

**INCORPORATING INDIGENOUS KNOWLEDGE IN THE TEACHING OF
ISIXHOSA TO PHARMACY STUDENTS AT RHODES UNIVERSITY**

THESIS

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BY

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DECLARATION

I the undersigned, hereby declare that this thesis is my own original work and has not, in its entirety or part, been submitted at any university for a degree.

SIGNED _____

DATE _____

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ABSTRACT

Traditional healing is one of the most trusted methods of healing in South Africa, especially in rural areas, where health-care infrastructure is inadequate. People have depended on this method of healing since time immemorial. That belief has been strengthened by the fact that this method keeps people in touch with their ancestors. Traditional healers are trusted and believed to be the link between people and their ancestors. The Dwesa community is amongst the areas that still have strong belief in traditional healing.

Traditional healers have a variety of methods of healing that they use, these methods have been trusted for people of all age groups. These methods are *ukugabha*, *ukufutha* and *ukucima*. Traditional healers prescribe them for both major and minor illnesses. They are believed to play a role in cleansing people from inside and outside. These methods together with other methods that are used in traditional healing are being explored in this study. This exploration is based on the fact that this information will be integrated into the teaching of isiXhosa to Pharmacy students at Rhodes University. This is an initiative to create awareness amongst health-care practitioners about traditional healing methods, so that they can caution and advise their patients about medicine taking behaviours, also to make them approach the subject in a sensitive manner.

An isiXhosa course has been taught to Pharmacy students, as a pilot in 2007 and as an elective in 2008 onwards. This course deals with cultural issues in a broad manner, the issue of traditional healing specifically, and these methods of healing are outlined in the course, such that students have an understanding first of what a traditional healer is and their role in providing health-care services.

Chapter 1

Research Introduction

Chapter One introduces the thesis. The context of the research is outlined and explained in order to provide a broad background of the study. Aims and objectives of the study are also outlined together with the research questions. The methodology employed to investigate issues around traditional healing is explained. The theoretical framework of the thesis is outlined. The qualitative research methodology as well as the ethnographic research approach is discussed in detail.

Keywords: Traditional healers/healing, Pharmacy, *ukugabha*, *ukufutha* and *ukucima*

1. 1. Introduction

A number of communities in South Africa have for centuries relied on traditional medicine dispensed by traditional healers, for all aspects of their primary health-care. It is estimated that between 12 and 15 million South Africans still use traditional remedies from indigenous plant species (Meyer and Afolayan 1995: 109). Amongst amaXhosa traditional medicine is dispensed by traditional healers, *amaxhwele* (healers), *amagqirha* (diviners), can also dispense medicine, but in most cases igqirha can also dispense medicine. With the advent of the colonizers, a western-oriented way of healing was introduced. Little room was left for this traditional medicine as a primary source of healing among certain groups of people in South Africa, though today many people make use of traditional medicines, both in urban and rural areas. These are used before or after consulting with doctors, clinics, chemists or hospitals. Individuals often end up taking medicines from both traditional healers and doctors concurrently (Mander 1997: 45). As a result, these forms of healing can conflict with each other. For example, it would be dangerous for a person suffering from diarrhoea to purge (*ukugabha*) as they would become even more dehydrated.

This study provides a detailed discussion about traditional healing, but mostly the three common methods *ukugabha*, *ukufutha* and *ukucima*. In this introduction a brief background of traditional healing will be provided with details on these three methods of healing. A brief discussion on teaching isiXhosa to Pharmacy students will also be outlined as a way of providing a few details about the intellectualisation of African languages, particularly isiXhosa in this context. Focus of the research will also be discussed, by also looking at the research problem and motivation. Aims and objectives will also be outlined and finally the structure of the thesis will be given.

Research questions and objectives of the research were informed by and structured around intellectualisation of African languages theory. This theory is of the belief that the use of African languages in certain domains that are regarded as powerful ones like institutions of higher learning is important. It will allow people, for example academics and researchers in the context of health-care practitioners an opportunity to explore critical issues around African languages and culture. In this study this theory will help tease out an outlined overview of the teaching of isiXhosa and culture to 4th year Pharmacy students at Rhodes University.

This chapter also gives a general overview of methods and approaches used in the research that I have conducted. Methodological approaches that have been chosen will also be explained in order to bring to the fore the central questions concerning the manner in which amaXhosa people believe,

understand and interpret their traditional practices, specifically those related to healing. As pointed out earlier, the research was carried out in order to inform the teaching of isiXhosa language and culture to Pharmacy 4th year students at Rhodes University. The SANTED programme in which I work aims to promote multilingualism in tertiary institutions. It has also been tasked with assisting with implementing the language policy of Rhodes University. One of the goals of this policy is to teach isiXhosa across faculties.

1. 2. Overview

This is an initiative to create an inclusive environment amongst people of different cultures in the institution. The Pharmacy Department has been selected, because its 4th year students visit the Grahamstown amaXhosa community to conduct health-care based interviews and dispense medication. This is part of their Community Experience Programme (CEP), intended to acquire information about the patients' medical and social history. The course focuses on communication skills required in taking social and medical history, documenting certain chronic conditions, dispensing medication, and it also aims to provide the relevant cultural material for students. Reports from staff in the CEP indicate that communication becomes difficult during interviews, as most students do not speak isiXhosa and are not aware of critical cultural aspects amongst amaXhosa people. As a result, 4th year Pharmacy students are being taught basic medical isiXhosa, in preparation for their community interviews and also to equip them for future purposes. This study aims to obtain in-depth information about the three common forms of healing amongst amaXhosa, namely: *ukugabha* (purging or self induced vomiting), *ukufutha* (steam treatment) and *ukucima* (enema) to inform teaching of isiXhosa to Pharmacy students. This information will bring forth knowledge about amaXhosa culture to inform the teaching of isiXhosa, to create awareness about some of the crucial cultural issues amongst amaXhosa. It is important for students working with communities in the region to understand the language. That would help students understand the language and culture of their clients. That would to an extent help bridge the gap between the two parties.

It is important for students to speak the language of their clients, all languages are attached to their cultures. All cultures are attached to a language spoken by a particular cultural group. Any cultural group believes in a few things that distinguish it from other cultures. African cultures in general believe in traditional healing, even though communities speak different languages. Providing health-care services can be a challenge, because in most cases people providing this service speak a different language from that of their clients. This is why it is important that when health-care practitioners learn about the culture of their clients, they also learn to speak the language of their

clients. Learning to speak the language of clients and about their culture, would help health-care practitioners (HCP's) understand ways of dealing with their clients better i.e. with sensitivity.

Data collected about these three forms of healing is going to be integrated into the isiXhosa Pharmacy course. The course was offered last year to 3rd year Pharmacy as a pilot project and was offered again this year as a credit bearing course. It is aimed at equipping students with communication skills and understanding of culture at the same time. Language structure and grammar is taught, but not in a very intense manner. The course is designed and developed in such a way that the culture is not taught on its own, but in a way that will assist students to grasp language and culture based on important aspects of healing in general. For example, a traditional way of preparing food amongst amaXhosa is also brought to the fore as it informs the medicine taking behaviours of clients. The three methods of healing (*ukugabha*, *ukufutha* and *ukucima*) will also be integrated into the course in a manner that will create awareness amongst students. The type of knowledge that the students have and will acquire from this course, will not only help improve their work as students, it will improve their practices even when working as professionals. Given an opportunity this knowledge would spill over to other health-care professions and institutions of higher education. The data collected and integrated into the course will also reveal important things about traditional healing beliefs in general and provide a brief overview of the role of traditional healers.

1. 3. Traditional healers in amaXhosa culture

AmaXhosa, like all African cultures, believe strongly in ancestors, they also revere and look up to them for relief when illnesses or social disorders occur. They are believed to play a big role in each and everyone's life. *Amagqirha* amongst amaXhosa are seen as important figures in that they are perceived to have the power to communicate with the ancestors. AmaXhosa believe that an illness is often inflicted by someone through evil spirits, or the ancestors are angry towards the individual because he/she has done wrong. The role of a traditional healer then is to diagnose the illness through providing answers on how it has originated, and who or what caused it (Hirst 1990: 53). After diagnosis has been made, medicine will be dispensed, often made from roots and leaves of special plants which are crushed and mixed with water. These medicines are aimed at ejecting the illness so that the individual can heal. Dried leaves are also used as incense, especially if an evil spirit is suspected. In amaXhosa culture the three common forms of treatment mentioned above are forms of treatment that health-care practitioners need to be aware of, and they need to understand their importance amongst amaXhosa and also be able to question their patients about these during consultation (du Pisani 1998: 15, Ngubane 1977: 28).

Although many rural communities now have access to clinics, hospitals and other health-care facilities that dispense western medicine, there still is, to a large extent, belief in medicine made from traditional herbs, which is also motivated by the fact that, in most cases patients share a similar cultural background and language with traditional healers. In contrast, health-care practitioners in most formal health-care facilities lack the understanding of the languages and culture of Black people who constitute 80% of South Africa's population. In amaXhosa culture there are different types of *amagqirha*. Diviners are believed to possess hidden knowledge, whilst certain traditional healers use traditional medicine to heal their patients. Both types of healers are knowledgeable of the three forms of healing. They are the primary forms of healing that are recommended to be used by individuals from all age groups.

Elderly people from certain communities sometimes fear healing from western practices, because some of them are not familiar with it and they have confidence in traditional healing and ancestors. Another factor contributing to the rejection of western medicine is that health-care facilities are not within easy reach because in some instances they are centrally located. It then becomes difficult for some individuals to reach them, especially elderly people. They also operate on specific times, whereas traditional healers can be consulted at any time. As a result a community retains familiarity with traditional healing practices. This practice is provided by familiar people who speak their own language (isiXhosa). In clinics/hospitals medicine dispensation in most cases is between two people who do not share the same language or background. This can create confusion due to the language and knowledge differences especially if there is no interpreter available (Crawford 1999: 37).

In the context indicated above one can then deduce that health-care practitioners in formal facilities, especially those dispensing medicines, are not aware of the cultural practices of the majority of the people for whom they are providing services. There is no doubt that the primary traditional ways of treatment, as prescribed by traditional healers, can have healing effects. However in the era of globalisation and modern technology, these forms of treatment should be brought to the fore and knowledge about them should be made accessible to western medicine health-care practitioners. In this way, health-care practitioners will be able to advise patients objectively on those traditional treatments that can affect the western medicine-taking behaviour of their patients. The dissemination of this crucial information will also play a role in intellectualising African languages and culture, in the context of this research, isiXhosa.

1. 4. Research site

Research was conducted in Dwesa, a rural area in the Transkei region of the Eastern Cape. Dwesa is

situated along the coast, and it is made up of a number of sub-villages. The study is conducted particularly at Mpume, one of the sub-villages in Dwesa. During my research I went up to the village for one week every month. I conducted a preliminary study in the area in 2007. Preliminary findings revealed that most individuals in Dwesa believe strongly in traditional healing and medicine. As a result they have vast knowledge about traditional healing and traditional medicine. The community is very much aware of the three methods of healing, different illnesses they are mainly used for and how they are prepared and used. They also know how they are prescribed for people from different age groups. The community at large knows different types of traditional healers; they are well respected and viewed as influential members of the community.

Dwesa is a marginalised community with very few health-care facilities. In my observation, traditional healers get consulted by individuals before or after visiting any health-care facility. This will be explored further in chapter Three. The community is familiar with traditional healers, because they share the same language and cultural background. The area is rich in natural vegetation, as a result traditional healers are able to access traditional medicine, and some even have smaller gardens where they grow traditional medicinal plants. However, there are areas which they are not allowed to enter, because the area is part of a nature reserve.

Whilst Dwesa was historically administered separately as part of the Willowvale district, since the passing of the Local Government: Municipal Demarcation Act (Act No. 27 of 1998) and the Local Government: Municipal Structures Act (Act No 117 of 1998), this area falls under the administration of the Mbashe Municipality based in Dutywa. The Mbashe Municipality in turn falls within the jurisdiction of the Amatole District Municipality situated in East London. The closest town to Dwesa is Willowvale and Dutywa 50 and 75 km inland respectively (Timmermans 2004: 19).

As mentioned above, Dwesa is a community made up of different villages. Together they comprise approximately 2 270 households, accommodating 14 700 people (Department of Land Affairs, 1998a). The people that live in these villages share the same language (isiXhosa), and are referred to generally as Cape Nguni (Sansom 1974: 136). Ethnically, the villages to the north-east of the Mbashe River comprise mostly *amaBomvana* groups, while those to the south-west comprise a mix of *amaMfengu* and *amaGcaleka* groups (Fay *et al.*, 2002 from Timmermans 2004: 20). All these groups are subgroups of amaXhosa, and they share the same traditional beliefs. This area is a typically marginalised area, with limited education facilities, trading stores and health-care facilities. This is partly due to access problems as roads linking the area to the interior are gravel and get muddy when it rains. The lack of development is also an outcome of the region's particular

history as a black homeland and labour reserve. This part of the coastline is largely undeveloped; however it is very rich in natural vegetation (Timmermans 2004: 20).

This area has been used for wide-ranging ethnographic research for the past years. For example even currently there is a project running whereby a number of researchers from two institutions conduct research. People from Dwesa are traditionally subsistence farmers who depend on the land for their income. The region features a nature reserve that is situated along the coast. This was one of the revolutionary restitution projects in the early days of post-apartheid South Africa. It is officially owned by the community, although it is managed by the South African National Parks Conservation Board employees. The nature reserve contains very dense forests with natural vegetation. The natural vegetation helps the community get natural herbs for healing and for food. The region has a high potential for both eco and cultural tourism due to its cultural heritage and the marine conservation project undertaken at the nature reserve (Palmer, Timmermans and Fay 2002: 334).

In a number of ways, Dwesa is a representative of many rural realities of South Africa. According to a report by Statistics South Africa, the district of Willowvale is amongst the poorest districts in the country (Stats SA 2000: 107 from Timmermans 2002: 89). In 2000, monthly expenditure among households in Willowvale was estimated at R792 per month. A more localised study conducted by the Agriculture and Rural Development Research Institute (ARDRI) (2001: 116), found that 91% of households in rural Willowvale had incomes below a poverty line set at R533.01 per adult equivalent per month. Between 70% and 77% of the households were classified as 'ultra-poor'.

It has a high lack of infrastructure in terms of roads, electricity, sanitation and lack of services at large. Electricity is found only in schools and clinics, homesteads do not have electricity. As a result cell-phone batteries get recharged in schools or clinics (Human Sciences Research Council 2005: 73). These are not the only problems Dwesa is presented with. The area has a high unemployment rate. It is further characterised by high levels of temporary urban migration, and reliance on remittances and state welfare grants. Despite the absence of many adults, the majority of households continue to pursue an agrarian orientated lifestyle based on livestock husbandry, cropping and the use of 'wild' natural resources (ARDRI, 2001: 116). Most people are uneducated, as it sometimes becomes difficult to finish even primary school. Individuals who managed to finish secondary education in most cases would not have enough money to go further with their studies. Elderly people from the community own small businesses of arts and crafts making (Mapi 2006: 4).

Despite all the challenges Dwesa communities are faced with, Transkei is an example of a site of

preservation of the traditional culture of amaXhosa people. For this reason, Dwesa has got a number of traditional healers and diviners and their practices are still held sacred amongst the community. The rural nature of the area makes people rely even more on healing provided by traditional healers. Traditional healers get their medicines from the forests around Dwesa; they also plough the soil and plant the most used medicines in small gardens, so as to make it easy for their patients.

1.5. Health-care challenges in Dwesa

According to McNamara (2003: 54), the health challenges that rural communities are often presented with include unsafe and unsanitary living conditions, limited access to safe water and disposal facilities, and unhealthy diets, especially for children. They are also faced with a variety of environmental hazards such as household smoke from cooking fuels and old stoves. Furthermore, wide-spread and persistent diseases including malaria and tuberculosis have deepened for individuals and communities; with the HIV/AIDS crisis. With all that happening in rural areas, the medical and social nets of developing countries are also weak, hampering the ability of rural communities to preserve good health and treat illnesses accordingly (McNamara 2003: 54). As a result in most cases rural communities become solely dependent on traditional healers and medicines.

Dwesa is amongst the areas that have few health facilities, for example around the area of Mpume and Ntubeni and the neighbouring villages there is only one clinic, situated at Mpume. However this clinic is vastly under resourced, both in terms of staff and medicines (Kralo 1997: 106; van Harmelen 1997: 152). Another clinic is situated at Nqabara. This one provides services to the Nqabara residents and all the neighbouring villages. The closest hospitals are at Willowvale (50 km away) and Madwaleni (35 km away) respectively, and ambulance services do not always exist. In most cases transport is not readily available for individuals to travel to these health-care centres. As a result, in some instances people travel long distances to access health-care facilities. Consultation costs at Madwaleni, costing approximately R80, R50 and R5. The poor health infrastructure in the study area means that there is virtually no health-care in the study area. Home visits and school campaigns concerning diseases such as polio, tuberculosis and HIV/AIDS are non-existent. As a result, many people still rely on indigenous knowledge and traditional healers as their primary means of health-care (Timmermans 2004: 67).

1. 6. Identifying respondents

Selecting a sample and identifying respondents is not determined by hard and fast rules, but by

other factors such as the depth and duration of the interview and what is feasible for a single interviewer. Large qualitative studies do not often interview more than 50 or 60 people; however there can be exceptions (Holland *et. al.* 1990: 336). In the case of this study selecting a sample was determined by the depth of the subject. Respondents might have different opinions and beliefs about traditional healing altogether. That has created an opportunity to obtain a diverse group and access broad data.

A sample of respondents who are knowledgeable about traditional healing have been selected from the population. These respondents include the following: traditional healers from the Dwesa village where there are many traditional healers, individuals who claim to consult traditional healers and live with them in the village, individuals who claim not to consult traditional healers (it would seem that there are far fewer people who do not consult traditional healers), and individuals who claim to consult both traditional healers and western-trained healers. This has helped provide balanced evidence about medicine-taking behaviours of individuals who claim to consult both practitioners. 4th year Pharmacy students at Rhodes have also been interviewed. These interviews were more standardised, even though open-ended, they were meant for students to answer in an open-ended manner, even though questions were the same. Furthermore, 2 nurses from the nearby clinics have been interviewed. There are a limited number of nurses in Dwesa due to the small number of clinics. Interviewing nurses has allowed an opportunity to obtain an insight from people who share an understanding of both practices. Since they share the background and profession of both the world of traditional healers and that of the pharmacists, they were important research subjects as evidenced in chapter three of this research.

1. 7. Teaching isiXhosa to Pharmacy students

This study has been conducted to obtain in-depth information about the three well-established purgative methods of healing outlined above. In amaXhosa culture it is believed that an illness gets inflicted on an individual through witchcraft or evil spirits. In order for the individual to heal, the three methods of healing have to be used in order to eject and heal the illness. The Dwesa village has approximately 15 000 people, residing in about 2000 households (Palmer, Timmermans and Fay 2002: 35). The majority of individuals in this area still believe in Indigenous Knowledge (IK) and traditional healing.

As pointed out earlier, the research was carried out in order to inform the teaching of isiXhosa language and culture to Pharmacy 4th year students at Rhodes University. I am a Junior Lecturer in the African Language Studies Section in the School of Languages, under the South Africa - Norway

Tertiary Education Development programme (SANTED). This programme aims to promote multilingualism in tertiary institutions. The Pharmacy Department has been selected; because its 4th year students visit the Grahamstown amaXhosa community to conduct health-care based interviews and dispense medication. This is part of their Community Experience Programme (CEP), intended to acquire information about the patients' medical and social history. Reports from staff in the CEP indicate that communication becomes difficult during interviews, as most students do not speak isiXhosa and are not aware of critical cultural aspects amongst amaXhosa people. In most cases students would also feel alienated during the interview as it would be conducted through an interpreter. As a result students would not manage to create relationships of trust with their clients. These challenges led to the teaching of isiXhosa to 4th year Pharmacy students. The course provides basic medical isiXhosa, in preparation for their community interviews and also to equip them for future purposes. The course focuses on communication skills required in taking social and medical history, documenting certain chronic conditions, dispensing medication, and it also aims to provide the relevant cultural material for students. This is explored further in chapter four of this thesis.

