhanda, within their sphere of existence, have been exposed to health in an "unorthodox way". What encompasses health amongst this community of individuals from a training perspective to a position of practice is the reliance on traditional beliefs and ancestral and spiritual influences that permeate the physical world. Aspects which, when dissected from a Western perspective, are deemed as "non-factual". In navigating health, Traditional healers are exposed to health-seeking options that are not traditionally oriented; within occurrences such as COVID-19, the navigation of healers through these health occurrences further depicts the influencing factors that emerge in the quest for healing. These help answer questions such as: To what extent can one look beyond their scope of practice? Moreover, when can a pluralistic system be recognised and incorporated into health predicaments? This chapter presents the study's findings, analysis and understanding, reflexivity, the study recommendations, and the conclusions learned from the study.

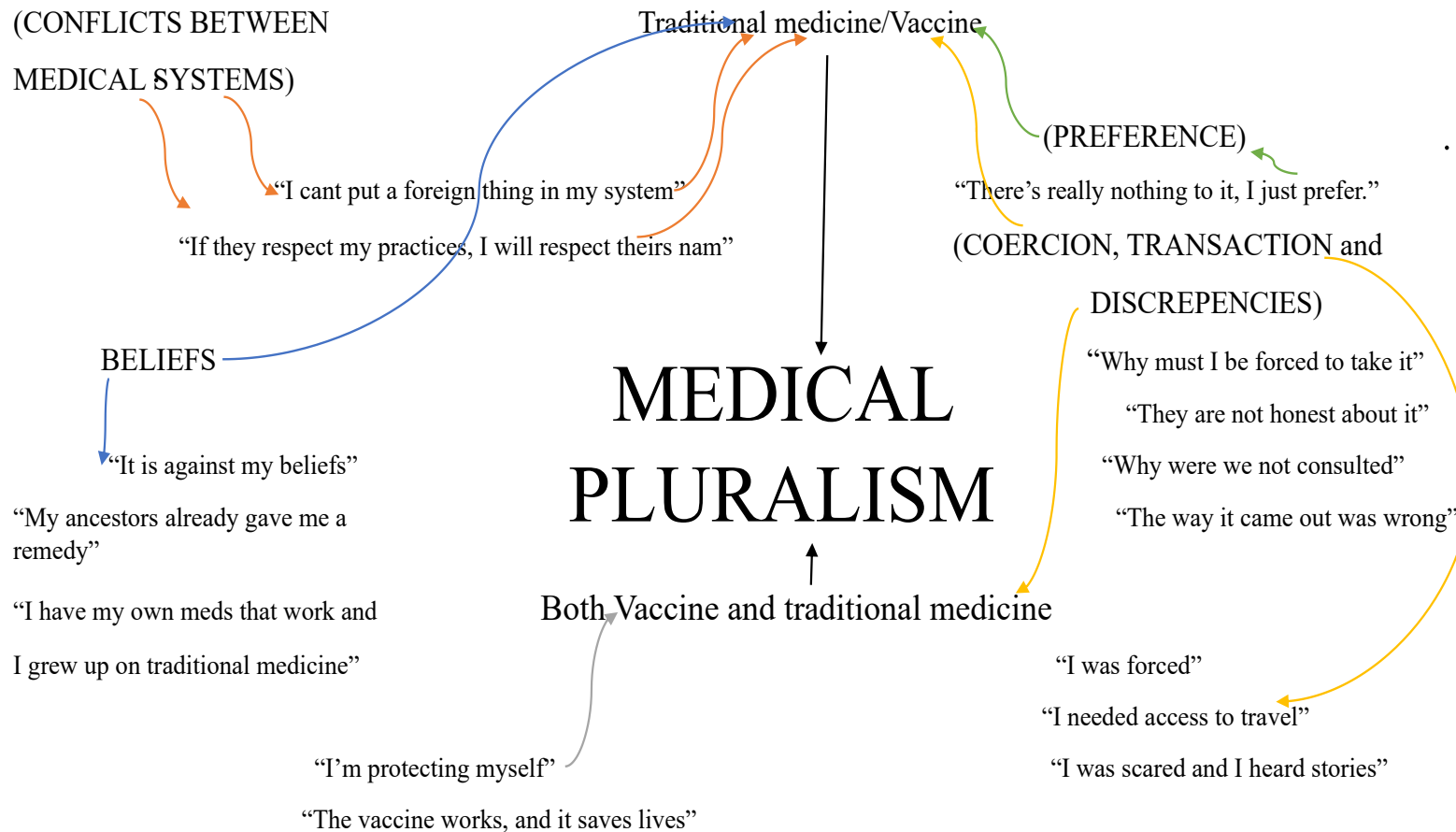


Figure 8: Conceptual links of study findings


7.2 Critical review of findings

Various patterns surfaced in collecting, transcribing, and analysing data from this study, forming themes. A total of three themes were prominent as a result of the participants' expressions and their engagement with the scope of this study. These three themes made up three study chapters and have been expatiated in-depth; this section of the chapter, therefore, sought to critique these themes and the findings that emerged from them further. These themes were identified and named:

- THPs' understanding of COVID-19 informing positions in the COVID-19 vaccination programme
- THPs' dispositions towards COVID-19 vaccination
- “One size does not fit all”: context-specific approaches in the decision-making of medical pluralism amongst THPs

7.2.1 THPs' understanding of COVID-19 informing positions in the COVID-19 vaccination programme

This chapter sought to build a contextualised foundation from which THP dispositions stemmed. THPs showed vividly how particular health-seeking behaviours emerge from how one understands illness. THPs expressed various ways COVID-19 is understood, leading to varying thoughts and feelings towards the vaccination programme and other precautionary measures implemented. This was corroborated by Olenja (2003), who expressed that the explanatory model of a particular illness comprises signs and symptoms by which the illness is recognised. From this premise, THPs had distinct ways in which COVID-19 was conceptualised. These specific views were characterised by THPs viewing COVID-19 as a disease that is outside of their scope of practice; some relied on existing multiple sources of information, there was a use of past experiences and patterns to understand COVID-19, the reliance on collective understanding, and some understood COVID-19 by relating it to their lived experiences.