1. 8. Aims and objectives of the research

- To supplement the teaching of language and amaXhosa culture to Rhodes University Pharmacy students resulting in the creation of broader understanding and awareness.
- To bring into existence cognisance about the three methods of healing in Xhosa culture (*ukugabha, ukufutha and ukucima*).

This study aims to look at different important aspects that need to be considered by Pharmacists and health-care practitioners. It needs to unravel the importance of IK amongst amaXhosa people, so that students can be equipped with knowledge. Students also need to be aware of the individuals' medicine-taking behaviours, so as to advise and caution their clients on how they can use their medicines concurrently without damaging their health. Students will benefit from a broad knowledge about amaXhosa and the methods they use for healing which will create an understanding of the African cultures perspective of healing. It will help students become much more competent practitioners in the health sector as they will have a comprehensive competency of the language and culture of amaXhosa. More particularly, they will be exposed to the three most basic forms of healing: *ukugabha, ukufutha and ukucima*, as they are used and recommended by all traditional healers in Xhosa culture.

1. 9. Research questions

The health sector is one of the most crucial sectors and for it to function well; people need to understand each other. South Africa is a very diverse society, with people from different cultures, speaking different languages. This becomes a challenge in a crucial sector like the health sector, because both the health-care provider and client need to hear and understand each other.

Misunderstandings would lead to disasters, which could even lead to people losing lives. This study aims to unravel a few important facts about traditional healing and its importance amongst amaXhosa, as a way of providing knowledge and information to Pharmacy students at Rhodes University. The following are a few key questions informing this study and used whilst undertaking research:

- What are the benefits of learning isiXhosa and culture by Rhodes University 4th year Pharmacy students?
- Will learning isiXhosa and culture help students broaden their understanding about African cultures?

1. 10. Research paradigm

The research is interpretive and ethnographic in approach. Qualitative research methods have been used. General observations have also been applied as they assist in creating a broad picture of traditional healers and their lifestyles. This included observing their environment, and taking pictures of the medicinal plants used to heal and also those of traditional healers. These methods will help balance the findings, as they allowed me to obtain in-depth data from different angles and different people. During the data collection process other methods of healing came up and we had to talk briefly about them. These have been discussed briefly in chapter three where data is interpreted and analysed. According to Cantrell (1993: 84) cited in Hodgskiss (2005), the interpretive paradigm allows a researcher to understand the phenomenon and to interpret meaning within the social and cultural context of the natural setting (Cantrell 1993: 84). The researcher is not allowed to have their own perceptions about the phenomenon. In this context traditional healers, and their clients will interpret the meaning of traditional healing, the different methods used and what they are used for, in their own understanding and perception. The responses are what will be interpreted and analysed in the report of this study.

1. 11. Ethnographic research

This research has also used an ethnographic approach. This approach allows the researcher to take field notes and affords an opportunity to describe and unravel a few methods around particular cultural practices (Fetterman 1998, from Genzuk 2003: 1). The ethnographic approach has allowed me to study the conduct of people in their community and it draws on a wide range of qualitative methods (Agar 1996 from Genzuk 2003: 1). I was able to take field notes, observe the community and its activities and conduct mainly in-depth conversational interviews. This method is one of the main methods of collecting data in an ethnographic research (Genzuk 2003: 4). Methods used in this study are the most natural methods, because individuals or the community under study then do not have to change their behaviours and attitudes. In this study the ethnographic approach is employed to study a culture, and the notion of traditional healing amongst amaXhosa. Questions were asked in the respondents language, isiXhosa. That led to a relaxed comfortable conversation. Respondents understood all the questions and follow-up questions. They did not feel cornered, because I also understood some of the sensitive issues around traditional healing. Students from Pharmacy were also interviewed, but the interviews were not conversational like the ones with the people from Dwesa. They were standardised open-ended interviews. I used a strict script, all the questions were the same for the students, as I followed the same guide. This form of interviewing is somewhat limiting. However, the students managed to respond to questions openly, each one in their own way and this is incorporated into chapter four of this thesis.

This approach allowed me an opportunity to dig deeper into the respondents understanding without being biased and insensitive. When using the ethnographic approach, qualitative methods become the most relevant methods to gather data. Qualitative research methods are based on a few methods for gathering information: (1) participant observation, which allows the researcher to partake in activities of the sample (2) observations, (3) in-depth and conversational interviews, (4) focus groups (Adler and Adler 1987). Some of these methods have been used in this study, and they proved to work well, especially in a community like Dwesa. Most people from the area believe in speaking and engaging with people.

1. 12. Qualitative research methods

Qualitative research methods have been used in a number of studies by a number of researchers, and they have a potential to bring out in-depth information. These methods allow and enable researchers to explore perceptions, to ask more open-ended questions and get more detailed open-ended responses. Qualitative methods are aimed at describing and clarifying human experiences as

they experience them (Polkinghorne 2005: 137). According to Adler and Adler (1987), qualitative research is aimed at gathering an in-depth understanding of human behaviour and the reasons that govern human behaviour. Qualitative research relies on reasons behind various aspects of behaviour. It investigates the *why* and *how* people consider particular approaches to things, not just *what*, *where*, and *when*. Hence, this method requires that a researcher chooses a smaller but focused sample rather than a large random sample. Methods found in qualitative research do not just look at how the selected sample is attained, but the inquiry deals with how human beings experience and perceive their own lives.

It is important to understand that people's lives are based on their experiences, how they make sense of it etc (Schwadt 2001: 84, from Polkinghorne 2005: 138). The purpose of gathering data in qualitative research is based on providing data and evidence about the experiences provided by the selected groups in Dwesa (Polkinghorne 2005: 138). It is also important to point out that the process of selecting different groups of individuals for research purposes is not done randomly. Individuals are carefully selected for a number of reasons, with the main objective that they will inform the study, and will help bring to the fore a solid and informed data base. The concern is not how much data is going to be collected, but specifically on whether the data collected will be rich enough to bring clarity to the research questions (Polkinghorne 2005: 140).

Qualitative approaches in general use interviews and focus groups, and because of that they are able to provide an informed understanding about what the study aims to achieve (Stake 1995: 43). In this study two qualitative methods have been chosen, in-depth conversational interviews and observations. Qualitative research methods create a comfortable environment between the interviewer and the respondents. For example they enabled me to ask open-ended questions and respondents also responded in an in-depth manner. They become able to even make examples; we would get into discussions on the subject. Questions asked would also lead to more questions.

1. 13. Qualitative interviews

The qualitative research interview seeks to describe and provide meaning about the life and world of the subjects of the research. The main task in interviewing is to understand the meaning of what the respondents say. In the process as an interviewer I must not impose on the respondent's understanding of their environment (Kvale 1996: 6). Interviews are particularly useful for getting the story behind a participant's experiences. I can pursue in-depth information around the topic. In this context I have also used interviews as follow up to certain respondents, for example some traditional healers and a few nurses from the clinic. I believe that the fact that I am an isiXhosa mother-tongue speaker makes this participant observation and ethnographic process of qualitative

interviews (conducted in isiXhosa) a much richer and more beneficial research experience.

According to Kvale (1996), a research interview is not a conversation between equal partners, because research questions define and control the situation. The topic of the interview is introduced by the interviewer, who also critically follows up on responses and comes up with more questions (Kvale 1996: 6). The researcher meets with new people who do not know him or her. In cases where there is less knowledge about the researcher, he/she might be perceived as someone who is intruding in the community's way of life. In the case of Dwesa, the community has been trusting traditional healers throughout their lives, and traditional healers have built a strong relationship with the community (their clients). When approached by me, they felt a little uncomfortable at first, because they did not know me and I required full details of their practices. For this reason, it was important to introduce the research topic with sensitivity to the respondents, without raising their hopes. As a researcher, as mentioned above, I share language with the community, however, even so, there have been a few challenges as I have a slightly different background in terms of life-experience and maybe the way I have been socialised. However, my background and the fact that I have already created a relationship of trust with a few community members, through the project, helped. People managed to open up and share their experiences with me. That created a more comfortable environment between me and the respondents. I am aware of the issues and language concepts that need to be treated with sensitivity. For example, in traditional healing there are issues that individuals would feel uncomfortable to discuss, especially male respondents. It is important that as a researcher I become aware of them, so as to show sensitivity on the subject. This will become evident in my data analysis contained in chapter Three.

Qualitative interviews allow the researcher to seek both the facts and the life-meaning of the lifestyle of the respondents (Kvale 1996: 32). In this research, I found it necessary to listen to the explicit descriptions and meanings as well as to what is said between the lines. For this reason, in most cases I would also use observations while interviewing and write these down. Kvale (1996: 32) believes that when using qualitative interviews one obtains layers and layers of detail and descriptions from different qualitative aspects of the respondent's life world (Kvale 1996: 32).

In-depth interviewing techniques also form part of qualitative research methods. The interviewer gets an opportunity to conduct intensive interviews with a selected sample, which in most cases is made up of a small number of respondents. This method is used in most cases to explore broadly a situation, idea or a particular programme (Boyce and Neale 2006: 5). In the context of this study, this method was employed to obtain broader, comprehensive data based on the three forms of healing amongst amaXhosa. This method allowed me to probe for in-depth responses about

experiences and challenges of respondents from all selected groups.

One of the primary advantages of in-depth interviews is that they provide much more detailed information than what is available through other data collection methods, such as surveys. The interviewer manages to create a relaxed atmosphere as they allow respondents to speak their minds about the subject. Respondents feel more like they are having a conversation with the interviewer. This proved to be a good research method in a primarily oral society like Dwesa, where there is less reliance on the literate word. However, in-depth interviews also have limitations, for example, they might be prone to bias (Boyce and Neale 2006: 5). For example, in the context of this thesis, traditional healers might be eager to prove that their medicines work well for their patients and that might lead to their responses being biased. Dwesa nurses' responses could also be biased, as they would highlight the disadvantages of using traditional medicine. According to Guion (2001) in-depth interviews have some key characteristics that allow the interviewer to obtain a detailed and extensive data from the respondents. These characteristics include the following:

- **Open-ended questions** – Questions asked such that respondents cannot simply give answers like yes or no, but they also give a detailed explanation.
- **Semi-structured format** – In this type of interview, the interviewer needs to prepare some questions that will help open the discussion. However, the interviewer does not need to follow the specific order of these questions. This also allows a flow of conversation between the researcher and the respondents.
- **In-depth interviews** – This form of interview allows the researcher to seek deeper understanding, clear interpretation of concepts, terms and phrases.
- **Conversational** – In this type of interview the researcher has to allow the interview to be more of a conversation. In the case of Dwesa, this form was very helpful as it allows the community to be relaxed and comfortable in their answers. I share language and culture with the community, so, it has not been difficult to engage in a conversation with the community.
- **Observations** – Interviewer observes and records non-verbal behaviours and attitudes of respondents. This form of data collection also allows the interviewer to observe the environment of the respondents. As an interviewer I needed to observe behaviours and attitudes of all the respondents, as they have different opinions about traditional healing (Guion 2001: 1).

As stated by Guion (2001: 1), in-depth interviews aim to go as far as getting reason and ideas from respondents. The interviewer discusses, and explores what people say in as much detail as possible, and uncovers new areas or ideas that were not anticipated at the beginning of the research. This form of interviewing allows the researcher to check whether they have understood respondents' meanings, and that they do not rely on their assumptions or what they believe in or understand. This helps to minimise misunderstandings from both the interviewer and respondent's points of view.

1. 14. Reporting interpreting and analysing findings

I analysed all findings from the data collected in Dwesa and I also give my own interpretation of the findings. This interpretation is based on the observations that I have made. All these methods helped create meaning about the three common methods of healing amongst amaXhosa. According to Krueger (1994 from Genzük 2003: 9), a researcher is a detective trying to find patterns that occur across different groups or individuals. The processes of analysis and interpretation provide different aspects in a study. They both provide a creative insight and attention to the purpose of the study (Krueger 1994, from Genzük 2003: 9). They allow the researcher to give or create the meaning and objectives of the study. The analysis process allows the researcher to put together all the data, get an overview and create a picture of the whole process. When analysing data the researcher must take into consideration the words that are used, tone, non-verbal communication and specificity of responses (Krueger 1994, from Genzük 2003: 9). Interpretive processes are somewhat different from analysis because they allows the researcher to provide a meaning to the findings and the analysis. This process allows the researcher to explain certain patterns and look for relationships and links between different patterns in the study (Genzük 2003: 9). In this study the non-verbal communication, the tone used by the respondents and so on have also been noted as in most cases they revealed the different feelings people might have about the three methods of healing and traditional healing in general.

1. 15. Data analysis methods

This is one of the most difficult sections in research or report writing. Qualitative interviews produce a large volume of material, which needs to be categorised and interpreted so that it can create meaning. As a result this ends up being a very time consuming aspect of the process. According to Kvale (1996 from Sewell ND: 5) there are a few data analysis methods that are used, especially in a qualitative study. The following are some of the examples: meaning condensation, meaning categorisation, meaning interpretation etc. This study has used meaning interpretation as one of the analysis methods. This method has allowed me to interpret the data collected from the

respondents. This has been done based on the responses given by the respondents, without my interference to their understanding. The findings have been analysed and interpreted such that they are clear in order to be integrated into the above-mentioned Pharmacy course.

1. 16. Verifying

Verifying data means determining how reliable the findings are, how valid it is. Validity determines whether the study investigated what the researcher wanted to find out. The study also looked at whether the findings can be generalised and be applied to any situation related to what has been discovered (Sewell ND: 5). In the context of this study, the findings can be applied to any health-care situation. All HCP's working with people from cultures other than theirs; need to be aware of their clients' cultures and languages. Traditional healers also need to be aware of HCP's role in healing, so that the two parties can monitor clients. In some cases traditional healers do not know how to monitor their clients in terms of taking medication. Allowing HCP's to learn about traditional healing, especially the common methods amongst amaXhosa would be very helpful. That is why it is important that HCP's learn at an early stage; so that when they start practicing they can be fully aware of the language together with the culture.

1. 17. Interview structure

1. 17. 1. Type of interviews

Interviews were in-depth conversational and also semi-structured. The interviews were conducted one-on-one. I would make appointments with the respondents and speak with them one-on-one.

1. 17. 2. Interview equipment

A digital recorder was used and also some notes were taken in writing, so a pen, notepad and pencils were used to take field notes and other responses from the respondents.

1. 17. 3. Interview schedule

This has provided some guidance to the interview. A copy of these interviews is provided in the appendices D and E. This schedule contains the following:

- A set of questions specific to the community in Dwesa.
- A set of questions specific to the 4th year Pharmacy students at Rhodes University.
- These questions are open-ended as they allow respondents to formulate their own responses

without being guided.

- The sequence of the questions is set accordingly, first questions are more generic, for example they would ask about traditional healing in general terms.

The qualitative research methodology and ethnographic approach has been discovered as suitable and appropriate in this kind of research, as they allow an investigation into the community's culture and lifestyle.

1. 18. Theoretical framework

According to Mwansoko (2004), intellectualisation of languages refers to the process of developing a certain language and employing it as a tool of specialist communication (Mwansoko 2004). In this study intellectualisation focuses on the development and use of isiXhosa and its culture as a language of learning at Rhodes University. IsiXhosa is taught across a few selected faculties so that academics and students from these faculties can be aware of issues around African languages and cultures. In that way not only students will benefit from the language, but the language will be intellectualised as well. This would help generate more study around African languages and culture, linking it with other faculties. Mkandawire (2005) believes that use of African languages in institutions of Higher learning, will lead to development in terms of an ability to cope as vehicles of modernity, for example in science, media and technology. Such developments would lead to participation of African languages in the issues that affect lives of the people in communities (Mkandawire 2005). For example in the case of teaching isiXhosa to Pharmacy students, this will help improve their skills and services even when they practice as professionals.

The data collected is analysed and interpreted as part of the research against the background of intellectualisation of isiXhosa. The intellectualisation of African languages calls for bilingual or multilingual universities in which scholars and students can discuss, debate, publish their ideas, conduct research, and develop courses and programmes in the languages that can reach and engage their national audiences (Szanton 2004: 5). For the purposes of this research the intellectualisation process will pertain to the teaching of isiXhosa language and culture to pharmacy students at Rhodes University.

1. 19. Thesis structure

The thesis is structured as follows:

Chapter One introduces the research problem, key research objectives, and motivation of study and key research questions. The chapter also moves on to describe the range of research methods and approaches that were used in conducting the study.

Chapter Two provides a literature review around traditional healing and traditional healers. The chapter gives an overview of the three common methods of healing that are used in amaXhosa culture. The research site is also discussed with some of the challenges that the community is presented with regarding access to health-care.

Chapter Three provides a detailed account of the findings, an analysis and interpretation of data collected from the sample chosen in Dwesa.

Chapter Four focuses on providing an analysis and interpretation of data collected from the Pharmacy students at Rhodes University.

Chapter Five provides concluding remarks, review of all the chapters and also provides recommendations for future research.

Appendix A: Names and explanations of traditional medicinal plants

Appendix B: Pictures of traditional healers and traditional medicinal plants

Appendix C: A sample of interview questions and findings from the Dwesa community

Appendix D: A sample of interview questions and responses from Rhodes University
pharmacy students

Appendix E: A sample of an oral examination assessment task

Appendix F: A sample of ethnographic observations concerning a traditional healer's home

1. 20. Conclusion

This chapter has given an introduction to the study, and how it has been carried out. It also looked at the research methods employed to collect data from different groups of respondents. Amongst the groups selected, the issue of age, gender and level of education has also been considered, as these factors sometimes influence individuals' beliefs and attitudes towards different types of healing. Rationale for selecting diverse groups is mainly to obtain various critical and broad views about

traditional healing, particularly *ukugabha*, *ukufutha* and *ukucima* - the three common forms of healing. Nurses also bring different aspects and perspectives, as they share background with traditional healers and western trained health-care practitioners. This sample is made up of people from different genders, elderly people, young people, housewives, employed, unemployed etc. All these groups are represented in Dwesa and most of them claim to be knowledgeable about traditional healing.

The rationale for working with pharmacy students was to obtain data in relation to how they view the idea of integrating traditional healing information into the course. These interviews have been recorded, transcribed and analysed and form part of the data analysis in chapter four. Field notes and observations are also part of chapters three and four and have been analysed and interpreted. Responses from questionnaires will also be analysed, and all these will be analysed against the background of the intellectualisation of isiXhosa.

In the following chapter a review of the literature around the issues of traditional healing and its importance in Africa, has been provided and explained.

Chapter 2

Literature review

Chapter One introduced the research study and the methods used to collect data. Chapter Two looks at the literature around traditional healing in different parts of Africa and its relevance to the African way of life in general. The different types of traditional healers and their methods are also discussed.

2. 1. Introduction

This chapter serves to further introduce the study site and the context of the research. This study is based on a broad discussion about traditional healing IK, which is commonly found amongst all African communities, especially in rural areas. However, the study discusses specifically amaXhosa traditional healing based on three common forms of healing. A broad discussion about the importance of traditional healing amongst African cultures is also going to be brought forward. This is also going to be achieved by looking at the role played by ancestors in shaping African communities cultural beliefs and values about health and healing. The purpose of this research is to be able to put more emphasis on the teaching of healing IK in academic institutions especially to Pharmaceutical Sciences students. This will allow more discussion around these forms of healing, also by looking at the views of amaXhosa nurses about traditional healing and western methods of healing. This research will provide a broader understanding of traditional healing, and to assist Rhodes University Pharmacy students to get some clarity about the medicine taking behaviours of their patients during their CEP.

This chapter will also give a description of the research site, and challenges that the community gets presented with, in terms of accessing health-care facilities. An in-depth discussion about the different types of traditional healers amongst amaXhosa, traditional healing amongst African cultures and their roles in the community, will also be outlined. The core discussion will also be based on three common forms of healing amongst amaXhosa people by looking at the Dwesa community where data will be collected.

2. 2. Indigenous Knowledge

The term Indigenous Knowledge (IK) is a broad term, referring to different types of knowledge held by a particular community or group of people. IK makes each community what it should be and people share this knowledge amongst themselves. According to Khatri (2004:7), IK is knowledge that is situated locally and related to a set of common values, beliefs, experiences and some practices like slaughtering animals and traditional ceremonies held sacred by a particular cultural group, kinship group or indigenous community at large. It can also be referred to as traditional knowledge, or ancient wisdom, that can simply mean survival for some community members (Lalonde 1991: 56).

According to the (UN Report 2007), IK is defined as knowledge from a particular environment that a community living in that environment keeps and passes on from generation to generation. This information encompasses all different forms of knowledge, starting from the most basic knowledge, beliefs, practices, culture and technology that allow the community to continue living in an environment that allows them to achieve their goals. Each and every culture has got its own unique IK, which is embedded in their culture, which can be communicated in their own language as the community. All members of the community are socialised with this knowledge from a very young age, because it is part of their language and culture. This knowledge forms a set of experiences generated by people living in their communities.

In each and every culture IK includes rituals and ceremonies that people from the community perform, and believe in. It helps define the identity of the community and the people who live in that particular community. It has developed over centuries of experimentation on how to adapt to conditions of a particular community. It therefore represents all the skills and innovations of the people and it embraces the collection of different forms of wisdom and resourcefulness of the community (UN Report 2007).

The notion of IK has been defined as the sum total of the knowledge and skills which people in a particular geographic area possess, and which enables them to get the most out of their natural environment (Grenier 1998 from Odora Hoppers 2004: 2). Woyek and Gorjestani (1998: 4) include the following traits to explain IK further:

- Each culture or society has got its unique IK,
- It is a basis for local decision-making in health, national resources management etc,
- It is embedded in practices of the community, institutions and rituals.

The (IDSET – School Outreach Programme, 2002) goes further and explains IK as: “...a complex set of knowledge and technologies existing and developed around specific conditions of population and communities in a particular geographical area”. The above-mentioned traits and explanations about IK, define each community and its beliefs. They also provide in-depth information and education about populations in different communities. They create a broader picture of what each community can share with other communities.

2. 3. Indigenous Knowledge in Africa

IK is still very intact among local communities, especially in rural areas of Africa. This knowledge has made it possible for these communities to live freely and in a comfortable manner in their

environment, without trying to change and adopt new ways of living. It has been guiding them on how to sustainably utilise their natural resources, for food, health even for disaster management. For example, people from local communities have been living in mud huts for centuries, using all the natural resources to build them. This knowledge has been passed down to all generations orally, through traditional socialisation processes by elders of local communities. The reliability of this mode of information transfer is under threat in these modern times mainly due to the influx of western culture, as well as the passing on of the custodians of this knowledge (UN Report 2007).

IK has not just assisted local communities in the areas of conservation and otherwise, but it has been their economic sustainability. Communities would plough their soil and sell or exchange their products locally. All that would make them live peacefully as they would be supporting each other. Traditional healers were regarded as the most knowledgeable people, since they manage to communicate with the ancestors, who are still regarded as the most powerful and well respected spirits in the whole community (UN Report 2007).

However African local communities' IK is no longer in the forefront, as a result wider communities do not get an opportunity to learn more about it and expand their knowledge about various IK. According to Odora Hoppers (2005: 8), this knowledge is marginalised. It is largely seen as backward and a barrier to modernisation and progress of the society. One of the many challenges of the apartheid system in South Africa is that, ever since the colonisation of the country, the health system has also been based on the western approach to medicine and healing. This automatically meant that traditional healing favoured by many of the 80% Black population has been sidelined as a form of healing (Louw and Pretorius 1995: 41). Despite these barriers, most people especially in marginalised communities still believe strongly in traditional healing.

Most African societies have a very strong confidence in traditional healers and their forms of healing do not deal mainly with the physical body, but also with the spirit and psychology of the individual. Communities do not just believe in it, it sustains millions of people economically, socially and spiritually. For most communities all over Africa, it is a source of wealth, both as an economic asset and as cultural patrimony (Odora-Hoppers 2005: 8). According to Professor Whisson in the *Sunday Times* newspaper (21 Sept 2008: 33), another important factor for people to rely more on traditional healing is that, there is no adequate medical care for millions of South Africans. As a result traditional healers become all they have. Another important aspect according to Whisson is that, in some cases science becomes unable to answer some of the questions that get to be asked by those suffering from an illness. From traditional healers, one would get answers from idioms that make sense to a sufferer.

According to Rudnick (2000: 167), the majority of South Africans hold on to their traditional cultural values, despite very strong foreign western cultural influences. Africans from all over the continent have unique cultures that require them to do things in particular ways that are not familiar to some cultures. Healing is one of the most sacred things amongst Africans and it is based on people's cultural and ancestral beliefs. Western medicine is used and accepted only for some illnesses, and many patients as a routine consult traditional healers before or after consulting hospitals, chemists or doctors. They end up taking medicines from both practitioners concurrently. The exclusion of traditional healing IK from the professional knowledge sectors has made it complex for it to be available in high status domains like academic institutions and health-care centres. This scenario creates misunderstandings between the two different health practices. This scenario has also been perpetuated by the fact that most people believe that if one is a traditional healer or consults with one, then one is backward and not modernised. However, according to the *Sunday Times* (21 Sept 2008: 33), celebrities, academics, singers and actors have been called to become traditional healers. People do not just choose to become healers, they get chosen by their ancestors, which is why people would become healers even if they are educated or westernised.

Traditional healing is embedded in the cultural IK and spiritual lives of most Africans. It is important amongst Africans, but particularly in marginalised communities, where access to health-care facilities is not always easy (Pefile 2005: 1). For most Africans good health requires not only a healthy body, but also a healthy environment. It is believed that ancestral spirits and witches may be related to ill-health (du Toit 1998: 147, Gelfand 1957, Buhrmann 1986: 108). According to Ngubane (1977: 22), an individual can absorb harmful elements from the environment, which can cause an illness or misfortune. In these cases individuals would take measures to protect themselves and their families, by strengthening resistance of everyone and their homes to withstand harm (Ngubane 1977: 31). This is embedded in the traditional beliefs, attitudes, customs, methods and established practices of all Africans (Bojuwoye 2005: 61).

An establishment and maintenance of balance with one's surroundings is seen as a very important aspect in the lives of Africans. This does not just end with the strengthening of surroundings, when one gets attacked by an illness; it is believed that the illness has been inflicted upon an individual through evil spirits. For example, in some instances people would believe that an individual has been poisoned through witchcraft. In this regard, the best form of healing would be to use medicine that will eject it. According to (du Pisani 1988: 15), throughout these activities and performances by traditional healers, communication with ancestors is of utmost importance. Traditional healers have to seek guidance from their ancestors and from those of their patients. Traditional healers of all types and those who know some traditional medicines differ in their practices amongst different

African groups. In some cases all members of the community may know how to treat a wide range of common illnesses and only seek the advice of a traditional healer for the treatment of specific illnesses when their own treatments have failed or things get out of hand. For example, in South Africa a few elderly women in rural areas, know how to treat minor ailments like fevers and flu with traditional natural medicine, but they are not recognised as traditional healers.

In amaXhosa culture a number of rituals are engaged in order to maintain good health. Communication with the ancestors and offering sacrifices are of foremost importance and using medicines, remedies and wearing protective necklaces are further health strategies (du Pisani 1988:73). During the offering of sacrifices, for example a slaughtering of animal, all family members need to be present and involved in the whole ceremony. This is done with the belief that by being there everyone will get blessings from the ancestors. When they go back to their homes, luck will come their way. Certain forms of ritual purification such as a ritual body wash (*ukuhlamba ngeyeza*), purging (*ukugabha*), enema (*ukucima*), (*ukufutha*) steam treatment, and spraying (*ukutshiza*) the surroundings, as used counteractive and protective measures which often involve the use of medicinal plants (du Toit 1988:175). Traditional healers believe strongly in natural plants, the environment and what it means and brings to individuals. As a result they are able to know which medicinal plant to prescribe for which family. For example, they know that each family or clan has got its own *isilawu* (a potato like plant that comes in red or white), this plant cannot just be prescribed for any family. Traditional healers get this knowledge from their trainers or from their dreams, which are believed to be a message from their ancestors, in some cases from their patients' ancestors.

Amaqirha amongst amaXhosa are seen as important in that they are perceived to have the power to communicate with the ancestors, which amaXhosa revere and always look up to for relief when illnesses or any type of evil occur. In amaXhosa culture, good health, illness, success or misfortune are seldom considered to be chance occurrences, but are often the result of active intervention by individuals, witchcraft or ancestors (*izinyanya*) (Buhrmann 1986: 94; du Toit 1998: 145; Gelfand 1957; Hirst 1990: 136). AmaXhosa believe that an illness is often inflicted by someone through evil spirits, or the ancestors are angry towards the individual because he/she has displeased them. The role of a traditional healer then is to diagnose the illness through providing answers on how it has originated, and who or what caused it (Hirst 1990: 136).

After diagnosis has been made, medicine will be dispensed, often made from roots of plants, leaves of special plants which are crushed and mixed with water. This medicine is aimed at ejecting the illness so that the individual can heal. Dried leaves are also used as incense, especially if evil spirit

is suspected. In amaXhosa culture amongst other forms of healing there are the three common forms already mentioned. These are forms of treatment that health-care practitioners need to be aware of, understand their importance in amaXhosa culture and also be able to question their clients about, during consultation (du Pisani 1998; Ngubane 1977). Although many rural communities now have access to clinics, hospitals and other health-care facilities that dispense western medicine, there is still, to a large extent, the belief in herbal medicine, which is also motivated by the fact that, in most cases patients share similar cultural background and language with traditional healers. In contrast health-care practitioners in formal health-care facilities often lack understanding of the language and culture of Black people. Elderly people especially from rural communities sometimes fear western healing, because some of them are not familiar with it and they have confidence in traditional healing and ancestors. Another contributing factor is that health-care centres are not always within easy reach because of geographical locations and affordability. As a result a community retains familiarity with traditional healing practices. This practice is provided by familiar people who speak their own language (isiXhosa). In clinics/hospitals medicine dispensation in most cases is between two people who do not share the same language or background. This can create confusion due to the language and knowledge differences especially if there is no interpreter available (Crawford 1999: 37).

2. 4. Traditional healers

A person commonly known as a traditional healer has also wrongly been referred to as a witch-doctor. This term has grown obsolete as a result of the negative connotation attached to it. Witch-doctor has been changed from being a positive term into being a very negative form. In reality it should denote a doctor who heals witchcraft, just like any health-care practitioner, for example an eye doctor treats eyes. Eventually the term took on the meaning of a doctor who is a witch (Last 1986: 27). This term has created a stereotype around traditional healers, because most people just assumed that they are witches. The World Health Organisation defines an herbalist or a diviner as a fully competent person to provide health-care by using natural herbs, getting guidance from the ancestors. They have knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community (Oyebola 1986: 224). According to Tessema (1980: 48), a description of traditional healing can be seen as the "...solid amalgamation of dynamic medical know-how and ancestral experience." Traditional healers just like practitioners of western medicine can be divided into various fields of specialisation. In South Africa there are two broad groups of traditional healers: herbalists (*amaxhwele*) and diviners (*amagqirha*). This has made it difficult to distinguish between these two as their roles overlap. One person can function as a diviner (*igqirha lokuvumisa*) as well as a herbalist (*ixhwele*) at different

times, when one consults with them, they would hear about their problem, what or who has caused it, how did it come about. After that they would be given some medicine by the same person to heal the condition. (Louw and Pretorius 1995: 42).

Unlike diviners, herbalists (*amaxhwele*) are not called out by their ancestors to become such (Schoeman 1989: 89). They decide out of their own interest to learn and undergo training with a well established herbalist. They undergo this training for not less than a year, after which they pay the herbalist with a cow or its equivalent in money (Blackett-Sliep 1989: 95). When they have completed their apprenticeship, their job description becomes very wide. They are the first ones to be consulted whenever tragedy strikes. They are trusted by the community and they have to help individuals from all age groups. The focus of their healing falls primarily on the use of herbs and magical techniques, which have to be followed by a strong belief in the power of the medicine. In most cases *amaxhwele* also prescribe and recommend the three most common forms of healing namely: *ukugabha* (purgings), *ukufutha* (steam treatment), *ukucima* (enema). These are prescribed for almost all individuals. Normally for young children *ukucima* and *ukugabha* are the only forms recommended, for all ailments like fever, indigestion, and high temperatures.

2. 5. Different types of traditional healers in amaXhosa culture

In all African cultures traditional healers have different traits which come from the fact that in most cases they are trained in different forms and they are called for different missions. Diviners (*Amagqirha*) go through a similar process of *ukuthwasa* which is believed to be a calling by the ancestors, for an individual to become *igqirha*. According to Hirst (1990: 23), before a candidate becomes a diviner (*igqirha lokuvumisa*), they experience a vocational call from the ancestors (*izinyanya*) to become a traditional healer. The ancestors communicate the call to the candidate through dreams (*amaphupha*) and in some instances visions, in which they would see deceased relatives or sacred animals, that are believed to belong to the family or clan of the initiate (*izilo zekhaya*). When these animals appear in individuals' dreams, they are believed to be symbols of hope and goodwill. After this the candidate gets afflicted with a condition called *intwaso* (derived from the word *ukuthwasa*), which refers to the process of gradually emerging as a diviner (Hirst 1990: 23). During this process, a candidate would become ill physically or psychologically. Family members would approach a diviner who would tell them what is wrong with the individual. It would be revealed that the illness is caused by *intwaso*; the person has to accept or agree to take the role of becoming a traditional healer. That in isiXhosa is called *ukuvuma ukufa* (to agree to die).

AmaXhosa people get their calling to become traditional healers in different ways. For example one

might drown in a river, dam or sea. When that occurs family members need to make sure that they do not mourn the person, as that would harm or endanger him/her. It would be believed that the individual has been accepted by the river people (*abantu bomlambo*), who teach and guide him/her through traditional healing practices. A diviner would be called to keep the family informed, since they can foretell. When the process has been finished, the person that had drowned comes out of the river a fully competent traditional healer, who knows both traditional medicine and divination. This traditional healer is called *igqirha lomlambo* (a river traditional healer). In some instances, an individual would be called to go and stay in a forest for months. During that process the person communicates with their ancestors learning about different types of medicine and goes through an initiation of being a healer and a diviner. This type of a traditional healer is called *igqirha lehlathi* (a forest traditional healer).

Another further somewhat different category of healers is the faith healer (*umthandazeli*), because they are more like prophets. Their healing methods are more linked with church, because they pray for their patients. For healing they use water that has been prayed for and blessed, and they believe in the light, so their patients would have to bring candles and burn them while the healer prays for them. Patients need to believe in the water and the prayers. This form of healing is related to the Yoruba belief. According to Olson (2006: 2), Yoruba culture believes that health and religion are interrelated. They believe that healing in general comes from God, including the western practices.

2.6. Integrating traditional healing with pharmacy

As pointed out in chapter one, it is the purpose of this research to integrate the above theory in creating an isiXhosa for Pharmacy programme designed and developed in close co-operation with the Pharmacy Administration and Practice (PAP) course of the Pharmacy curriculum. Students in the final year in the Faculty are required to participate in the 'Community Experience Programme' (CEP). In this Programme students are required to interact with clients with chronic conditions around the Grahamstown area.

A large majority of the people who use this service in Grahamstown speak isiXhosa. The students are required to interact with them around their socio-economic conditions and their medicine taking behaviour pertinent to their chronic conditions. The isiXhosa for Pharmacy programme is designed in such a way that it ties in with this aspect of the PAP programme to equip the Pharmacy student with the necessary proficiency skills to enable students to cope in an interaction with clients where isiXhosa is spoken. The purpose is also to make students aware of the common cultural practices in isiXhosa that could affect the medicine-taking behaviour of their clients.

The research aims to look at different important aspects that need to be considered by Pharmacists and health-care practitioners in general. It needs to unravel the importance of IK amongst amaXhosa people, so that students can be equipped with knowledge. Students also need to be aware of the individuals' medicine-taking behaviours, so as to advise and caution their clients on how they can use their medicines concurrently without complications to their health. Students will benefit from a broad knowledge about the amaXhosa and the methods they use for healing which will create an understanding of the African cultures perspective of healing. It will help the students become much more competent practitioners in the health sector as they will have a comprehensive competency of the language and culture of amaXhosa. More particularly, they will be exposed to the three most basic forms of healing: *ukugabha*, *ukufutha* and *ukucima*, as they are used and recommended by all traditional healers in Xhosa culture.

These three forms of healing are recommended by all traditional healers for individuals from all age groups.

2. 6. 1. Ukugabha (Purging)

An individual would be given herbs by a traditional healer. They would be instructed to boil these herbs and make a concoction. In most cases the concoction would be about five litres. In some instances an individual would boil water and put in a bit of salt, as some home-made remedy. The concoction would have to be cooled, and when it is, the person would drink lots of it. When finished drinking it, the person can just put a finger inside their throat and everything would just come out. It is believed that this form of treatment ejects the illness, which in most cases is believed to be inflicted upon the person. Traditional healers just like western trained healers, know which medicine to prescribe and when to prescribe the most common forms of healing. There are also illnesses for which they do not recommend or prescribe the three forms of healing above. According to the findings, respondents believe that *ukugabha* is more appropriate for a person with Asthma and TB as it is believed that these illnesses are caused by poisoning through witchcraft. However, western trained practitioners believe that TB patients should not use this form of healing as it would disturb their treatment taking behaviour. This creates conflict and disagreements between western and traditional practices.

2. 6. 2. Ukucima (Enema)

Ukucima is to inject a lot of lukewarm water or herbal remedy through the person's anus. This is

believed to be a form of cleansing of the digestive system of an individual. It is believed that this treatment ejects the illness. This form of healing can have dehydrating effects which is why it is important that HCP's in general know about it, as they would be able to caution their patients or clients. *Ukucima* is prescribed by traditional healers for both chronic and minor illnesses. Different types of herbs are used for this treatment, for example for minor ailments; a dried aloe can be boiled, and cooled. According to traditional healers, *ukucima* stops illnesses like diarrhoea, indigestion and other minor illnesses. However nurses from *Mpumbe* clinic at Dwesa village (where data is collected) disagreed and maintained that when an individual has diarrhoea, *ukucima* cannot be prescribed, as it will increase dehydration. This is explored further in chapter three.

2. 6. 3. Ukufutha (Steam treatment)

Ukufutha is a treatment that is used in most cases to heal some minor ailments. An individual boils water or a herbal remedy. When it is still boiling on the stove (flame stove) they would cover themselves over the boiling remedy. This is meant to sweat the illness away; as the sweat is believed to indicate that the illness is coming out. *Ukufutha* is prescribed for minor illnesses like fever or high temperature. *Ukufutha* is prescribed for minor illnesses like fever or high temperature. For example one individual confirmed that they do not go to the clinic when they have fever, they just *futha*, bath and sleep and the fever disappears. Traditional healers agree that *ukufutha* is also good to cleanse the individual so as to rid them of bad luck or misfortune. This is believed to bring back good luck to the individual. Western trained practitioners believe that some patients should not use this form of treatment as it would be dangerous for their health. For example, epilepsy patients should not use this treatment as they would have seizures while still using the treatment.