Finding: THPs in Makhanda conveyed multiple understandings towards COVID-19. This understanding stemmed from numerous vantage points embedded in personal reflection and self-consideration. To a greater extent, some THPs relied on external sources to build an understanding, including social media, word of mouth and guidance from trusted ones. On a parallel position, some THPs made their understanding of the information disseminated through government public sources, where the establishment of COVID-19 was, based on how deadly it is.

Conclusion: In understanding illnesses amongst people of traditional orientation, it is of utmost significance to create preconceived conceits that generalise their understanding. Although some THPs extensively relied on their worldviews to create a perception of the disease, some showed a willingness to adopt biomedical information, which indicates an openness towards alternative medicine.

Recommendation: More research should be conducted to understand illness and disease from the THP's perspectives. This will aid in breaking stereotypes and generalisations on how THPs view health, which further perpetuates misinformation and loss of credibility in traditional practice.

7.2.2 THPs' dispositions towards COVID-19

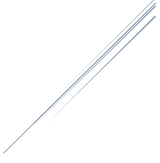
This chapter explored the thoughts, feelings, behaviours and expressions exerted towards COVID-19 vaccinations by THPs. These dispositions were founded on two distinct points that established a well-rounded understanding of how medical pluralism can be understood.

Finding: The theme depicted those decisions towards either the uptake or denial of the COVID-19 vaccination, on multiple occasions, were not only based on the belief that the vaccine has the potential to heal but also reflected on how the COVID-19 vaccination was offered to the public for use. Amongst vaccinated THPs, some held that the uptake of the COVID-19 vaccination was significantly associated with acknowledging that there is no other viable solution to ending COVID-19. This reflection was highly associated with COVID-19 being understood from two understandings of COVID-19, as highlighted above (see 7.2.2). One of the positions linked to this disposition was understanding COVID-19 as a disease that could not be expatriated from a traditional perspective. With the lack of knowledge bases from

a traditional perspective, there was a total reliance on COVID-19 vaccination. Through this expression, THPs could highlight that the openness of medical pluralism requires a level of accountability and acknowledging that to traditional medicine, some limitations and shortfalls need to be identified to view health holistically. Pool (1994) also asserts that a successful medical approach is highly dependent on mutual acknowledgement of the diverse views on health between medical systems, which can be attributed to taking accountability and being open to alternative care.

Conclusion: A different view from those above emerged when exploring the findings. Among THPs who were vaccinated, some feelings forced them to separate what they might have wished to use in response to COVID-19 from what they had to do use. This theme displayed the complex understanding of COVID-19 vaccinations amongst THPs. From a varying perspective, the regulations surrounding COVID-19 vaccination inhibited THPs from making well-informed decisions that reflected their health interests; however, they relied on the benefits of vaccinations. The rules around COVID-19 involved the requirement of a vaccination certificate to access public spaces, education and employment facilities, and full access to some leisure facilities. THPs characterise the implementation of mandating COVID-19 vaccination as coercion and an act of transaction that the general feeling is that the government did not allow THPs to explore all medical choices but were “forced” into what the government deemed as fit in the fight against COVID-19.

The dispositions of unvaccinated THPs also reflected a common understanding that despite the efficacy of the vaccination, there was no compelling reason to vaccinate. Some of these dispositions are characterised by the idea that vaccinations are ineffective, as reflected in their experiences. The reliance on the vaccine's effectiveness on others was integral to how the healers perceive it. This reflection generalised THPs despite the government emphasising that the vaccine affects individuals in multiple ways (The National Institute for Communicable Diseases, 2024). Viewing oneself from a general perspective has played an influential role in how health is perceived. From the reflection of those around one, one is prone to using those experiences to navigate one's health interests. This form of surrounding association was seen as some THP's element of influence in why they chose not to vaccinate. According to Latkin et al. (2022), social norms, modelling, and persuasion can contribute to health behaviour's adhesive social component. Crucially, he points out that people's reactions to immunisation programs are impacted not only by their attitudes but also by the attitudes and perceptions of



others in their social networks, particularly during unclear and possibly stressful situations. When a new, devastating, and terrible event like the COVID-19 epidemic strikes, people may look to their close friends and family for support and trustworthy counsel. THPs also expanded on the aspect of influence from a social media perspective. This followed a need to seek guidance from individuals of authority. Some THPs sought advice from their elders or THPs in leadership positions in their journey. Such expressions illuminate the trust established amongst THPs, who may be related by kinship or their practices.

Apart from external factors that played a role in the decision to uptake COVID-19 vaccinations, the safety of the vaccination was highly questioned. Said et al. (2021) expressed that Egyptian healthcare workers hesitated to uptake the COVID-19 vaccinations based on the uncertainty of the vaccine's safety. Among THPs who shared similar sentiments, these were associated with how social media and trusted sources portrayed the vaccination, including differentiating the COVID-19 vaccination from other biomedical responses to previous epidemics such as HIV/AIDS and Tuberculosis. The understanding is built on the idea that mandatory regulations make THPs question the real motive behind why people are forced to take the vaccination despite the herd immunisation reasoning. All the factors above were encapsulated in uncertainties experienced from a personal or a secondary perspective.

Recommendation: In attempts to build a holistic and all-rounded medical in South Africa, THPs and other alternative medical representations should be included. The action-based strategy to incorporate various other medical systems into the mainstream medical system creates an all-inclusive medical system that speaks to the narrative of representation. This notion is pivotal in the context of South Africa, given the pre-colonial injustices. By so doing, THPs will convey openness to all biomedical approaches based on the built rapport.