Traditional healers believe that Asthma and TB are curable illnesses and they are both caused by poisoning (*idliso*). In order for the individual to heal, they must be given medicine that will take out the poison bit by bit, especially when it is old poison. The medicine for *ukugabha* must not be too strong, as it would cause more harm than healing if it is too strong. They all agreed that there are medicines that belong to a particular family or clan. For example, *uBulawu*. There are different types of *izilawu* (plural form), it also comes in a form of a potato and it grows in the forest. It comes in different colours e.g. red or white. Traditional healers prescribe it for purging and bathing. According to traditional healers they are told by ancestors in their dreams about which *ubulawu* belongs to which family or clan. There is also another medicine called *Impepho*, which is also prescribed and recommended for purging for patients with minor illnesses, e.g. fever or high temperatures, indigestion etc.

Most traditional healers prescribe *ukucima* when a person has indigestion, fever, high temperature, waist complications and also major illnesses like *ibekelo*, (a sore believed to be caused by stepping on a dangerous medicine meant to harm an individual). *Ukucima* can also be used for a diabetic person when it is believed that it is caused by *ibekelo*. However in some cases a diabetic person can have *ibekelo*, and traditional healers have to treat *ibekelo* together with diabetes. This is explored further in chapter three.

2. 7. Possible conflicts between traditional healing and Western health-care practices

The South Africa Health Act (1974) forbade traditional healers not registered with the South African Medical and Dental Council from performing ‘medical’ acts. Yet, traditional healers have never stopped practicing, communities from both urban and rural areas have kept contact with traditional healers. About 80% of the population consults traditional healers, and uses traditional medicine (Gumede, 1990: 19; Hopa, Simbayi, & du Toit, 1996: 24). According to Kahn and Kelly (2001: 8), about 89% of nurses from both urban and rural areas, subscribe to traditional healers concerning performances of traditional rituals and customs. About 75% consult traditional healers as patients, with illnesses. They believe that ancestors have given traditional healers healing powers. This is interesting, considering that 99% of the nurses mentioned that they were Christians, and were trained and worked in a western mental health-care system. Du Toit (1980: 21) found that among South African blacks, neither urban residence nor membership in a Christian church necessarily implies a break with their traditional beliefs or religious and ritual practices.

According to du Toit (1980: 21) many nurses indicated that they would consult traditional healers in a crisis. This trend is not unusual amongst amaXhosa whether educated or not; however, it is interesting when associated with nurses. According to a study conducted by Kahn and Kelly (2001), nurses were asked this question: ‘*has nursing made you doubt traditional healers?*’ 37% answered ‘Yes’ and 63% answered ‘No’. However, nurses in this study showed concerns about the challenges associated with using the two medications from different practices concurrently. For example some believed that some patients would not be able to monitor their medicine-taking behaviour, and that would lead to unpleasant consequences. Nurse respondents, who were in favour of traditional healers, felt that a combination of traditional healing and western medicine would be effective, especially for patients who believe in traditional healing (Kahn and Kelly 2001).

However, some of the nurses were more cautious about the idea of traditional healers visiting hospitals to take part in the healing of the patients. One respondent said that healers should only visit hospitals to get lessons about health-care and not to treat patients, as that ‘...would confuse and

disturb patients, that would also create conflict in a healthcare facility'. Others believed that patients would not know which medication to trust, and health-care practitioners duties in general would be disturbed. One of the respondents said, because healers stay in the same neighbourhoods with their patients, it is not guaranteed that they can respect their patients confidentiality. Due to that, the respondents believed that they cannot be completely trusted to keep their patients secrets (Kahn and Kelly 2001). The conflicts highlighted in this study, indicate that the two healing practices have differences that need to be addressed. The two methods of healing are visibly different from each other, this means practitioners need to work together, so as to be able to caution and advise their patients about medicine-taking behaviours. Both parties need to be taught about each other's practices, as they both have healing effects that are in most cases, desperately required by patients. However, nurses in most cases feel a bit uncomfortable about the practise, even though they too consult with healers, they would feel uneasy about it, especially when they have to deal with it in their work place. Others do accept though that this practice does exist, it just needs to be accepted by people.

2. 8. Intellectualisation of African Languages

English had established itself as a global language, and proficiency in English is widely conceived as essential for economic, academic and professional success. It is also portrayed as the most important language for engagement in other areas of social life as well (Balfour 1999: 103). Communities have grown to believe that English proficiency is a necessity as it will allow individuals to get better opportunities. As a result people understand their languages as not so important, since they are not used in domains such as science and technology. However, language is not just about speaking and creating better opportunities, it is everywhere a major source of individual and ethnic community pride and identification (Szanton 2004: 5). People take pride in using their languages for communication in their own surroundings. However, in order for languages to grow and develop even further, they need to be used not only for communication by their users in their environments. They need to be used in professional settings and most importantly, they need to be used for teaching and learning. According to Akec de Kuai (2007: 1), intellectualisation of African languages and their use in academic institutions and other domains will lead to democratisation of access to different types of knowledge and technology. That will benefit masses of rural communities who live in ignorance, especially concerning chronic illness like HIV/AIDS, because knowledge and skills are confined to foreign languages accessible only to a privileged few (Akec de Kuai 2007: 1). African languages need to be developed as languages of modernity, so that they can serve as means of transmitting and preserving cultural values and beliefs of Africans, with the written language. This will enhance cultural independence and

linguistic identity (Akec de Kuai 2007: 1).

People everywhere need to be able to express themselves, study and manifest their creativity in their own mother-tongues, in their national languages, and in some instances in languages of international communication (Szanton 2004: 5). The use of African languages in education will lead to development of African languages in terms of their ability to cope as vehicles of modern thought, science and technology (Akec de Kuai Jan 2007: 1). For African languages to be vehicles of modern thought, they need to be used firstly in learning and teaching. For this reason institutions of higher learning, especially the bilingual and multilingual ones need to become involved in bringing opportunities that will assist in uplifting the use and standard of African languages. For example, scholars and students need to be able to discuss, debate and publish their ideas, conduct research, develop courses and programmes in the language that can reach and engage all communities, nationally (Szanton 2004: 5). If African languages can be used in this manner, they would be intellectualised, and that will allow for their use for purposes of modernisation in the most powerful domains, for example not just in academic institutions, but in technology as well (Alexander 2005: 12).

2. 9. The importance of traditional healing and medicines in different African countries

In Tanzania, common plant treatments are known and used by the majority of rural people, as well as by many people in the cities, although these people are not recognised as *amagqirha* (diviners) or *amaxhwele* (healers) since they are not selling their services to others (Swantz 1974: 387). However they can heal minor ailments like fevers. In some instances most individuals use traditional medicinal plants frequently and they are included in everything they do or use. In many cases there are no clear indications of the extent to which medicinal plants grown in home gardens are used by households as opposed to being prescribed by traditional healers.

Traditional healers sell their services on a business basis (Swantz 1974: 387). This type of business would normally be done in a traditional manner, whereby the patient would have to pay with a cow and in some cases payment would be done in money instalments. In Zimbabwe like in many African countries, for some people there is nowhere else to go, prohibitive medical costs make it impossible for some people to get medical attention. People opt for traditional healers, who do not always demand cash up front (Swantz 1974: 387).

A large proportion of the population in Swaziland has been using traditional healing from time

immemorial. Traditional practices are still the main source of primary health-care in the country. This practice has been flourishing as far back as 1894; however it was stifled by colonialism, and that made it very difficult for it to continue smoothly. However, people still trust it, and visit traditional healers when a need arises (UN Report 2007: 8). Traditional healers are often the first and last line of defence against most illnesses that affect individual's lives. However some patients, preferring the healers, may disregard their doctor's advice or take herbal medicines that could conflict dangerously with pharmaceutical medicines. By working with healers, western trained practitioners would gain allies who live in the patient's own community, who can mentor and advise patients as they also share the background and language with the patients (Madamombe 2006: 10).

The World Health Organization (WHO) estimates that 80% of people in Africa regularly seek their services. Traditional healing in Zimbabwe is still held sacred amongst some communities, especially amongst elderly people. There is a national board of traditional healers, called the Zimbabwe National Traditional Healers Association (ZINATHA). This board regulates traditional healers, for example if a traditional healer claims to have found a cure for HIV/AIDS, they are required to bring that information to the board, and it must be discussed by the board whether to disseminate that information or not. Registered traditional healers have been given permission to grant their patients sick leave and off-sick days if they are not well (Jijide 1994: 5). The issue of going to traditional healers goes beyond access to medical facilities. Traditional healing is linked to wider belief systems and remains integral to the lives of most Africans. People consult traditional healers whether or not they can afford medical services, because it is part of their lives (Madamombe 2006: 10).

Traditional healers hold most of the traditional healing knowledge, and in these cases it is often passed down from generation to generation (Swantz 1974: 387; Neuwinger 2000: 589). In Dar-es-Salaam, among the Zaramo, a considerable number of traditional healers have learnt their (*uganga*) (traditional healing) from other cultural groups since their *uganga* is thought to be more powerful (Swantz 1974: 387). In amaXhosa culture diviners get a calling from their ancestors to become diviners. When they have agreed, they get training from senior traditional healers chosen by the family. The process takes a while, up until the individual has become a fully competent diviner. In some instances an individual might also get training on traditional medicine, as a result the person would be both a diviner and an herbalist. Traditional healers collect medicinal plants from the wild and/or cultivate some of them for their medicinal practice in their homes (Swantz 1974: 388; Hedberg & Staugård 1989: 324). Among the Zaramo in Dar-es-Salaam almost every tree, shrub or grass is believed to have medicinal value (Swantz 1974). In some African countries traditional

healers sell some of their medicinal plants on local markets or in medicine shops (*Amayeza*) stores (UN Report 2007).

Traditional healing and medicines in Africa involve both the body and the mind. Health in Africa is the condition of physical, psychological, social and economical well-being. The cornerstone of African traditional healing is that any illness is usually believed to be caused by an outside influence, which can be either witchcraft or any form of evil spirit and what becomes important is to know who or what could have caused it (Neuwinger 2000: 5). For example Yoruba culture in Nigeria has three explanations for the cause of illness and misfortune; the natural (physical cause), the preternatural (witchcraft, sorcery as causes) and the supernatural (various spirits as causes) (Prince 1964: 180). These above mentioned categories of causes for illnesses are shared by many cultural groups in Africa, such as the Zaramo in Dar-es-Salaam (Swantz 1974: 388). Thus, the natural physical cause of the disease is treated with herbs, the preternatural cause with magical acts, and the supernatural cause with ritual sacrifices, offerings or exorcism (Swantz 1974: 388).

Traditional healing has largely been marginalised, it has been forced to situate in an invisible informal regime, denied space, resources and the recognition it ought to have. Cultural heritages and artefacts that were meant to be used in the daily lives of people have been taken out of their possession, and put into museums, galleries, archives and private collections in western cities (Odora-Hoppers 2002: 8). However, IK lives and has been a form of sustainability for millions of people economically, socially and spiritually as a living framework for continuing creativity. It is a source of wealth, both as an economic asset and as a cultural inheritance on the African continent (Odora-Hoppers 2002: 8).

As indicated above, traditional healing is still an important part of the health-care system in most of the African countries. About 80 – 90 % of the populations in African countries are dependent on traditional medicine for their primary health care (Hostettman *et al.* 2000: 974). For example in Sudan, access to hospitals and other medicinal facilities are limited and a high percentage of the population move from one place to another (Elegami *et al.* 2002). In Tanzania, over 60% of the population having health problems contact traditional healers first (Hedberg *et al.* 1982: 324). In spite of an extensive programme to create health centres and to train Rural Medical Aids and Medical Assistants, the traditional healer is still the only medical practitioner available, within reasonable distance, to many Tanzanians living in the rural parts of the country (Hedberg *et al.* 1982:325). Traditional healing is still held in very high regard in urban areas such as Dar-es-Salaam (Swantz 1974: 387). The number of registered traditional healers in Tanzania has been recently

estimated to be about 30.000 – 60.000, even as high as 75.000 (Mhame 2000), in comparison with about 600 western-trained doctors (Weenen *et al.* 1990: 369).

In South Africa it is estimated that about 27 million people depend on traditional healers for their primary health care (Meyer *et al.* 1996: 36; Mander 1998: 74). In Nigeria traditional medicine is well acknowledged and established as a viable and acceptable profession (Kafaru 1994: 27), and almost all plants seem to be very important and acknowledged to be used for traditional healing methods (Babayi *et al.* 2004: 107). Amongst African cultures, traditional healing plays an advanced role, as compared to western medicine, because it is an integral part of people's culture and it encompasses their beliefs and customs. In most cases it is particularly effective in solving certain cultural health problems (von Maydell 1996: 20). Another important factor is the rising cost of the western medicine, which means that, people in African countries are increasingly turning to traditional healers as they are an affordable alternative. In most cases, individuals do not have to pay for transport to get to traditional healers practices, because they live in the same neighbourhood. In many African countries policies are being put in place to incorporate traditional healing and medicine into the formal health-care sectors (Tsey 1997: 1065). In some African countries it is thought that traditional medicine should be taught, practiced and form part of health-care education (Tamakloe 1995: 3). It should form part of the curriculum in higher education institutions, especially in Pharmaceutical Sciences and health-care studies in general.

This would not just help health-care practitioners from other cultures, but traditional healers would also learn about other health-care practices. Traditional healers would share information on how they observe and heal human beings from a spiritual point of view and western trained practitioners would share how they observe and heal from a scientific point of view. That would inform each other's practices and also assist communities in understanding medicine-taking behaviours.

In certain countries traditional healers are gradually getting official acceptance as part of African health services and their medical knowledge gets to be incorporated as part of health-care in hospitals and clinics (Neuwinger 2000: 589). In South Africa, traditional healing practices have only recently been officially recognized as a legitimate form of health-care and traditional medicine was integrated in the official health-care system under the Reconstruction and Development Plan (RDP) (Pick 1992: 305). However, according to the preliminary findings most traditional healers from Dwesa were not very much aware of those changes and they believed that their practices are being undermined by western trained practitioners. In many countries in Africa traditional methods of healing are being used for the treatment of HIV infection (Morris 2002: 319) and malaria (Njoroge & Bussman 2006: 6), including the use of medicinal plants that help provide relief of

pains from the symptoms of these diseases. It is also indicated that these methods are sometimes claimed to give fewer side effects than conventional antiretroviral therapy (Morris 2002: 319).

2. 10. Conclusion

In the context above one can then deduce that health-care practice in formal facilities, especially those dispensing medicines are not aware of the cultural practices of the majority of the people they are providing services to. There is no doubt that the primary traditional ways of treatment, as prescribed by traditional healers have healing effects. The proof is that they have been used for centuries in the colonial era. However with the era of development and technology, these forms of treatment should be brought to the fore and knowledge on them be made accessible to health-care practitioners. In this way health-care practitioners will be able to objectively advise patients on those traditional treatments that can affect the western medicine-taking behaviour of their clients. Of course there are a number of websites with information on IK and traditional healing. However some of them do not aim to educate health-care practitioners. If health-care practitioners could get information about traditional healing specifically meant to educate them, a number of misunderstandings would be avoided and traditional healers themselves would be able to share their knowledge.

This chapter has given a more theoretical outline concerning the importance of traditional healing amongst Africans, which reveals that one way or the other health-care practitioners will have to deal with the fact that healers are indeed consulted by the vast majority of people. This means HCP's need to be made aware of it. This requires institutions of higher learning to take an initiative in bringing this information to the fore. That can be achieved by teaching health-care practitioners in general and also to publish information that will be useful in teaching and learning about these methods of healing. The following chapter will analyse further data collected from Dwesa, before applying this data to second language learning of isiXhosa for Pharmacy in chapter four.

Chapter 3

Traditional Healing: Data Analysis

Chapter two reviewed the literature associated with traditional healing amongst amaXhosa. This chapter also went on to look at aspects of traditional healing in other countries in Africa. Chapter three provides further data analysis of the findings that were researched in Dwesa, the research site as outlined in chapter one.

3. 1. Introduction

In chapter two the importance of traditional healing amongst African cultures has been outlined and discussed in depth. All over Africa millions of people in both urban and rural communities consult with traditional healers and use traditional healing treatment for both minor and major illnesses (Makinde 1988: 67). People from both rural and urban areas consult with traditional healers for treatment of diseases and illness (including mental illnesses). In some cases they consult, for guidance and direction about things not going well in their lives. In cases like these, illnesses are believed to be caused by witchcraft or wrath of the ancestors towards a particular person. In chapter two it was also pointed out that traditional healers are trusted because people share experiences, language and cultural background with them, therefore healers understand their patients problems. In most cases they are the first people to be consulted whenever a health concern arises in the community (Levers and Maki 1994: 46).

There are cases where patients would need to hear more about the problem or illness and get some help. In this case they would consult a diviner. The diviner would *vumisa* (tell what the problem is). In this context a patient does not tell the diviner anything. They are supposed to know their clients' problem, even before they come for consultation. The client has to find out when, how and who started the problem or illness. That is believed to be helpful in terms of helping people know and avoid their enemies. According to Torrey (1986: 47), traditional healers are successful with their clients because they share the same worldview and they possess an ability to see problems from a spiritual point of view and they have a way of raising their clients' hopes. For example, after telling the client what the problem is, they provide advice on what to do to solve a problem. Torrey (1996) added that traditional healers utilise techniques that generate emotional arousal and give their clients a sense of ownership of their problems. They encourage their clients to take initiative in sorting out their problems, and in most cases that would involve making peace with their ancestors.

This chapter presents data collected and provides analysis and interpretation of it. In this chapter the Dwesa health-care system is going to be reviewed, including the role of traditional healers in providing health-care in the area. Data has been collected from a sample of different respondents in Dwesa and also from a few Pharmacy 4th year students at Rhodes University, as outlined in chapter one. Traditional healers have been interviewed, individuals who claim to consult with traditional healers, individuals who claim to consult both healers and the clinic and those who claim to consult the clinic only. Nurses from the area have been interviewed as well. This diverse sample of respondents has been selected to tease out all the dynamics around *ukugabha*, *ukufutha*, *ukucima*

and other forms of healing used by traditional healers. It has been discovered that these methods can be used to heal and also to cleanse individuals and bring back their luck and fortune. This chapter also provides a detailed outline of observations of the community in Dwesa and traditional healer's practices, with the permission of the traditional healers.

3. 2. Overview

Dwesa as a research site has been discussed in-depth in chapter One where the context of the research has been outlined. The Dwesa area is called Dwesa-Cwebe. It is divided into two administrative areas, the two areas encompass the northern side of the Mbashe River – Hobeni and Cwebe that together form Cwebe, and the larger of the two areas to the south of the river – Mendu and Msendu which together form Dwesa. These two areas are administered jointly from the Dwesa and Cwebe nature reserve. The Dwesa-Cwebe areas have both become involved in a development initiative as the natural environment consisting of the nature reserve and wild coast that they share are a chief asset for the communities (Palmer *et al.*, 2002: 279 from Pade: 2006: 126). The nature reserve plays a role in creating employment opportunities in the area. It generates activities that support rural development in the area. Furthermore, the area has high levels of rainfall and the soil is rich, which contributes to the development of agriculture and traditional farming. Recently the ownership of the land has been given back to the community, as a result the community got grants that they received from the restoration package and worked on the development of the tourism infrastructure in the area (Pade 2006: 126). The area is rich with indigenous knowledge, that makes it easy to develop projects that will improve its tourism and create opportunities for it to be known and seen by people from all communities. That is why it is necessary for traditional healers to be able to share their information with other communities, using the platform created by the Siyakhula Living Lab. That would further intellectualise isiXhosa and the culture, while people learn and expand their knowledge.