7.2.3 “One size does not fit all”: Context-specific approaches in the decision-making of medical pluralism amongst THPs

The application of COVID-19 understanding and dispositions towards COVID-19 vaccinations led to a theme extensively engaged with by THPs. This theme reflected multiple contexts where a phenomenon should be studied as a crucial element in answering the research problem. This is supported by the concessions of Beyers (2020), highlighting that medical pluralism as a practice and a concept can be examined and analysed from the perspective of healthcare providers, with a particular lens on Traditional healers. This assortment was further elaborated by indicating that studies embarked on in health behaviours from a traditional perspective are often from the larger community’s perspective, where less focus is directed to THPs.

Finding: The shared notion is around the ability to engage with available various medical systems from a position of understanding rather than coercion or manipulation. These dispositions were based on the mandatory regulations encompassing COVID-19 vaccinations in South Africa as a health tool widely used to reach mass immunity. In this state, the spread of the virus is lessened. Sharpley and Bank (2022) argue that the South African government, in response to COVID-19, prioritised adopting a Global North middle-class biomedical response model that was poorly adopted by a vast majority of the population groups in the country. This prioritisation, however, highlights what Sharpley and Bank (2022) regard as “purposefully overlooking the contradictions in its policies and challenges of such an implementation in a country such as South Africa.

Some dispositions associated with the loss of choice were linked to the idea of the South African Health system still being colonised or operating under pre-colonial regulations. These regulations were said to have been exposed during the pandemic, wherein the disregard for THPs and their practice was embedded in the scientific belief that traditional practice was “backward” (Benatar, 2001). The assertions of Gogo Mthombeni (see Chapter 6) connected to the broader understanding of the implications of a non-progressive medical system; this is despite the multiple measures undertaken by the government to incorporate THPs within the Department of Health through recognising and institutionalising the practice of traditional medicine and healing (Beyers, 2020). A statutory body was established in 2007 under the *Traditional Health Practitioners Act*, no. 22 of 2007, which regulates approximately 200,000-300,000 THPs (Mbatha et al., 2012). Wreford highlights the “non-progressive” attempt

towards creating a pluralistic health care system in South Africa expressed by Gogo Mthombeni, as he notes that *“post-apartheid, ministerial acknowledgement of traditional medicine and sanction for its practice has attracted publicity, but beyond these public expressions of support, how has the government dealt with traditional healing?”*

Conclusion: THPs base their understanding of medical pluralism through a multidimensional perspective. This has led to seeing and understanding medical pluralism from a contextualised stance. This is to have a broader outlook on other external factors contributing to how THPs view a pluralistic medical system. The conceits of colonialism inhibit some THPs from viewing the biomedical fraternity as a coworker, wherein the understanding of medical pluralism should be further explored beyond exploring dispositions of THPs towards COVID-19 vaccinations. Amongst some THPs, engagement in biomedical approaches is practised and openly acknowledged. This resulted in noting that medical pluralism can be prevalent in a traditional society; however, extraordinary measures are undertaken to debunk some societal perspectives.

Recommendation: there is a need for government and health fraternities to engage the larger population in education programmes. The disregard and oblivious perspectives of the government to assume that the medical system will “naturally” or “inherently” evolve into a holistic and pluralistic state act as a barrier to the health progress of its country. Therefore, government-based outreaches should be implemented to meet the society and communities of THPs while attempting to build and readdress some of the unpleasant dispositions held amongst THPs.

7.3 Ensuring Trustworthiness: Reflexivity

According to Francisco et al. (2022), reflexivity is a collection of ongoing, multidimensional, cooperative behaviours researchers use to critically analyse, assess, and judge how their subjectivity and environment affect their research procedures. Reflexivity is a means of appreciating and embracing the subjectivity of researchers in a study. In this qualitative study, reflexivity was capitalised on throughout the study during conceptualisation, fieldwork and data analysis. A researcher did this to neutralise the impact of subjectivity in a study (Gentles et al., 2014). In a study of this nature, where the application of one’s knowledge and understanding of the phenomena may be overextended to the participants, the principles of

reflexivity had to be upheld to safeguard against over-applying aspects of oneself to the proceedings of the research.