The area is naturally beautiful, with rich green vegetation, that makes it a little easier for traditional healers to access their medicinal plants. They manage to access herbs when they need them. Most people from this area, especially women depend on traditional businesses, such as making arts and crafts. Livestock is important amongst communities in all the villages. Cattle and goats are considered cultural and sacred animals, because they are the most used animals, for traditional ceremonies/rituals. They also can be sold for thousands of rand.

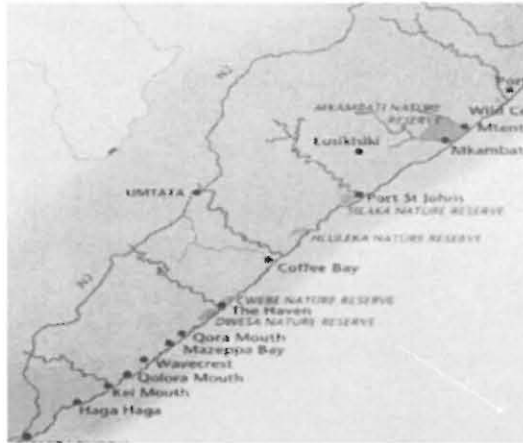


Figure 1: Location of Dwesa-Cwebe on the Eastern Cape Wild Coast (Palmer Timmermans and Fay 2002: 3. From Pade 2006: 127).

3. 3. Data analysis of interviews

As pointed out in chapter one, this study is interpretive in nature, it uses the interpretive paradigm. As a researcher, I share background with the respondents from Dwesa. I share the language spoken in the area as well as the culture. That might allow chances of subjectivity, in the way I ask my questions and provide my analysis. An analysis of this situation is provided by Miles and Huberman (1994: 8) when they confirm that “...researchers of all types are no more detached from their objects of study, than are their informants.” These scholars argue that, “...researchers have their own understandings, convictions and their own conceptual orientations. They too form part of a particular community and are from a certain cultural background. All these might affect the way they react to what they hear, and what they observe. That might not be too obvious, but might have a way of presenting itself in the findings (Miles and Huberman 1994: 8). I believe that the fact that I share the same background as the respondents, has helped a lot in the data collection. I managed to show sensitivity towards a few important and sensitive issues in traditional healing. I also was able to establish a comfortable environment for the respondents.

People were very comfortable in speaking their own language and sharing their knowledge just the way they understand it. Everyone understood the questions without making mistakes in answering. If they do not understand they would feel comfortable to ask me to repeat the questions. They did not feel uncomfortable in my presence. They would explain themselves clearly without feeling awkward about their responses. Respondents range from different age groups, and both genders. The interviews were conducted in the homes of the respondents and in some cases while doing their activities. All the respondents are given pseudonyms. It was not easy though to locate all the

respondents.

Interviews were conducted in the homes of traditional healers and other respondents. In some cases I would go to the craft centre, where they were performing their traditional dance. Traditional dance is one of the most important activities in the village amongst community members and traditional healers. The songs that were sung are traditional and their meaning was based on issues around traditional healing. For example, one was “*kubuhlungu ukugula*” ‘it’s sad to be sick’. In this context of traditional healing *ukugula* is *ukuthwasa*, when one is sick because they have to accept the calling of becoming traditional healers. The dance performed was the one of traditional healers, performed when they are at *entlombeni*, (traditional healers dance). Everyone in the community understands this dance. They were practising in preparation for a competition that was going to take place in Port St Johns.

3. 3. 1. Analysis of the interviews on the question of the use of the three methods of healing

● Interview 1

Zine Nyathi was interviewed, she is not a traditional healer, she is a teacher at Mpume Junior Secondary School, and is 29 years old. She stays in Mpume and has another home where her father grew up, in a village called Mahasana in Dwesa. She believes strongly in traditional healers. She has used the three methods of healing and believes that they have strong healing effects. She has recently seen a traditional healer, because she was having problems professionally and socially. The healer did not give her any medicine but advised her to do a traditional ritual to appease her ancestors. In chapter two it has been discussed that in some cases traditional healers play a role of being advisors, councillors and help people realise their responsibilities. This is what happened to Zine, and after the ritual things looked better. However, she believes that western medicine should be considered, because people need it as well. She highlighted though that Dwesa does not have enough health-care infrastructure, which she believes is why people would rather consult with traditional healers when sick. About the three methods of healing, she agrees that she uses these methods. The following question was posed to her about the use of the three methods.

Researcher: Have you ever used *ukugabha*, *ukufutha* and *ukucima* for healing?

Zine: Yes I have, and I still do when necessary, but I did not use them for this particular case. I believe though that these methods work. For example, *ukugabha* is believed that it cleanses the digestive system of an individual. In most cases when one has a digestive problem, it is caused by witchcraft poisoning. In some cases one would have pig lice and that in amaXhosa culture is

believed to be *umgqwaliso* (to have bad luck in anything one does) inflicted upon a person to cause bad luck. Also when one has *inyongo*, a traditional healer would give them something to *gabha*, so as to eject it.

Ukufutha, also helps to eject what has been inflicted into a person. A traditional healer would believe that, sweating takes the illness or bad luck away.”

Ukucima also cleanses the digestive system of an individual. Also when one has abdominal problems, they would use *ukucima* with a concoction made from traditional medicine. These methods also cleanse the person, just to bring peace in the person. In a way they might not heal an illness, but act as a way of bringing harmony into one’s life.

- **Analysis**

The question was not asked in the same way to all the respondents, but the responses were almost similar, and they all said the same thing, an agreement that the methods are used in Dwesa and have healing effects. As I was speaking with Zine, she firstly looked a bit uneasy, but as we continued she became comfortable and continued with the discussion. Young people about my age were not very comfortable in discussing issues around traditional healing. As a result findings show that people who took part in the interviews are elderly people. My analysis was that, my age also played a role in making people around my age group feel uncomfortable.

- **Interview 2**

Nolitha Gebedu was also interviewed, she is 38 years old, is a Christian and goes to the Zionist Church. She believes that this church makes it easy for her to communicate with her ancestors and God at the same time. She loves singing and the Zionist people beat drums when worshipping, which makes her *thwasa* even more and many people would think she is losing control. She has a daughter and a son, the girl attends school at Nqabara and the boy attends at Mpume. She owns a small business of arts and crafts making; she sells her wares around the village and in areas like Willowvale and Dutywa. She believes in traditional healers and healing, in fact she is a traditional healer initiate. She believes that one gets healing from natural herbs.

Researcher: Do you use *ukugabha, ukufutha nokucima* for healing and prescribe it for your clients?

Nolitha: Yes I used those methods a lot, when I was still very new. I would be required to use them three times a week for a fortnight. I grew used to it and it worked, because I would also feel cleansed and good about my work. However it was a bit demanding for me, because in most cases I

was required to do it very early in the morning. I still use it though, because I believe that it is good for one to cleanse their inner system once in a while. This would be a way of making me clean, before I can see other initiates. The system includes everything, even the soul. I prescribe it to my clients, my trainer trains me to mix herbs as well, so it is important that I learn how to mix them for my clients as well. I am not fully trained though, but I have been learning to prescribe and measure medicine as well.

- *Analysis*

Nolitha was not very open in her responses, she would also mention that, because she is still an initiate, she cannot tell me everything. However she made it clear that she believes in the three methods of healing. She also indicated that she believes in both God and traditional healers, hence she goes to the Zionist church. She is the second person who believes that these three methods cleanse the system of an individual. The system in this context is broad, in the sense that the digestive system has been highlighted and also the individual to feel cleansed. Nolitha goes on and say, the system can also be the soul.

- *Interview 3*

Nosithile is 62 years old, her diviner name is Nozesazi (the one who comes knowledgeable already). She sells traditional beer (*umqombothi*) and makes arts and crafts. She stays with her husband and four grand-children. One of her daughters is married and stays in another village here in Dwesa. Her son works in Mthatha, and her two daughters are in Port Elizabeth. She told me that all *amagqirha*, get some names that they use as they practise. These names are used mostly when they are in their areas of work and also by their trainers, but in some cases they get to be used in communities as well. In most cases they are related to their practices, for example, her trainer believed that she knew a lot, even before she became *igqirha*. She knows good medicinal plants and how they are used to heal. I asked her about her dress code as well, because she was dressed in white with a white scarf on her head. On her feet and wrists she was wearing white beaded bracelets and a necklace. She gave an in-depth answer about the three methods of healing.

Researcher: You do know different types of medicine, right? Do you use *ukugabha*, *ukufutha nokucima* for healing?

Nozesazi: Yes I heal patients as well; I also have a few medicinal plants in my garden, because it is not easy to go down to the forest every time I need some plants. Yes these are the common forms of healing that we prescribe for a number of illnesses. They need to be measured well, because if they are not they can be dangerous. Measurements also depend on the age of a person. For children and

babies concoctions made out of these plants need to be very mild. Yes I use these methods of healing, they are most popular in our culture, and even some people who are not healers would use them. I recommend them for a few illnesses; however, there are illnesses that these forms of healing are not recommended for.

Researcher: Can you tell me more about these methods and how they are used?

- **Nozesazi: *Ukugabha* (purging or self induced vomiting)**

An individual would be given herbs by a traditional healer. They would be instructed to boil these herbs and make a concoction. In most cases the concoction would be about five litres. The concoction would have to be cool, and when it is, the person would have to drink all of it. When finished drinking it, the person can just put a finger inside their throat and everything would just come out. It is believed that this form of treatment ejects the illness, believed to be inflicted upon the person. Traditional healers just like western trained healers, know which medicine to prescribe and when to prescribe which method of healing for which illness. There are also illnesses for which they do not recommend a particular form of healing. *Ukugabha* is prescribed mostly for Asthma and TB patients, as it is believed that patients suffer from witchcraft poisoning (*idliso*). The medicine must not be too strong as it would cause more harm than health to a patient and a patient must be given medicine that will take out the poison bit by bit, especially if the poison is old. We prescribe the three forms of healing differently for different age groups and different illnesses. We do not prescribe these to people who have been attacked by any type of seizure.

- **Nozesazi: *Ukucima* (Enema)**

Nozesazi explains *ukucima* as a form of cleansing the digestive system of an individual, ejecting the illness in the process. We prescribe *ukucima* when a person has indigestion, fever, high temperature, abdominal complications and also major illnesses like *ibekelo*, a sore usually on the legs and/or feet of a patient caused by stepping on a medicine meant to harm the individual. *Ukucima* can be used for a diabetic person when it is believed that it is caused by *ibekelo*. In which cases we would have to treat *ibekelo* together with diabetes. We use different types of herbs for *ukucima* for different illnesses. In some instances an individual would be advised to boil dried aloe, and cool the concoction or a plant called *umabala-bala* and the concoction would also be boiled and cooled. *Ukucima* can also stop illnesses like diarrhoea, indigestion and other minor illnesses.

- **Nozesazi: *Ukufutha* (Steam treatment)**

Ukufutha is a treatment that is used in most cases to heal a number of illnesses, in some cases minor

ailments like fever or high temperature. An individual boils water or an herbal concoction. When it is still boiling on the stove (flame stove) they would cover themselves over the boiling concoction. This is meant to sweat the illness away; as they sweat the illness is ejecting itself. *Ukufutha* is good to cleanse the individual so as to rid them of bad luck or misfortune. It brings back fortune to an individual, and helps them get back their good spirit, as they would be feeling good about themselves. This is also advised for individuals who suffer with skin problems, like pimples. In most cases skin problems are associated with witchcraft. It is believed that a person has been bewitched with what is called *umgqwaliso*, and that can be cleansed with *ukufutha*. I also use *ukufutha* very often, especially when I am going to meet with other traditional healers.

- ***Analysis***

Nozesazi gave a broad explanation around these three methods and how they are prescribed and used by traditional healers and their clients. She has also explained well the issue around cleansing the system of an individual. She says using *ukufutha* brings back luck to a person. When they are to meet with other people they use these methods and they feel refreshed. The responses so far have shown that traditional healers do not heal only the body, but the inner system of an individual as well. They believe that for an individual to perform better they need to feel clean as well.

- ***Interview 4***

Ronnie Mxaba is 58 years old, and a traditional healer from Mpume. He specialises in particular areas, e.g. with children, *ibekelo*, cleansing homes, protecting, strengthening people from witchcraft and also foretelling. He is trained with a certificate and is also *ingcibi* (circumcision surgeon). He has stayed in townships for a while and understands some of the challenges that healers from townships are presented with. For example, not having enough medicinal plants available. He has been a traditional healer for years, after coming back from working as a miner in the Gauteng area.

Researcher: Do you prescribe *ukugabha*, *ukufutha* and *ukucima* for your clients?

Ronnie: Yes, I do for particular illnesses, for example when one needs to cleanse their system and also if they are struggling in terms of getting jobs, maybe have no luck in anything they do. I prescribe these methods for them, *ukubiza ithamsanqa* (to call back luck).

- ***Analysis***

Ronnie's response was short, but it also highlighted the cleansing of the "system" and he mentioned that he prescribes it to call back luck for clients. Most people in amaXhosa culture believe that their

luck vanishes sometimes, especially when things go wrong. They would consult with a healer and seek advice and guidance. These methods would be prescribed in such cases.

- *Interview 5*

Interview with Nosapho Madolo, she is famously known as Makhulu. Nosapho is 70 years old, she resides in Mpume. She stays with her last born son and three grand-children. Her other children are in Cape Town and East London. She is dependent on traditional healing and a pension, but her children help her as well. She prescribes the three common methods of healing to most of her clients; however she does not heal illnesses. She cleanses people to clear bad luck; she also cleanses homes, protects and strengthens families from harm. Nosapho uses other methods of healing as well, for example *ukuhlamba ngeyeza* 'to wash with medicine' and also to strengthen homes, *ukuqinisa* 'to make strong'.

Researcher: What other methods do you use?

Makhulu: I prescribe different methods, for example, *ukufutha*, *ukuqhumisa* (smoke herbs in the house), *ukutshiza* (spray medicine in the house and surroundings), *ukuhlamba ngeyeza* (bath using medicine), *ukugabha* and *ukufutha*. These methods help people cleanse their systems, bodies and environment. *Ukutshiza* and *ukuqhumisa* help chase away evil spirits in the house. In most cases people would be advised to use these two methods, when there is a new-born baby. That helps chase the evil spirits away, because in our culture it is believed that a new-born and a sick person are very fragile to evil spirits, so I would advise my clients to smoke *impepho* in the house which is not dangerous for the lungs of a baby.

- *Analysis*

Makhulu does not heal illnesses, but she also prescribes these methods for her clients, this shows that in amaXhosa culture everything goes together. If the body is not well, it has to be cured, but the environment needs to be taken care of so that whatever has happened in the body can be cleansed and prevented from happening again. That is why healers would provide medicine for one to heal and also chase away evil spirits in their surroundings. These methods are believed to inject whatever has been inflicted into a person's body and let them be in harmony with their bodies and their environment. The word cleansing has come up again from Makhulu's response. These methods are not only for illnesses, but to take care of social problems encountered by communities.

- *Interview 6*

Nosebenzile is from Mthokwane village. She is not a traditional healer, but she knows traditional

medicinal plants and how they can be used to heal patients. She learnt this skill from her father who was a healer. She is 49 years old, not employed, but makes arts and crafts for living. She is not married, has two daughters and a son. The older girl finished school and she helps her with the selling of the goods made. The other one and the son are still at school and she pays their fees with the money she makes from healing people and the profit she makes from selling the goods.

Researcher: Do you prescribe *ukugabha*, *ukufutha* and *ukucima* for healing?

Nosebenzile: Yes these methods of healing are the most relevant ones in our lives as Africans. According to our culture, we believe that an illness gets inflicted upon an individual through witchcraft and for that person to heal, it must get ejected. For example, I prescribe *ukucima* for women who struggle with menstrual pains. It is very good for the relief of that awful pain and that mild fever accompanying a period. *Ukucima* can be prescribed for *ibekelo* as well, and after that I would give my patient some mixture to drink. The person has to drink the mixture so that the poison in their body can subside bit by bit. In some cases people with *ibekelo* would consult with me at a later stage as a result I would not manage to help them. I prescribe *ukugabha* to patients suffering from witchcraft poisoning, which can turn into TB and *amagqirha* would say the person is being attacked by *impundulu* (the bird). *Ukufutha* is also one of the most used methods; almost all healers prescribe this method of healing. It provides people with relief of fever. I also prescribe it when a person has *umgqwaliso* or *iintwala zehagu* (Illness to make one suffer from bad luck or pig lice).

- *Analysis*

In amaXhosa culture all the illnesses are believed to be caused by witchcraft, and inflicted inside a person's body. When that has happened, it is believed that the best way for one to heal is to eject the poison inside the body, by allowing the person to use the three methods of healing.

- *Interview 7*

This is an interview with two nurses from Mpume clinic in Dwesa. The clinic is under-staffed with not enough or appropriate infrastructure in place, in terms of medicine. People consult with the clinic for illnesses; however they do not get medicine, as there is never enough.

Researcher: Are you aware of the three methods of healing, *ukugabha*, *ukufutha* and *ukucima*?

Nurse 1: Yes I am aware of them, these methods have always been used by people, and even our

grandparents have used them. They are still used, but I am a bit sceptical about them, because things have now changed. There are changes in nature as well; as a result you do not know which plant is good for what. So I do not always encourage people to use *ukucima* when children have stomach problems. I always advise people to come to the clinic. However, when people are very sick, they would go to traditional healers, stay with them and get treated with the use of these methods for days or weeks. In most cases the person would be very weak and dehydrated, but they would be required to use *ukugabha* or *ukucima*, I do not encourage that, I think these methods need to be monitored.

- *Analysis*

Nurses in all health-care service centres are in a position where they have to understand their profession together with their culture. In most cases they would be asked to interpret and explain some of the cultural issues brought up by clients. They in most cases believe in traditional healing as well, but have to be very firm and strong in giving instructions, for the sake of medicine-taking behaviours of their clients. They believe and trust the three methods of healing as they are one of the most used methods amongst African cultures. According to Rudnick (2000: 167), most South Africans have to hold on to their traditional values, regardless of their professions, that are influenced by the strong reliance and belief on the western medicine. Nurses from Dwesa have to keep these two methods of healing in check. The other one is part of their culture, and the other is their profession. They have to balance them and make sure that they keep the patients in line with their medicine-taking behaviours.

In chapter one it has been discussed in-depth that Dwesa is a rural area with not enough health-care facilities. The findings have also revealed that Mpume village has got one clinic that helps to service a number of villages surrounding Mpume. This really is a big issue in Africa, for example, in Zimbabwe like in many African countries, for some people there is nowhere else to go, and prohibitive medical costs make it impossible for some people to get medical attention. People opt for traditional healers, who do not always demand cash up front (Swantz 1974: 387). This is one of the reasons people from Dwesa have retained their relationship with traditional healers. They do not have money to go to doctors, and they share language and culture with healers. Most importantly, clinics from rural areas do not have enough health-care facilities. Professor Whisson in an article on *Sunday Times* (21 Sept 2008: 33) cited in chapter two, alluded that millions of Africans consult with traditional healers because they become all they have.

- *Interview 8*

This was a conversational interview with a group of traditional healers and other community members who were practising for a dance competition in Port St Johns. The group was practising in a craft centre, where people gather and make arts or anything that is art related. The centre is not in a very good condition, but people manage to do their activities in it. The group was performing, and dancing with their shoes off. The dance is called *umtshawuzo*.

Researcher: What do you use *ukugabha*, *ukufutha* and *ukucima* for?

Respondent 1: When I have *inyongo*, a terrible pain in my stomach I use *ukugabha*.

Respondent 2: When I have a problem with my face I use these methods, I believe that I cannot just treat the outside, so I need to eject the cause from the inside with these methods. When it is outside I must wash my face with medicine and smear with some medicine prescribed by traditional healers.