7.3.1 Credibility

Credibility is set to establish confidence that the findings from the participants' perspectives are valid, credible, and believable (Jones et al., 2012). Credibility is based on the truth value wherein the fundamental question is “How congruent are the findings with the data?” this line of questioning seeks to illuminate the importance of understanding how the study findings relate to one another (Norman, 2018). My assigned supervisor continuously reviewed the work, from conceptualisation through data collection to data analysis, to ensure credibility. In addition, a non-probability sampling method was employed and interviewed on their dispositions towards COVID-19 vaccinations. I also used the following measures to establish credibility:

Prolonged engagement

Before the interview, I ensured that my first visit was informal to create an environment of familiarity. This environment allowed the participants to understand the phenomenon studied, gain trust, and build comfort to inhibit the chances of not truthfully expressing themselves.

Peer debriefing

Discussions of the research with peers were engaged. These discussions aided the study's conceptualisation, research process, and analysis.

7.3.2 Transferability

Darawsheh (2014) notes that transferability in qualitative research assesses the extent to which the findings can be applied in other contexts, occurrences, and settings. This approach involves providing a thick description, which consists of giving sufficient details of the research site, participants, and methods employed in collecting and generating data during the study, all of which were considered and fulfilled in this study (Patton, 2015). The dependability of this

research study is essential to demonstrate the consistency and reliability of the study's findings. This approach provides a clear description of the data collection and analysis method, coherent compatibility between the data and emerging themes, and a clear link between the findings and conclusions (Patton, 2002). The considerations above were considered to broaden the study's scope so that this study may be applied in an additional site or context; this, however, can be determined by a researcher willing to embark on the research endeavours related to this study by whom transferability can be ascertained.

7.3.3 Dependability

This perspective of reflexivity, as offered by Lincoln and Guba (1985), reflects on trust. It is noted that there are various ways to gain and maintain trust through research practices that feel trustworthy when executed. One method to ensure trust is peer review or allowing another researcher to review and critique the research proceedings from conceptualisation to data analysis. This can be achieved through reviewing field notes. Although member check was not performed, peer scrutiny was conducted as the study was supervised. This allowed for a continuous analysis of the research, and the scrutiny aided in ensuring dependability. This helped me ensure that the reported data reflected a clear separation between what can be assured as fact and my interpretive comments about the data. Although complete detachment from this study was almost unavoidable, I ensured that I monitored the influence of my values and expressed passions as this study exposed me to some of the life journeys of THPs, who have various experiences that may ignite different emotions and desires.

7.3.4 Confirmability

According to Kumar (2011, p.185), confirmability can be defined as “the degree to which the results could be confirmed or corroborated by others”. One tactic qualitative researchers employ to improve confirmability is "member checking" (Bailey 2007, p.184). As previously said, this study was under an assigned supervisor who is a subject matter expert. The study was carefully examined, and my methods, interpretations, and conclusions were reviewed to determine whether they supported my findings. Since every interview in this study was audio recorded and transcribed, the recordings were reviewed to verify their accuracy by comparing them to the texts. My supervisor also closely examined my data analysis. The participants could

not review the work as this study is for a master's degree. Therefore, the time frame did not allow for this step. However, before the dissemination of this study, a copy of the pre-published research will be given to the participants to verify if their views were accurately represented.

7.4 Specific study recommendations

7.4.1 Action Strategies for Building a holistic and inclusive health system

As expressed continuously by participants and emphasised through literature, there is a need to involve THPs in conversations about effectively responding to medical ailments in South Africa. This can be achieved by inviting the head of Traditional Healers forums or applying the national board of THPs with various biomedical authorities through constant engagements that enable them to share health perspectives and how to mitigate them best effectively. In a context such as COVID-19, where THPs expressed with deep insight concerns of traditional medical practice being sidelined and disregarded, there is a need for the government to prioritise effective outreach programmes that are aimed at recognising and disseminating information on conventional medicine and its practice. To a greater extent, these education programmes could be structured to educate the larger community on medical pluralism and its benefits in attaining quality health care.