Respondent 3, traditional healer: I use these methods a lot, I believe that for me to be in a good form for my work, physically and spiritually I need to use these methods and prescribe them to patients as well. I prescribe *ukugabha* in most cases when one has *amafufunyana* (demonic possession). When one is in this condition, they need to be monitored full-time by a traditional healer.

Respondent 4, traditional healer: These methods are used for different illnesses, for example, when one has stomach ache, tummy ache and also back pains. However in cases where one would have something moving up and down their stomachs blocking their breath, we do not prescribe *ukucima*. This method would push it up to the throat and when it gets there it would block their breath for good and they might die. We are cautious about which method to use for what illness.

Researcher: What other illnesses do you use these methods for?

Respondent 5, traditional healer: I use *ukugabha* and *ukucima* for epilepsy, and when they have been using the treatment for a long time, they must have a bottle of medicine where they can drink for a while. As traditional healers we are not allowed to give patients suffering from epilepsy some medicine for *ukufutha*. This is a very complicated illness, because it does not allow the person to get closer to the fire. If a patient suffering from it gets burnt, they never recover again. So it is not good for us to allow them to use this treatment.

Researcher: Do you heal children with these three methods of healing?

Respondents 5, traditional healer: Yes and no, we do not allow children to purge the way older people do. We would give them a spoon of medicine to drink quickly and it would just stimulate them to vomit without putting a finger in their throat. They do not use *ukufutha* of course. *Ukucima* is one of the most used methods to cleanse the digestive system of children. We use particular herbs, which are not very strong for them. I cannot tell you about those herbs and how we mix them.

- *Analysis*

The responses to these questions showed that almost everyone in Dwesa is knowledgeable about the three methods of healing. Some people from the group are not traditional healers, but they showed some knowledge accompanied by reliance on the treatment provided by the healers. The analysis also showed that, traditional healers like other HCP's prescribe a particular method for particular illnesses. They know which one is used for what condition. They also consider the issue of measurements when giving treatment for people from different age groups. Traditional healing in general seemed to be based on belief. For example if a patient suffering from epilepsy has got burned it is believed that their illness will never get better. Believing plays a serious role in the way people view their health also what they can and cannot do for their health.

- *Discussion*

The findings reveal that most people from Dwesa still believe strongly in traditional healing and all the services provided by traditional healers. The aim of the study has been outlined in the previous chapters. It is to incorporate the language and culture findings into an isiXhosa course taught to 4th year Pharmacy students at RU. The course creates awareness amongst students about the three methods of healing. It also highlights other important things around the culture of amaXhosa. This will help students understand the language and culture of their clients. This is explored further in chapter four. The findings from Dwesa showed that Dwesa is rich with this IK and that it is really challenged by the problems that affect rural communities in Africa, especially when it comes to health-care. The interviews have shown how important traditional healing is amongst amaXhosa. The observations showed that traditional healers are not rich people, they do not make lots of money from their work, but they are very proud and happy with their work. They do not mind sharing the knowledge with people who are interested. Their homes are not modern homes, but very humble. However, they all were very welcoming and willing to talk about their work. Those who have gardens where they plant traditional medicinal plants took me around to see these plants. They

told me their names and what they are used for. They were very willing to do that. That showed that they are happy with their profession.

3. 3. 2. A table

The following table shows different types of medicine used by traditional healers, what they are used for and some illnesses that the medicine might be used for.

Name of healer	Name of medicine	Description	What it is used for
Nolitha	Sampontshane	A green plant with round leaves. It does not grow tall, it grows with the grass	Ukufutha
Makhulu	Intelezi	A green plant with long leaves, narrow in front also grows short	To bath for cleansing
Ronnie	Intelezi eselwa ngumntwana (the one to be drunk by a child)	A green plant with long leaves	It is given to a child with a spoon when they have to purge
Nozesazi	Betyethe (iyeza lomlambo). Medicine for an illness believed to be caused by being allergic to the river, and always have sores on the legs.	A small bush, with green leaves.	The leaves are boiled and cooled for drinking
Nosapho	Intsizi yamathambo	A green plant that also grows short with long medium leaves.	It is boiled cooled and drank, it treats arthritis.

Table 1: A few names of traditional medicinal plants used by traditional healers for different illnesses

- *Description*

These are a few medicinal plants that are used by traditional healers. They prescribe these plants for their patients. Pictures of these plants have been taken and will be displayed in Appendix B. Almost all traditional healers in Dwesa have gardens where they plant their vegetables with their medicinal plants. These plants have been planted such that they are within easy reach. Each traditional healer has a variety of these plants, they prescribe them for different illnesses, the ones I have chosen are the most commonly used by the healers.

- *Intsizi yamathambo*

Nosapho has a client suffering from arthritis so she has been treating her with *intsizi yamathambo*, so at the moment it is one of her important medicines. She gave her instructions to boil the leaves and cool the medicine so that she can drink it for a longer period.

- *Betyethe*

Nozesazi has chosen *betyethe* from her garden. She has other medicinal plants, but she decided to talk about this one. It is for healing sores that are found mostly on the legs. These sores are believed to be caused by an allergy to the river. This is a major issue amongst amaXhosa. When one has this illness, they have to perform some rituals to rid them of it. In some cases the illness would not allow them to do anything that will take them closer to the river.

- *Intelezi eselwa ngumntwana*

Ronnie also treats children as one of his specialities. He chose to talk about *intelezi eselwa ngumntwana*. This plant is given to a child when they have to purge. It would be boiled, cooled and given to a child with a spoon. The child would just vomit without putting a finger down the throat. Ronnie specialises in treating children and most people consult with him, when they have problems with their children.

- *Intelezi*

Makhulu believes that for an individual to have a good balanced life they need to be cleansed. According to her that allows them to get better employment, and other opportunities. She believes that when mixing her herbs, she needs to use *intelezi* as well. It is believed to be a good medicinal plant to cleanse one for luck. She mixes it by herself for her clients. She also allows people to bath

with it when they have a problem with *umgqwaliso*. She believes that most people become less fortunate because of it, so in cases like these, she mixes herbs with *intelezi* to cleanse them.

- *Isampontshane*

Nolitha likes *ukufutha* even for herself. She believes that the sweat that comes out takes out all the illness or whatever the problem was. She likes to use *isampontshane*, which is used for *ukufutha*. She says it is not always found in the area, which is why she decided to have it in her garden. She believes that one needs to steam themselves once in a while, so as to cleanse and rid themselves of illnesses and bad luck.

- *Analysis*

Traditional healers use almost the same methods and medicine for different types of illnesses, for example when one has a social problem, the three methods of healing can be used. Also when one has a physical illness they can use the same methods of healing. They are prescribed for minor illnesses and also major illnesses. It has been highlighted in chapter two that these methods can be prescribed for flu and fevers, high temperatures and the digestive system. They can also be used to treat people to be cleansed to be able to access things like employment and other good things in life. This shows that people from rural areas can consult with one traditional healer, treat their social problems, physical illnesses and also get some guidance. All that can be done for a small amount of money. Those are some of the most important things to people, when they consider the costs of going to a clinic, hospital, or pharmacy. They think of these advantages and choose to consult with traditional healers, who speak their own language at all times. These medicines of course have healing effects, but they also need to be supplemented with the healing from western trained practitioners. These two systems when taken together can help in their own different ways.

This knowledge needs to be shared with people from other cultures and there is no better way than to use the platform of education. Curricula need to be designed for the teaching of language and culture in higher education institutions. That will even help traditional healers and pharmacists understand medicine-taking behaviours for other treatments as well. For example these methods are very good for healing, but they also need to be monitored and need to be used with understanding.

The following is a question and answer from *Drum* magazine (23 Oct 2008) which supports my empirical findings. It is taken from a medical column where a person was concerned about the use of *ukucima*. The person does not use the traditional healing medicine for this enema.

Question: A friend of mine advised me not to have regular enemas to cleanse my bowel. I use soap

and water to cleanse and they prevent me from getting constipated. What are the dangers of using enemas regularly?

Answer: Regular enemas can create several problems. An enema is when a solution is introduced into your rectum through your anus to stimulate your bowel. Many people overuse enemas and other laxatives. In severe cases, the bowel nerves, muscles and tissue may be damaged. There are different solutions for enemas. These range from water and mild soap to herbal solutions. Some of them can irritate and change your bowel lining which can be dangerous if you have kidney or heart disease. Over time enemas also affect one's ability to pass stools naturally.

- *Discussion and analysis*

This question and answer reveals that just like any form of medicine, traditional medicine is not supposed to be used regularly without stopping. It can have negative effects. This person was not using traditional medicine as such. However, it would have been the same even if they had been using traditional medicine. This shows that when one uses the three methods of healing one needs to be given instructions not to use them for more than a certain period, just like with pills and other forms of medication from the western practice. Students from Pharmacy at RU will learn about these problems and that will give them an opportunity to caution and advise their patients from an informed perspective. Some medicinal plants can be very strong to be used regularly. Students who have learnt about the language and culture of their clients, will also learn about the different types of medicine, and how they can be used. It is hoped that this will strengthen their understanding and create an ability to advise from an informed perspective. This will be assessed in chapter four of this thesis.

The following is a story told by Sandile from Dwesa. Sandile had a mysterious sore on his leg and it grew and appeared to be moving into other parts of his body. He consulted with a traditional healer after he had consulted with a doctor. Sandile believes that traditional healing and western healing both have healing effects. After what happened to him he had more faith in traditional healing. The following is Sandile's story.

At the time I was working in Mdantsane. I just woke up the other day with a pain in my right calf and I did not bother myself about it, because it was not that intense. The pain grew, the calf was a little bit swollen, but I could not walk properly, I went to the doctor. The doctor sent me straight for X-rays, because he could not understand or see what was wrong. He even suggested bone cancer. The results came back, and I was shocked when the doctor told me that there was nothing wrong with my leg. The doctor was also shocked and confirmed that they get cases like these and they

always are a mystery. He gave me pain tablets and antibiotics.

When I got home I grew frustrated, and decided to sleep. I woke up with a pain in the right nostril of my nose and it was cutting through the right side of my head. It was a strange pain as though I was going to sneeze, but nothing could come. I could not sleep again; the pain was so intense, together with the one on the leg. I took the pain tablets, they did not help. When I woke up the following morning, the right hand side of my face was swollen. I went back to the doctor, the doctor was umXhosa, he was frustrated, but he understood that this might be more than meets the eye. He sent me for a much more advanced X-ray, the results came back clean. That is when I realised that I need to go home and see my parents. I grew scared, thinking I was going to die. I got leave at work and went straight home. My parents took me to a diviner in Dutywa. I guess we wanted to know what the problem was and where it was coming from, before we could start the healing process. The diviner told me that I stepped on a very dangerous medicine that was meant to paralyse me. The aim was for me to lose my mind while sitting in a wheelchair. He did not tell me who had done it, because he believed that it would cause problems in my family. He recommended a healer that was very good in treating *ibekelo*. With my parents we went to the healer, he gave me some herbs to boil and drink when cold, and he cut my foot (*ukuqaphula*). He gave me some powder made from crushed herbs, and told me to put it in my Vaseline and smear it on my face. He told me that the Vaseline is good for any illness, it will protect me. I used all those, and in about a week I could see the difference. I was able to walk even though the pain was still there, it was mild, and my face was fine. I went back to work and I am still well.

Growing up as a young man, I knew a few traditional healers. I had nothing against them, but I was not too much of a fan, in some cases I would believe that they are liars who are after money. I am telling you, after that incident, I realised that we have our own experts, we need clinics and hospitals as well, but we need traditional healing. There are unclear things about one's health, especially in our culture as amaXhosa, so we need traditional healers. We trust our doctors, but there are things that cannot be treated by them. What happened to me was a sign for me that we have different ways of healing.

● *Analysis of the story*

Sandile believed that traditional healers are after money and they do not really have enough knowledge. His story was a wake up call for him. It made him realise that they also have skills to heal people, especially with mystery illnesses that cannot be treated by western trained practitioners. When looking at the homes of the healers, it is clear that they do not make money from the profession, maybe those in urban areas do make money, but in Dwesa, traditional healers

are humble and their homes are very humble. The issue of language has also come up in Sandile's story, this is a major problem encountered by patients consulting with HCP's from other cultures in strange places. They feel less comfortable when not able to speak their language. Sandile highlights that the doctor was umXhosa, so that made it easy for him to understand the issues around the whole problem. He was frustrated, but he understood that there was nothing he could do for him. He needed to see his parents and treat the illness with traditional medicine. If the doctor was from another culture with no cultural understanding whatsoever, it would possibly be difficult for Sandile to explain his problem, and the doctor would probably book him into hospital and book a scan for him to check out what was happening. Sandile would not be able to explain to him what the problem was, as his condition was inexplicable. This shows that language and culture go together and if they are misunderstood, then this can result in communication problems in the health-care environment.

This is why it is important for HCP's in general to learn to speak the language of their clients and to have an understanding of the culture as well. Pharmacy students at RU might not be able to speak the language fluently, and might not understand the culture well, from the very beginning, but they would be able to listen to their clients, and give their clients who cannot speak English an opportunity to voice their choices about what they want to do. For example in a situation like this, an HCP who had learnt to speak the language with an understanding of culture would be able to probably say: "do you want to go to a traditional healer?" This would be asked without making the whole process of consulting a healer sound like it is the worst thing ever. It would be made clear that it is one of the options, not something illegal.

The three methods that are used amongst amaXhosa are known almost by everyone in the Dwesa area. Traditional healers have confirmed that they use these methods to their clients and also to themselves. However, other methods have also been looked at and discussed briefly and broadly in some cases, as they will play a role in informing the course that is being designed for Pharmacy students. A sample of the actual interviews analysed in this chapter will also form part of Appendix C.

Another important aspect that comes out of Sandile's story is that, there are illnesses or conditions that can be cured by traditional healers only. This has been agreed upon by Professor Whisson (*Sunday Times* 21 Sept 2008: 33) in chapter two that, in some cases science becomes unable to answer some of the questions with regards to illnesses. From traditional healers one would get answers from idioms that make sense to the person suffering from the illness. They get to know the cause of the illness, in terms of who created it, and they provide cure and ways of protecting the

person from more harm.

The following table shows what the three methods are normally used for, and the way people from Dwesa believe in these methods. The belief is rated as “strong” “slight” and “none”.

Success factors of the three common forms of healing	Use	Belief
Ukufutha for flu and fever	X	Strong
Ukufutha for major illnesses	X	Slight
Ukufutha for social problems	X	Strong
Ukufutha just for cleansing	X	Strong
Ukugabha for fever and flu	--	None
Ukugabha for chronic illnesses	X	Strong
Ukugabha for social problems	X	Strong
Ukugabha for cleansing	X	Strong
Ukucima for flu and fever	X	Strong
Ukucima for chronic illnesses	X	Slight
Ukucima for social problems	X	Strong
Ukucima for major illnesses	X	Strong

Table 2: An indication of the use of the three methods of healing for different illnesses and the belief towards them (adapted from Pade 2006: 146)

The findings reveal that most people believe in the use of the three methods for a number of different illnesses and in some cases for social problems. Traditional healers also use them for their own health purposes. The use of these methods is also accompanied by a strong faith and belief that, when a person has used them, they will be rid of whatever the illness or problem was. These methods are used not only for illnesses, but for social problems as well. They are used for both minor illnesses like flu and also major illnesses like asthma. For example when one has asthma, a healer would believe that they have been poisoned through witchcraft and the healing would require them to eject the poison bit by bit through the use of *ukugabha*.

The following table indicates the way people believe that traditional healers have a link with the ancestors.

A link with ancestors		Belief
Traditional healers are a link to ancestors	--	Strong
Traditional healers communicate with ancestors	--	Strong

Traditional healers get guidance from ancestors	--	Strong
Traditional healers communicate with ancestors in their dreams	--	Slight
Traditional healers communicate with ancestors in their music and dance	--	Strong

Table 3 : An indication of the belief people have towards traditional healers and whether they act on behalf of their ancestors (adapted from Pade 2006: 146)

In all the interviews, one of the questions was based on finding out how the person feels about the ancestors. It was also based on finding out if the respondents believe that the traditional healers are a link between people and their ancestors. The responses showed that people including traditional healers, believe strongly that traditional healers get guidance from their ancestors, and those of their patients.

Some traditional healers even believe that, they get clients to treat, because their ancestors have blessed them. As it has been outlined in chapter two, ancestors are believed to be the tour guides in the journey of traditional healing. From the beginning of *ukuthwasa* they are believed to be there, providing guidance and showing people the way on how they can do things to make sure that the person who is being called to be a healer gets the right training to be a traditional healer. Dreams are believed to be the only way of communicating with them, and for one to dream well, they need to put on their white beads so that their dreams can be pure. These dreams can reveal good or bad news about a traditional healers' patient or can show the way on how a healer should treat a patient.

The following question was asked to a different group of respondents. In some cases it was asked in different ways. However the response showed that all of them believe strongly in ancestors.

Researcher: Do you believe in ancestors (*izinyanya*)? If so can you give me reasons as to why you do and tell me if there is a link between them and traditional healing?

Zine: Yes I believe in *izinyanya* and that traditional healers are a link between us and *izinyanya zethu*. Traditional healers get guidance from their ancestors and also those of their clients. As I grow I realise that I should believe even more in them. There are times when life gets tough, and you want to try almost everything, to see if things will get better. Ancestors are always there to guide you during those times. I do believe in *izinyanya, kakhulu* (very much).

- *Analysis*

Zine's response is more than anything full of emotion, she could not find many words to explain why she believes in ancestors, but she gives a summary that as she grows she realises that she should trust them even more and she believes in them even more. This response is probably based on her experiences in life and through the traditional healers, she managed to reconnect with her ancestors and they came closer to her as a result of this connection.

Researcher: Do you believe in ancestors?

Nolitha: Yes I do, but I am trying to be a full-time Christian and that has made me realise that I do need *izinyanya* together with God. I try to put my trust to God and my ancestors, pray to Him when I have a problem and appease my ancestors so that they can also protect me. We make rituals in my home; everyone believes that we need to appease the ancestors so that they can work with God to protect us.

- *Analysis*

Most traditional healers, believe strongly in God, they believe that God works with the ancestors and provides protection for them through the ancestors. Nolitha is still going through *ukuthwasa*, but she has a firm belief in God, she goes to church. This is normal amongst traditional healers, and most of them do go to the Zionist church, which also uses drums and allows people to use *ukuvumisa* in the church.

Traditional healers also believe that whatever happens in their lives is allowed to happen by their ancestors. If they do well in their work, they praise them, if they do not they make means to appease them. They also advise their patients/clients to do the same when things go wrong or right. They believe that, if one is at peace with their ancestors they will be happy in their lives.

Researcher: Do your ancestors get involved in your practices?

Ronnie: Yes, because they speak with me in my dreams. They tell me what an individual is sick with and they also tell me which medicine to use for a particular illness. They also communicate with me, when a person is not going to get better. That can be the saddest thing, because when you heal an individual, you connect with them and their ancestors as well. When they die you also become emotionally involved, this is why it is important to do a cleansing ritual, before continuing with healing other people. As a healer you also have to be in mourning and take time to heal yourself and also other people.

Traditional healers are very much in touch with their ancestors, their ancestors communicate with

them when a particular client is coming to hear about a problem. When they arrive to be told about whatever the problem is, the healer knows already, so will just tell them without asking from the client. That is why Ronnie believes that as a healer they connect with the ancestors, both their own and those of their clients. They tell them about the problems, even when the person is not going to make get better, they get that information from both ancestors.

Traditional healers would in some cases advise their clients to slaughter an animal to appease and praise the ancestors. In cases like these, a traditional healer becomes an advisor and a councillor to their client. Slaughtering a cow is widely believed to bring good luck to the whole family, chase away evil spirits, and protect and strengthen people from witchcraft. Ancestors are believed to inform traditional healers about whether a client is going to get well or not. Traditional healers would sing, pray and spend time in an isolated place where they will be communicating with their ancestors and those of their patients, to seek guidance about their client.