7.4.2 Clear information distribution amongst various communities in South Africa

From this research, dispositions of THPs towards COVID-19 vaccinations were based on multiple information that created mistrust and uncertainties in the credibility of the vaccination. The importance of gaining community trust is not to project biomedicine towards people. However, it affords them credible information from which healthcare choices can be informed. This form of intervention creates a health system that is presented as trustworthy and vastly equipped. The lack of credible information led participants to consider alternative medical approaches based on insufficient data. This can help THPs navigate misconceptions and theories through social media, alienating traditional healers from biomedical approaches.

7.4.3 Support Provision for THP Practice

Upon reflection of THPs, concerns were raised as associated with the disregard experienced by biomedical practitioners. THPs attribute this to the lack of support from the government, which perpetuates the attitudes exerted towards them. The need for mobile housing, recognition and subsistence has been highlighted. It was said that it could also help improve the livelihoods of THPs as they are not “regulated” as biomedical practitioners are, further highlighting the prioritised cohort. Investing in traditional medicine is paramount, especially in a pluralistic health system. Government support towards traditional medicine is indirectly a public statement that the practice is legit and should be trusted.

7.5 Concluding sentiments

This study aimed to explore the dispositions of THPs towards COVID-19 vaccinations in the quest to gain a traditional perspective and understanding of the practice of medical pluralism. It aimed at increasing the knowledge compass of medical pluralism by exploring what is considered health-seeking amongst a population group that is highly influenced and deeply rooted in traditional beliefs and distinct worldviews. By so doing, the knowledge gained would help better understand the extremities at which medical pluralism can be understood and openly practised in a traditional community or amongst THPs.

This study displays that illness understanding is integral to health-seeking behaviours. In cases where THPs viewed COVID-19 as a deadly virus, COVID-19 vaccinations were considered; however, when COVID-19 was seen as a disease that is not deadly, the vaccine efficacy was questioned and, in some instances, not thought. This perspective makes one question if the government has become less involved in educating and enriching the community with health education. This line of questioning is posed from the expressed dispositions of THPs who feel as though COVID-19 was tackled differently from previous epidemics where the references were HIV/AIDS and Tuberculosis. This is so due to the realisation that THPs are more open to HIV/AIDS and Tuberculosis treatments than they are to COVID-19 vaccinations.

Although COVID-19 vaccinations are considered and administered amongst THPs, the revelations and complexities displayed about how biomedical approaches are seen amongst the participants showed the need for government intervention to ensure that all population groups are represented and included in the central medical system. Representation is the fundamental component of a pluralistic health system. Therefore, such measures must be taken to afford people a well-rounded medical system despite their positioning in society and the medical system they subscribe to.

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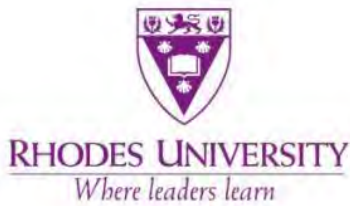
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Appendix One: Ethics Approval



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Lebogang Mothapo

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Review Reference: 2023-5885-7357

Dear Lebogang Mothapo,

Title: Medical pluralism amongst Makhanda Traditional Health Practitioners: exploring dispositions to Covid-19 vaccination

Researcher: Lebogang Mothapo

Supervisor: Dr Gabriel Darong.

This letter confirms that the above research proposal has been reviewed and **APPROVED** by the Rhodes University Human Research Ethics Committee (RU-HREC). Your Approval number is: 2023-5885-7357

Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying you when the annual report is due.

Please ensure that the ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloguing number allocated.

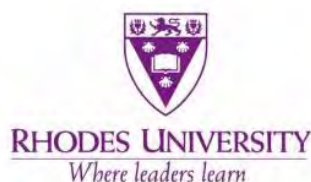
Sincerely,

Dr Janet Hayward

Chair: Rhodes University Human Research Ethics Committee, RU-HREC

cc: Ethics Coordinator

Appendix Two: Invitation Letter



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Selwyn Castle, Prince Alfred St, Makhanda,
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TO WHOM IT MAY CONCERN

RE: LETTER OF INVITATION TO PARTICIPATE IN RESEARCH

This letter serves as an invitation to participate in a research project titled: Medical pluralism amongst Makhanda Traditional Health Practitioners: exploring dispositions to Covid-19 vaccinations. This research is part of a Masters programme by Mothapo Lebogang of Rhodes University in the Department of Anthropology.

The research has specific intended outcomes. The specific intended outcomes are:

- a. To explore the views of traditional health practitioners in Makhanda on Covid-19 vaccinations
 - b. To understand the motivational factors that contribute to the uptake of Covid-19 vaccinations amongst traditional health practitioners in Makhanda
 - c. To explore factors that deter traditional health practitioners in Makhanda from taking Covid-19 vaccinations
 - d. To explore how the dispositions of traditional health practitioners in Makhanda to take or to refuse Covid-19 vaccinations can contribute or limit collaborative healthcare provision
2. Rhodes University has given ethical clearance to this research project (2023-5885-7357), and you may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za).
3. By participating in this research project, you will be contributing to the study of medical pluralism in Makhanda that seeks to enlighten and educate on the benefits and the advantages of a collaborative healthcare systems that allows for the free usage of any form of health care system outside of the mainstream biomedical system.



4. You will participate in the project by being visited by the researcher who is a masters student on multiple occasions, each lasting for about 30 minutes, during which you will share your knowledge about your dispositions to covid-19 vaccination with the researcher. The specific areas of knowledge to be explored by researcher are:

- a. The motivational factors to uptake the covid-19 vaccination (if taken)
- b. The motivational factors to the refusal of Covid-19 vaccinations(If not taken)
- c. The key traditional practices explored and used (if any)
- d. The key religious practices explored and used (if any)
- e. How the dispositions of the participant to take or refuse the Covid-19 vaccination contributes or limit the progression of collaborative healthcare provision

5. Your participation is entirely voluntary, and should you at any stage wish to withdraw from participating further, you may do so without any negative consequences.


6. The Researcher intends to publish the research results in the form of a masters thesis, Journal articles and through conference presentations. However, confidentiality and anonymity of records will be maintained, and your name and identity will not be revealed to anyone who has not been involved in conducting the research unless you indicate to the contrary/recognise that as a public figure, your identity will inevitably be/become known, in which case you agree to and accept the loss of confidentiality.

7. In terms of the Protection of Personal Information Act (No. 4, 2013), it remains your right to request the researcher to provide you with a detailed explanation of exactly how confidentiality and anonymity will be achieved. You may request to know how your personal information will be stored securely and for how long it will be stored. The information you share will be stored in a cloud-based password-protected folder, which will only be accessible to the researcher and the researcher's supervisor.

8. By consenting to participate you also consent that any data collected from you for this research project is to be used by the researcher for any further project.

9. In terms of the Protection of Personal Information Act, you possess the right to receive feedback about this research. This will take the form of written manuscripts before submission for publication for my input and the published articles, unless you elect not to receive feedback.

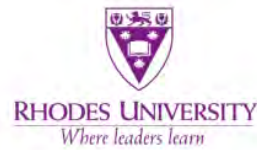
10. Any further questions that you might have regarding the research, or your participation will be answered by Miss Mothepo Lebogang (lebogangmothapo10@gmail.com)

- 
11. No photographs and/or videos of you will be taken for this research project.
 12. Voice record of your comments and opinions during interviews will be made through a cellphone recording app. All discussions will be recorded using a cellphone recorder and handnotes by the researcher during the visit. You have the right to request a copy of the notes to confirm that your opinions are accurately recorded.

Yours Sincerely,

Miss Mothapo Lebogang,
Masters student, Anthropology
Rhodes University
06 February 2023.