3. 4. Observations

- *Traditional healers*

The data collected for this study has shown that Dwesa is a rural area that still believes strongly in traditional lifestyle. Traditional healers in Dwesa, do not feel like they are neglected by the community, they have their problems around the issues of being less recognised by the broader community, but the community in Dwesa treats them with respect and they are always consulted even to take part in decision making issues in the village. As I was walking around the village to meet with respondents, traditional healers were the first people to avail themselves for the interviews. They would freely take to their homes to show me their medicine. They are proud of their work. They are very humble people, and one could see that their profession is not just for money, but it is something they enjoy and feel good about. Most of them are not working, but rely solely on the money they make from treating people. It is not enough, because even the whole community in Dwesa does not have enough money, as there are no employment opportunities in the area. However, healers do not seem to be frustrated about that. They believe that healing is a calling so it has to be provided with an open heart, and in that way a patient will get better. Traditional healers dress in white, and according to the findings, this colour is good for their work, their lives and more generally. It shows purity and that their work is aimed at bringing light and peace in people's lives. They put on white beads that are believed to open ways for them to dream peaceful dreams aimed at helping people. The following is a picture of a male traditional healer in his traditional regalia. Further observations will be provided in Appendix F.

3. 5. Pictures of traditional healer

3. 5. 1. *Picture 1*



Figure 2: A male traditional healer in Mpume village, dressed in his traditional regalia. Pic taken by Mapi T. P. 28 Nov 2008.

In Dwesa there are a number of traditional healers, they dress differently and are trained in different ways. Most of them here in the Eastern Cape dress in white and put on white beaded necklaces, bracelets and earrings. It is believed that the colour brings peace and makes it possible for a healer to keep in touch with their ancestors. They smear white clay on their faces, which is believed to allow them to dream at night as it is important for healers to dream, if a healer does not dream they grow frustrated, because they believe that their ancestors have turned their backs on them. In Dwesa there are traditional healers who dress in white and the ones that dress in mixed colours, for example in red, blue and white. The ones who dress in mixed colours normally put on cloths and beads with these colours. They smear red clay on their faces. These healers are trained differently from the ones who dress in white and in some cases they use bones. The bones are believed to be guided by the ancestors to give healers the information they need about their clients. All traditional healers in Dwesa are aware of the three methods of healing, they prescribe them for their clients and they use them for their own health as well. Many people in Dwesa have a background in traditional healing, in most cases they have a family member who is a traditional healer or they know a person who is a traditional healer. This leads to many people being knowledgeable about traditional healing or medicines. In most cases people who seem to have more knowledge are women as many traditional healers are women. Men were not very willing to speak about their experience. Only a few managed to share their experiences and knowledge about traditional healing.

3. 5. 2. Analysis of the picture

The male traditional healer represented above is dressed in full regalia. This outfit is worn when there is a ceremony that a healer is performing. In some cases it is worn when a healer is attending traditional healers' ceremonies, where other healers will be dressed up and performing dances and singing. This type of ceremony is called *intlombe*. The two sticks that the healer has are significant, they both give guidance to the healer, when he is in a ceremony. The one with no beads is a spear, it was given to him by his parents who were also traditional healers. It is given to him as a sign of bravery, for him to work in the profession with pride and bravery as it has its challenges. The sharp part of the spear is covered so that it does not get to do improper work. The dress is called *umbhaco*, and can be worn by both female and male traditional healers. When they are dressed like that and ready for the dancing and singing, they take off their shoes and dance with their bare feet. There are not many male traditional healers in Dwesa, but the ones available are both *amagqirha* and *amaxhwele*. Traditional healers join associations, where they can learn about ways of improving their profession. These associations present them with an opportunity to find ways of working with other HCP's and learn in the process. For example, according to Jijide (1994) in Zimbabwe there is a association called Zimbabwe National Traditional Healers Association. The association regulates traditional healers and grants them permission to book their patients on leave. All in all it allows them to work with other health-care facilities and practitioners (Jijide 1994: 2005). The healer above is a member of an association for traditional healers in the area. This society allows them to work with doctors and clinics and to refer their patients to these clinics. He believes that this is good for them as healers as it will pave the way for them to be known in other health-care facilities. He has forms in his home, where he writes the information required about the patient. He also has been attending workshops about treating TB and monitoring the treatment taking behaviours of the TB patients, while treating them with his own medicine.

The pictorial representation above is of a male traditional healer dressed in white. His posture is confident, he was not forced to take the picture, he wanted to. That shows in his posture. He is carrying two sticks, one a spear covered with a cloth and the other one a stick decorated with beads. The spear was given to him by his parents when he became a healer. He is proud of the fact that he has the spear. It is not for anything else, but to show him a way as a healer. He is standing there bare feet, that is a sign of being in touch with the ancestors. They are believed to be in the soil, which is why when they dance they would dance with their shoes off. They have to feel the floor. The background is the wall of the kitchen in his house, and some furniture. The furniture is not modern, which shows that traditional healers do not make lots of money. The way they heal their patients is based on *ubuntu*, making sure that their patients are well. That is why in the olden days, the payment was called a cow (*inkomo*) it was not supposed to make one rich, but to show gratitude.

A cow is one of the most valuable animals amongst amaXhosa. a traditional healer would perform their task and be given a cow. Even nowadays the payment is referred to as a cow, even though it is money. For most traditional healers given that cow, they would perform a ritual with it, and the skin would make a drum for dance performances. The floor has a piece of mat, but the other side of the house was smeared with cow dung. In some cases traditional healers do not want to have the modern furniture and appliances, because they believe that it chases their ancestors away. Because of that they find it difficult to communicate with them in their dreams. Same applies with carpets, a house smeared with cow dung is very traditional so it allows their ancestors to have a place to dwell.

3. 5. 3. *Picture 2*

Below is a picture of a traditional healer beating a drum made from a metallic container, covered with a cow's skin. The traditional healer is not dressed in white, but is wearing some beads. She confirmed that these beads have to be worn all the time, as they are a sign that one is a healer, they also allow one to dream at night as it is one of the important things in the profession. Dreams give guidance to a healer, about what to do and what is going to happen to them and also their clients, who might be in danger or in need of their help. They also dream about the medicine they need to use to heal their clients. The beads help in that regard. According to traditional healers, dancing invites their ancestors to be amongst them and speak with them. They believe that when they start to feel the song their ancestors are around and they will guide them into performing well and tell them what they need to say or do. However, they say dancing is not meant to show them what to say, it is a way of making them in the mood and to talk to their ancestors quietly. When they have to speak with their clients, they do not have to sing or dance first, but the singing and dancing is required to keep them in touch with their ancestors. As some healers were dancing they were carrying sticks. One traditional healer was carrying one with white beads. White beads not only represent purity in terms of the work they do, but also act as a sign of hope and light in people's lives. Not all traditional healers dress in white, as depicted below.



Figure 3: A traditional healer in Mpume village beating a drum, while others are performing a traditional dance. Picture taken by Mapi T. P. 28 Nov 2008.

3. 5. 4. Analysis of the picture

The person beating the drum is a traditional healer, her sister is a healer and her brother. The drum is made up of a cow's skin. It has been mentioned in the previous analysis that a cow skin is very important in the traditional way of life. Traditional healers believe that each and every one of them should have their own drums made up of this skin. The healer is not dressed up in her regalia, but she has a few beads on her neck, ears, and on her ankles. This is a sign that she is a traditional healer, even if she is not dressed in white. She has smeared a red clay on her face. She is beating the drum and singing at the same time. Her facial expression is somewhat uncomfortable, which might be caused by the fact that I was carrying a camera, but when we started engaging in the interview she became very forthcoming.

3. 6. Traditional medicinal plants

Most of the traditional healers in Dwesa have gardens where they plant their vegetables, together with their traditional medicinal plants. It has been mentioned in chapter two that Dwesa is rich in natural vegetation. This shows in the colour of the plants as they are very green and fresh. Some of the plants are named with traditional names, and in some cases these names are based on what they heal. For example, *imbelekisane*, is derived from the word *ukubeleka* (to give birth), so this medicine is aimed at pushing one to give birth quickly without going through much labour pains. These are some of the medicinal plants that are used by traditional healers to heal almost all

illnesses. These plants will be explained further in Appendix B and their pictures will be displayed.

Ubuhlungu bebhokhwe, literally means the pain of a goat. It is used to treat a goat when it is sick. Most people from the village including traditional healers have livestock, so they have to take care of their animals when they are sick. It would be given to the goat to chew and treat whatever was wrong.

3. 7. Importance of traditional healers in Dwesa

AmaXhosa people feel strongly about traditional healing, and even those who do not necessarily consult with traditional healers still value their contribution as health-care service providers. Even the way people greet them shows that they are well respected, they hold a very high status especially in rural areas. For those who do not consult with them, it is comforting to know that they are there. For example the nurses in Dwesa do not always consult with them, but they know that in some cases they would need their guidance and support, for example in performing rituals. The community showed pride towards traditional healers and traditional healers showed pride about their work. Traditional healers believe that their work is not just any work, it is a calling and in most cases they are called to heal people in their own areas. Their work is not like other professions where people can relocate. They have to stay in their homes and people need to come to their homes. That makes it easy for them to keep in touch with their ancestors, because they believe that they reside in their homes.

3. 8. Challenges faced by the community and traditional healers

The area does not have enough health-care infrastructure, there is one clinic, with not enough resources and staff capacity. The community is more dependent on traditional healers for a number of health-care issues. The community does not really mind, because they trust traditional healers. However in some cases people would rather consult with traditional healers from other places like Mthatha. They end up treating people with minor illnesses as a result they do not make enough money. The reason for that, is that people prefer to hear their news from someone who does not know anything about them. In that way they trust the news they get, whether it is good or bad. Regardless of those challenges, traditional healers still believe that their work is guided by the ancestors, so if their ancestors want them to live simple lives, they obey that. As a result they do not mind healing people from the village.

Traditional healers, are not very happy with the treatment they get from people in general, starting

from the top people whom they feel do not acknowledge them in the same way other HCP's are acknowledged. They also have a lot of expectations, they wish they could have someone to represent them and tell their grievances to the officials. They are in rural areas, as a result they do not get to join some big associations and unions that represent traditional healers. They also believe that people are ashamed of being known or seen that they use their medicine or that they do consult with them. That makes them feel like they do not have a bright future. Even so they believe that they are here to help people, their work is meant even for those who cannot afford expensive treatments, in other words they have nowhere else to go. Swantz (1974) agrees that, in Zimbabwe and many other African countries, medical costs make it impossible to access healthcare for most people. Hence they opt for traditional healing (Swantz 1974: 387).

They agree that people need to learn about their practices as that might help improve their image and remove the stereotype about their work. Some agreed as well that they too need to learn about the work provided by their counterparts. They believe that the exchange of knowledge would help balance things and allow them an opportunity to be seen out there and get the recognition they deserve. A few agreed that they are faced with the challenge of HIV/Aids as well, as most clients would hide their status to them, even when they are already sick. They sometimes put their lives in danger, they wish their clients could be open and share their secrets with them so that they also are aware of what they are dealing with.

3. 9. Some of the important challenges

- When they have prescribed some of the methods to their clients, and maybe a clients have to go to the clinic after seeing them, they get ridiculed, as a result some of their clients prefer not to tell. That does not help, because it strengthens the stereotype that their practices are not good enough.
- Most of them as traditional healers are not educated, that creates more problems for them, because their medicine is in most cases not trusted, because it is not tested like other medicines.
- They would like to work with people from other health-care services, and show their skills. However, it is not easy, because they are portrayed as people who do not know what they are doing.
- The fact that they share language and culture, creates problems for them as healers. Most people do not want to pay, they believe though that if a person does not pay for the medicine used, the medicine does not work.
- They believe that it would be a great idea to share their knowledge with students who have

an interest. If students could learn about their work, maybe they would assist to create opportunities for their work to be known.

3. 10. Involvement in the Siyakhula Living Lab

There is a Living Lab called Siyakhula in the area. The Lab is fully equipped with computers connected to the internet. The Living Lab mainly promotes development of the area through the use of ICT. Researchers around the study of the Living Lab have been generating studies around the use of the Lab. The work that they look at around the area, includes looking at IK to promote tourism. The work done by traditional healers forms a huge part of IK including the traditional dances and arts and crafts making.

Traditional healers have not been involved in the activities around the Living Lab. They are happy that the village has computers that can be helpful for everyone, however they believe that their work does not involve technology. They do not want to be part of the training and all the activities taking place. Findings from the field notes show that according to their beliefs, technology is not really liked by the ancestors, so they are happy when they go out to the forest to get herbs and traditional medicine. When most traditional healers go through the process of *ukuthwasa*, they do not like products with the western origin, for example TV, radio, even cellphones. They would rather sing and dance for their ancestors. The existing computer facility is arguably an opportunity for healers to gain greater recognition and exposure, though diviners do not yet see it in that way.

3. 11. Integrating traditional healing information into an isiXhosa course

The data provided and analysed in this chapter has revealed how rich and broad traditional healing amongst amaXhosa is. It has revealed that there are people who live their lives dependent on this knowledge. The data also showed that the subject of traditional healing is a subject known and trusted amongst African communities. Medicines that are used by traditional healers together with their beliefs are known amongst all traditional healers and not only in Dwesa. For example, I met with a traditional healer in Fort Beaufort township, and initiated a conversation about the practice and medicine used to heal particular illnesses. The methods used are the same as the ones used in Dwesa. In most cases the Former Transkei and Ciskei would have slightly different methods of performing cultural activities. However in the case of healing, the medicine that the healer uses is the same as that used by healers from Dwesa. For example, *ukugabha* is used when one has to cleanse their digestive system. In some cases also when they have *amafufunyana* (demonic possession). The healer confirmed that practices of traditional healers are the same. They all use

the same method to heal illnesses. However, the ones from townships are faced with slightly different challenges. They are not always able to access medicinal plants, they have to travel in order to get clean, fresh medicinal plants for their clients. He also agreed that traditional healers rely on the guidance they get from their ancestors.

The information accessed about the three methods of healing, has been discussed in the previous chapters and it has been done so broadly in this chapter. This data will be integrated into an isiXhosa course to teach 4th year Pharmacy students at RU. The course has been piloted last year and in 2008. Teaching this course at a higher education institution will allow isiXhosa and its culture to develop and intellectualised. Teaching the course with in-depth information about traditional healing would also allow rural communities an opportunity to be part of the knowledge sector as they would be sharing their IK with people from other cultures. This sharing of knowledge will generate more studies around the issues of African languages in general, because students might be learning to speak isiXhosa, but the culture of traditional healing is similar amongst all African cultures. The languages also have similar features that make it easy for one to transfer the knowledge to the other. For example if a student has learnt to speak isiXhosa and moves to KwaZulu-Natal where they would have to speak isiZulu, they would be able to speak isiXhosa with their clients, and maintain effective communication.

Teaching this course to Pharmacy students at RU would pave a way for this method to be used in other institutions of higher learning as well. It would also give an opportunity for this information to be taught to other HCP's as well. That would develop and improve a relationship between these two types of health-care service providers. The findings revealed that traditional healing is rich with information.

3. 12. Conclusion

The three methods are believed to be a great source of health amongst the community in Dwesa. Most people have trusted them even for minor illnesses. As traditional healers and some community members were dancing, preparing for the competition to take place in Port St Johns, it was mentioned that traditional healers need to give them some medicine for *ukucima*, so that their waists can be in a good condition, when they dance. Even traditional healers, confirmed that they will use *ukucima* so that their waists can be in a good form, so that they perform well. Teaching a course with this type of information to Pharmacy students will help create an understanding about the methods as they have healing effects and are trusted in amaXhosa communities, especially in rural areas, where health-care services are not always accessible. This chapter has provided an analysis of

the findings from Dwesa.

Incorporating this information into the course will equip students with knowledge of the language and also with the cultural knowledge, which plays a huge role in the lives of amaXhosa. It will also allow an opportunity for traditional healers to share their knowledge to a wider society. In the process isiXhosa together with its culture will be intellectualised and traditional healing practices will be made part of education and probably create platforms for knowledge sharing amongst the two different health-care practices. Exactly how this material can be integrated in innovative vocational language learning courses such as the Rhodes isiXhosa for Pharmacy course, is explored further in chapter four.

Chapter 4

IsiXhosa for Pharmacy

Chapter three provided an in-depth analysis of data from Dwesa. This chapter gives an analysis of the data collected from the Rhodes University Pharmacy students concerning the isiXhosa language and culture pilot course. The data has been discussed broadly, based on the findings from the interviews and also from the isiXhosa course that has been taught to the students from 2007 – 2008 by the SANTED programme lecturers. Sample lesson plans from the isiXhosa for Pharmacy course are also included and analysed in this chapter.

4. 1. Introduction

This chapter serves to give a brief overview of the mandate that was given to the Rhodes University (RU) to implement a language policy that is inclusive of all languages used in this province i.e. isiXhosa, English and Afrikaans. This study looks at the language policy as it gives an indication of which steps have to be taken to ensure the implementation of this vision. Examples of course material for the teaching of isiXhosa to Pharmacy students will also be provided. Responses from students will be presented, analysed and interpreted in this chapter.

RU is situated in a small town called Grahamstown in the Eastern Cape. The Eastern Cape is the heart of the isiXhosa-speaking people of South Africa. As it has been mentioned in previous chapters, the community has a majority of isiXhosa-speaking people, many of whom believe strongly in traditional healing and ancestors. The University has an excellent history in research and community engagement programmes, and as a result over the years it has been attracting students from outside South Africa and all over the world. There is also a lot of non-isiXhosa-speaking South Africans. In some faculties like Pharmacy in the University, students have to visit the community in community engagement programmes. This becomes a challenge for students and their clients, because in most cases, the community they would be engaging with would not be able to speak English. The Faculty of Pharmacy also requires students from 4th year level to visit the community for their Community Engagement Programme (CEP). According to the findings of this research, they also have been faced with challenges, because of differences in language and cultural background.

RU's School of Languages – African Language Studies Section hosts a programme called SANTED (South Africa–Norway-Tertiary Education Development) programme. This programme aims to aid transformation in tertiary institutions in South Africa through, amongst other things, the promotion of multilingualism. The programme has been tasked with implementing the language policy of RU. One of the goals in the policy is to teach isiXhosa across faculties. This is an initiative to create an inclusive environment amongst people of different cultures in the institution. RU supports the national commitment to ensure that language should not act as a barrier to equity of access and success. The University also recognises the multilingual nature of the University community and the country, and aims to adopt a wide range of strategies which will create a higher education institution whose identity is multilingual and proudly South African (Rhodes University website 2008).

Further to this, the programme seeks to equip students with multilingualism skills essential for students who are required to provide services in a linguistically and culturally diverse society like ours. As mentioned above, the Pharmacy Faculty has also been specifically selected, because 4th year students in the Faculty take part in what is called the Community Experience Programme (CEP). In the CEP, 4th year students are required to visit the Grahamstown amaXhosa community to conduct health-care based interviews and dispense medication. The isiXhosa for Pharmacy course focuses on communication skills required in taking patients' social and medical history, documenting and giving advice on certain chronic conditions and dispensing medication. The course also aims to provide appropriate cultural awareness to students. The cultural component includes looking at traditional healing. The research was carried out in order to further inform the teaching of isiXhosa language and culture to Pharmacy students which is presently being taught to these final year Pharmacy students at RU. The researcher teaches as part of this programme.

4. 2. SANTED Programme

The South Africa–Norway-Tertiary Education Development programme is an collaborative effort between the Norwegian Agency for Development Co-operation (NORAD) and the South African Department of Education. The purpose of the programme is to assist the Department of Education in the transformation of the Higher Education sector. An agreement between the South African government and the Norwegian government was reached in June 1997, to provide funds for the phase of 2000 – 2005. This agreement has been extended for a period of four years from 2006 – 2009, with an additional amount that was negotiated. The programme aims to support the Department of Education in meeting the objective of building a higher education system based on principles of equity and social justice (RU website July 2007).