Appendix Three: Participant Informed Consent Declaration



PARTICIPANT INFORMED CONSENT DECLARATION

(To be signed by research participant/s)

Project Title: ***Medical Pluralism amongst Makhanda Traditional Health Practitioners:
Exploring dispositions to Covid-19 Vaccinations***

Mothapo Lebogang from the Department of Anthropology Rhodes University has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to understand the disposition of traditional health practitioners in Makhanda towards Covid-19 vaccinations. This will help us understand how their disposition can contribute towards either a negative or positive implication on the progression of the practice of medical pluralism.
2. Rhodes University has given ethical clearance to this research project, and I have seen/may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za)
3. By participating in this research project, I will be contributing towards the understanding and practice of various healthcare-seeking behaviors, including medical pluralism. I will be playing a key role in contributing to collaboration amongst the country's multiple health systems and practices. With the relevant understanding of the attitudes or temperaments exerted towards vaccinations by traditional healers, we can derive the type of implications they hold towards collaborative approaches in the understanding of COVID-19 and the administration of different treatment options, vaccinations as well as traditional medicinal remedies.
4. I will participate in the project by engaging in in-depth interviews about the dispositions that they have towards the uptake or denial of the Covid-19 vaccination.
5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
6. I will not be compensated for participating in the research, but my out-of-pocket expenses will be reimbursed however I **agree or disagree** to participate and not have a claim of lost income (or potential lost income)

Rhodes University, Research Office, Ethical Review
Ethics Coordinator: ethics-committee@ru.ac.za
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Room 204, Main Admin Building, Drosty Road, Grahamstown, 6139



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7. There will be no potential claims for the time spent on the interview.
8. The following risks are associated with my participation: there are no risks in regards with the participation of the participant.
9. The Researcher intends to publish the research results in the form of a Master thesis, conference presentations and journal article. However, confidentiality and anonymity of records will be maintained, and my name and identity will not be revealed to anyone who has not been involved in the conducting of the research, **unless I indicate to the contrary/recognize that as a public figure my identity will inevitably be/become known, in which case I agree to accept the loss of anonymity.**
10. In terms of the Protection of Personal Information Act (No. 4 of 2013) it remains my right to request the Researcher to provide me with a detailed explanation of exactly how confidentiality and anonymity of the data I provide will be achieved. I may also request to know exactly how my personal information will be stored securely, for how long it will be stored.
11. If any data collected from me for this research project is to be used by the Researcher for any further study, I consent that the collected data may be reused again
12. In terms of the POPI Act, I possess the right to receive feedback about this research. This will take the form of electronic communication. However, before analysis, participants will be provided with the interview transcripts for verification that their views have been correctly captured unless **I elect not to receive this feedback.**
13. Any further questions that I might have regarding the nature of the research and/or my participation in it will be answered by Mothapo Lebogang (g22m6579@campus.ru.ac.za)
14. By signing this informed consent declaration, I am not waiving any legal claims, rights, or remedies. A copy of this informed consent declaration will be given to me, and the original will be kept on record by the Researcher.
15. I **agree/disagree** to the Researcher's use of voice recording of my comments and opinions during interviews, the purpose of which is to ensure the accurate recording of my views/responses. Furthermore, I have the right to request a copy of the interview transcripts to confirm that my opinions are accurately recorded

I,, have read the above information / confirm that the above information has been explained to me in a language that I understand, and I am aware of this document's contents. I have asked all questions that I wished to ask, and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

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I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

.....
Participants signature

.....
Witness

.....
Date

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Appendix Four: Interview Guide

1. How do traditional healers' forums get involved in the discussion on vaccinations?
2. How have their (THP) practices shifted as a result of COVID-19 and vaccinations?
3. What are the views of traditional healers in Makhanda on COVID-19 vaccinations?
4. What are the motivational factors that contribute to the uptake of COVID-19 vaccinations amongst traditional healers in Makhanda?
5. What are the factors that deter traditional healers in Makhanda from taking COVID-19 vaccinations?
6. How does the dispositions of traditional healers in Makhanda to take or deny COVID-19 vaccinations contribute to or limit collaborative healthcare provision?
7. How does one apply themselves in a biomedical system
8. How does the traditional background affect how one perceives COVID-19 vaccinations