4. 3. Programme Overview

The SANTED programme has developed different projects to ensure development of the higher education sector. Two phases have been developed and implemented for this programme to upgrade the standard of education in the South African education sector.

The first phase was called SANTED 1.

SANTED 1 was aimed at looking at a few projects meant to specifically develop previously disadvantaged institutions in the transformation process. These projects were carried out such that

they promote co-operation in this region to strengthen the higher education system in southern Africa.

The second phase was called SANTED 2.

SANTED 2 was aimed at providing support to a few projects carried out for development in the higher education sector. These include the following:

- The promotion of multilingualism on campuses, through teaching and learning of languages and culture.
- The programme also looked at the development of a few systems within the higher education sector. That included development of policies that have been previously disadvantaged, for example language policies, building new curriculums that will allow more flexible learning ways.
- Promoting collaborations and building partnerships with higher education institutions in South Africa and other SADC countries (RU-SANTED programme website July 2007).

4. 4. Rhodes University SANTED Programme

The Rhodes University SANTED programme is within the School of Languages, in the African Language Studies Section. It aims at supporting and implementing the Rhodes Language Policy and the activities of the School of Languages to promote multilingualism. It focuses mainly on three areas:

- Fostering African scholarship
- Teaching of isiXhosa as a second language and also across faculties
- Promoting access to tertiary education for speakers of isiXhosa as a first language (RU/SANTED programme website July 2007).

4. 4. 1. Fostering African scholarship

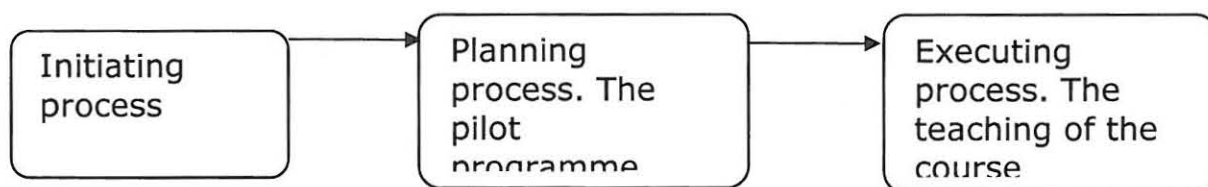
The programme seeks to foster African scholarship by supporting young African researchers in their postgraduate studies around African studies. From Honours to PhD levels students engage in research in different areas such as policy implementation, curriculum development, intellectualisation of African languages etc. Promoting African scholarship helps to generate more

studies and produce more knowledge in African studies. In the case of teaching isiXhosa to Pharmacy students, knowledge gets generated in different areas, i.e. in the learning and teaching of isiXhosa, the integration of traditional healing into the course and also the possibilities of allowing practitioners from both systems to share knowledge and work together in specific areas. The development of curriculum in these areas that have always been perceived as powerful areas where African languages do not fit in, will grow and hopefully spill over into other higher education institutions in Africa. In that way African languages would be intellectualised and grow as languages of learning and teaching (RU SANTED programme website July 2007).

4. 4. 2. Teaching of isiXhosa as a second language at RU

Second language teaching comprises of three programmes, viz. isiXhosa for Pharmacy; isiXhosa for Law and isiXhosa for Staff. The isiXhosa for Pharmacy and isiXhosa for Law programmes are mainly targeted at students in these departments who, during their academic career and afterwards, are required to provide their services to their clients in the language best understood by the client. IsiXhosa second language courses are meant for staff and students. The aim is to create an understanding of the language and allow them an opportunity to acknowledge the diversity of the university and the society in general. IsiXhosa for Staff, as it suggests, is targeted at the staff at the University. The purpose is to develop their competency in isiXhosa so that they are able to communicate with the rest of the staff community that does not speak English or Afrikaans competently, as well as to promote cultural awareness around the language (Maseko from RU SANTED programme 2007).

The process of the development isiXhosa for Pharmacy and Law was planned and developed in the following manner:



4. 5. The initiating process

4. 5. 1. Motivation

The South African situation with regards to professionals, suggests that they practise in sectors where the majority of their clients cannot speak English and the professionals cannot speak the language of their clients. This clearly shows that these practitioners have all the expertise in their

areas of study, but without being able to speak with their clients, it becomes impossible to impart knowledge, that in most cases is very crucial. This is what is very crucial in the health sector, because health-care practitioners have to give instructions to their clients. These have to be followed very well, because the health of a client depends on them. A question that has always been asked, when this issue is being debated is: would it be very proper to say the students are fully competent in their profession if they cannot communicate effectively with their clients? It is an important question that can be unraveled through analysing the isiXhosa for Pharmacy course, especially after students have studied isiXhosa and spoken to their clients in their language, with an understanding of culture. The challenge for tertiary institutions therefore is to confront the situation by including programmes in our training that empower our students in language skills (and isiXhosa in particular at Rhodes University), thereby making them well-rounded and competent professionals (Maseko 2007 RU SANTED website).

4. 5. 2. Creating awareness in the faculty of Pharmacy

2007 was the year where we had to create awareness about the importance of learning to speak the language of clients, by students. At the beginning of the year, we attended meetings with people from the faculty of Pharmacy. The meetings were aimed at proposing that students from the faculty get an opportunity to learn to speak the language of amaXhosa, as they practise in Grahamstown, situated in the Eastern Cape. The faculty of Pharmacy accepted the proposal and the students also accepted the initiative and attended the pilot class in large numbers.

4. 6. The planning process

4. 6. 1. Why isiXhosa?

One of the questions we had to address amongst ourselves as we were planning and also to other people with whom we were proposing the idea to, was why do we need to teach isiXhosa? These are some of the important reasons why it was decided to teach the course:

- IsiXhosa is one of South Africa's 11 official languages, and is also an official language of the Eastern Cape (and at least two other provinces in SA);
- IsiXhosa is South Africa's second most spoken language after isiZulu, but is the most widely distributed;
- IsiXhosa and isiZulu are mutually intelligible and together are spoken by about 20 million South Africans. Therefore, about 48% of South

Africa's total population speaks isiXhosa or isiZulu as opposed to English which is spoken by about 10% of South African total population only; and

- By learning isiXhosa one will be introduced to a cultural system which really applies to most African languages and one will be made conscious of African language and cultural issues that pertain to those types of communicative situations where English is being used as a "*lingua-franca*" or common language (Maseko 2007 from RU SANTED website).

4. 6. 2. Targeted students

The course is designed such that Pharmacy students who are required to interact with people who speak isiXhosa in the Grahamstown area will be able to do so. The aim is for the students to speak with their clients in their language. The broader aim is to equip students with language skills and cultural awareness associated with the language so that they are better capable to understand the conditions (both social to medical) of their clients. In the initial talks with one of the lecturers, it was explained that in the programme we are targeting 3rd year students as a way of preparation for their 4th year.

4. 6. 3. General outcomes

As we were planning and developing the course, we had set outcomes that we believed had to be achieved at the end of the course. We believe that when students are finished with the course, they have to have basic linguistic knowledge of the language as well as cultural understanding, especially of the way the language is used in their profession. The course would also allow them an opportunity to apply their knowledge in interpreting issues that come up because of cross cultural communication.

4. 6. 4. Objectives

At the beginning of each lesson there are outcomes that are meant to be achieved at the need of it. At the end of the programme these outcomes need to be achieved fully. We believe that students who attended classes regularly should be able to acquire the following knowledge and skills in isiXhosa:

- ability to greet, introduce themselves, enquire after their client's well being, and ask for their personal details and information;
- ability to enquire after someone's social history (residential address, living conditions, etc;

- ability to ask questions related to a client's social history/background;
- asking questions on the client's medical background;
- asking questions related to patient's present health condition;
- asking questions related to presenting complaint/illness;
- give information on the chronic conditions that students work with – i.e. asthma, diabetes, epilepsy and hypertension. Information would be in regard to: awareness about the illness, detecting the illness (i.e. symptoms), preventative measures and taking medication correctly.

Throughout the programme the students were made aware of cultural issues around these language areas, as well as some possible common beliefs amongst amaXhosa, associated with the chronic illnesses mentioned above. Traditional healing is being integrated into the course, specifically information about the three common forms of healing. The purpose of this thesis is to create a model for the further integration of the cultural and linguistic aspects of isiXhosa language learning for the Pharmacy course. This part will also reveal the role played by traditional healers in the improvement of health-care.

4. 6. 5. The 2007 Pilot programme

South Africa is a multilingual and multicultural society. That means everyone needs to learn to speak each other people's languages including learning more about their culture as well. That requires higher education institutions in the country to adapt the learning and teaching so that they include language acquisition programmes that can equip students with language and communication skills required in their professions. Language goes hand in hand with culture, so that is why it is important for them to learn about culture as well. Most students who acquire their secondary education in South Africa are competent in English and Afrikaans, but have no proficiency whatsoever in an African language. This creates a few complications when they are in the field practising as professionals (Maseko 2007, from RU SANTED website).

4. 6. 6. Assessments

This course does not include written examination as a form of assessment. The aim is not to make

students feel that the Pilot programme is an added burden on their already heavy programme. However we also saw it important to “reward” those who took part by presenting them with a Certificate of Attendance/Completion. For that reason, we had an on-site clinical assessment where students were assessed “in action”. The format and the timing of this were agreed upon by Faculty of Pharmacy and the School of Languages. The course is now SAQA (South African Qualifications Authority) approved and it is credit-bearing.

4. 6. 7. Course duration and contact times

The duration of the course that was proposed was that the course should run over 10-12 weeks, it started immediately at the beginning of 2008. The suggestion was that the course runs for that period so that it would not clash with student written examinations that would demand their attention. The day and times were those that were perceived as suitable by the Faculty of Pharmacy, but were negotiated in consultation with the School of Languages. We met the students, for formal input, for one period once a week.

4. 6. 8. Oral proficiency

The course was aimed at emphasising oral proficiency rather than grammar or reading and writing. Grammar, reading and writing can support additional language learning, but in this programme they are integrated such that they facilitate oral proficiency (Adapted from proposal to Faculty of Pharmacy, Maseko 2007).

4. 7. The executing process

In 2008 the course was revised and reviewed to add more into it and it was offered to 4th year students in 2008. It was offered as a credit bearing elective for three terms. We had a reasonable number of students attending, considering the fact that all of them had attended the pilot programme. Four different types of assessment were offered, and each assessment was looking at how competent they are in communicating with their clients, because the course is aimed at promoting communication skills. The assessments would require them to answer questions as well, because the aim of the course is for the students to be able to speak, and respond to questions as well. They were also required to write down the information they obtain when they meet with their clients for the CEP. That was aimed at assessing if they have learnt to speak the language with understanding. The assessments showed that the students have managed to acquire the skill of speaking the language with understanding. A brief explanation of some of the lessons is going to be

provided below. The assessment forms will also be provided in Appendix E, where interviews and a template of the course will be shown.

4. 8. Teaching isiXhosa to 4th year Pharmacy students at RU

RU has a large intake of students who have English as their mother tongue. This means that they do not speak isiXhosa, the dominant language spoken in the Eastern Cape and in Grahamstown where they do their vocational training. This becomes a challenge when the students have to engage in community outreach programmes, as they do not understand the language and some cultural issues embedded in the language. Reports from staff in the Community Experience Programme (CEP) indicate that communication becomes difficult during interviews, as most students do not speak isiXhosa and are not aware of critical cultural aspects amongst amaXhosa people. As a result, 4th year Pharmacy students are being taught basic medical isiXhosa, in preparation for their community interviews and also to equip them for future purposes as practising pharmacists in a multilingual society.

Some of the themes around which isiXhosa language and cultural awareness are taught include: Personal information, Social history, Taking medical history, Taking history of presenting complaint; and some chronic conditions. Chronic conditions taught are those prevalent in the Grahamstown community and they include TB, HIV/AIDS, diabetes, epilepsy, and Hypertension. In all these areas, students are required to be able to communicate with their clients with an understanding of the cultural issues. The course is designed such that lessons comprise of dialogues, explanations of cultural issues, information about traditional healing and healers and grammar, to help students understand the structure of sentences in isiXhosa. The following is a model showing the stages of the development and design of the isiXhosa for Pharmacy course.

4. 9. Teaching language and culture to Pharmacy students

Language and culture have always not been perceived as subjects or courses that need to be taught to students in science and technology. Pharmaceutical science was no exception. However, according to Crawford (1999: 37), in most cases health-care service and medicine dispensation in clinics/hospitals is between two people who do not share the same language or background. This can create confusion due to the language and knowledge differences especially if there is no interpreter available. Teaching isiXhosa and culture to the students would help reveal some benefits for them.

4. 10. Benefits that Pharmacy students would get from learning to speak isiXhosa

- Students would feel comfortable and be part of the communication even if the interpreter is available.
- In some cases students would feel frustrated when coming from the CEP, because they would not manage to be part of the conversation taking place between the client and the interpreter. Learning to speak the language with associated culture would help students manage to follow communication even if they are not able to speak well. However, the aim of the course is for them to speak the language with an understanding of culture.
- They would manage to develop a relationship of trust with their clients, and the clients would be able to open up, because the language/cultural barrier would be somewhat removed.

4. 11. Analysis of teaching isiXhosa to 4th year Pharmacy students at RU

Teaching isiXhosa to Pharmaceutical Sciences students, has not always been an accepted part of any higher learning institution. Most people have never believed that students from Pharmacy would need to learn a language. Learning to speak the language of a client, has not been considered important, after all there are interpreters available, who can assist in hospitals. However, most HCP's would not feel fulfilled in their work, as they would not manage to get their clients to open up and trust them with their information. That has led to challenges such as: misunderstanding around medicine taking, medicine taking instructions, and other problems that might lead to communication breakdown.

The teaching of isiXhosa and culture to Pharmacy students, was based on the need for effective communication in the health-care center and in the context of the patient. It would, for example lead to learning about the eating habits of the clients and also providing advice and instructions on how clients should take care of their health, in terms of exercising.

4. 12. Analysis of the interviews with the students

A broad research and data collection about traditional healing was collected in Dwesa as it has been mentioned in chapter three. This has been included in the Pharmacy course which is continually being developed. 4th year Pharmacy students who attended the course were also interviewed to find out how they view the integration of traditional healing in the course. Findings showed that, students have learnt from the course, and they would welcome an improvement based on cultural aspects, as they believe that they influence the medicine taking behaviours of the clients. The

questions were asked in the same way to all of them, and the students have been given pseudonyms. What follows is a sample of questions that were asked to the students, and the responses that were provided. These responses will be discussed and analysed and a sample of extended interviews will be included in Appendix E.

4. 13. Interviews

- **Interview 1**

Julia is 22 years old and studying Pharmacy 4th year, she meets with clients during the CEP interviews. She has been attending the isiXhosa course since the pilot in 2007. When reflecting with her she agreed that the course has made a difference in the way she views things. She said she would go to the township, and come back feeling frustrated, because she could not understand anything that was said. With the help of an interpreter she would of course manage to speak with the client, but during the interview she would feel left out and more like she does not belong. She highlights the fact that, as an HCP, she needs to create a relationship with her clients. In most cases, that relationship develops easily when one can learn to speak the language of the client.

Researcher: Do you think it is important to learn about the language and culture of your

Julia: Yes – The pharmacist aims to build a trusting relationship with the patient in order to provide pharmaceutical care. Language and cultural differences can be seen as barriers to providing such care. By understanding the patient's language and culture, the pharmacist and/or health-care professional will be able to better understand and relate to the patient and will assist in building a trusting relationship with the patient.

- **Analysis**

Julia is still a student, she still has to continue with her profession, however meeting her clients on a continuous basis has made her realise that language can be a barrier in providing good care. She highlights the importance of having a good relationship with clients. Crawford (1999: 37) agrees that language plays a huge role in breaking barriers between people from different cultures, especially in health-care environments. Clients need to be given medication with instructions. These instructions in most cases can be the only hope for the patient. In cases like these it is important for an HCP to be the one who understands the language of the client, because that also helps bridge the gap between the two parties. When that gap has been bridged, clients manage to feel comfortable and open up about their problems. In that way a good relationship is developed. You will hear a client saying "I need to speak with that one, because he/she can speak isiXhosa". Interpreters are

available in most cases, but in cases like these they end up being the ones developing a relationship with the client, while the HCP is left out.

Leanne is a 23 year old 4th year Pharmacy student and she has no knowledge of an African language whatsoever. She has been attending the course and found it fascinating and interesting. She admits that isiXhosa is difficult to speak with the clicks and grammar. However she says she enjoyed the lessons. She also agrees that learning to speak the language makes one feel comfortable and confident about what they are doing. She would go to the township for the CEP and things would be difficult. She would come back not happy, instead frustrated. She admits that interpreters are good and helpful, but they can take over and be the ones conducting the interview, she as the interviewer would feel left out. After the course she felt like she understands her clients better.

Researcher: Do you think it is important to learn about the language and culture of your clients?

Leanne: Yes. It makes it easier to understand why they do the things that they do, and to understand how to maybe talk to them in a better way.

- **Analysis**

Leanne's response is very short, but it captures the most important things: 1) Understanding of how people do things the way they do. This might refer to an understanding of why they use traditional healers even if they had consulted a clinic or pharmacy. What is it that they feel like they need to get from traditional healers. In chapter two and three, the way traditional healers heal their patients has been outlined. They do not just heal the physical part, they also consider the inside. That is why in most cases they provide the three methods of healing, they heal from the inside and cleanse the whole system and the person would feel good afterwards. Western medicine in most cases does not heal the body and spirit at the same time, as a result one would need to consult two people, for counselling and physical well-being. She mentioned that she also needs to understand how to speak with the clients. This statement agrees with the fact that language has to be taught together with culture. When one can speak the language of their clients, they manage to understand even the sensitive issues that need to be addressed carefully without offending and embarrassing the client. Pharmacy students might not be able to speak the language fluently right away, but they certainly can speak with an understanding of important cultural issues. For example, the importance of greeting and asking after someone's health.

Joanne is a 23 year old 4th year Pharmacy student. She admits that she just wanted to try the course, and if it was not good for her she was going to just drop it, but she started by enjoying to speak the

language and as she continued she could see the benefits. She went to the township for the CEP and she could understand what was said, even if the people were not speaking to her, and she felt like people were more open and welcoming, because she spoke isiXhosa. She believes that if one speaks the language of the client they come down to the level of their client and that sort of bridges the gap between the educated and the uneducated. Clients feel comfortable and able to speak freely, with someone whom they feel understands them.

Researcher: Do you think it is important to learn about the language and culture of your clients?

Joanne: Yes, it definitely is important. Clients will respect you more if you can at least try to communicate with them in their home language. It is also important to have some cultural understanding so as to better understand areas of difference, as well as to understand how to know how to always be respectful and courteous.

Analysis

In our reflection with Joanne the issue of benefits and understanding came up. Understanding has been mentioned by the other respondents. Understanding is broad, before one can understand the language and culture of an individual they need to understand the person. Learning to speak the language of a person with an understanding of culture plays a big role in showing that understanding. In the case of an HCP and patient, there is always an issue of education and the client in most cases is the one who is less educated and disadvantaged. If an HCP attempts to speak the language of the client, they remove the barriers between themselves and the client.

The research questions in this chapter indicate that the students have shown that there are benefits in learning the language of the client as it allows one to understand the client better and according to Joanne to be able to show respect and politeness.

This shows that teaching the course to Pharmacy students has helped them understand even their profession more holistically. They can interact with their clients with understanding and sensitivity. The understanding can go as far as understanding the importance of the ancestors amongst amaXhosa, so that when some clients believe that they need to go home and consult with their ancestors before they can do anything, they can show understanding and try to advise them sympathetically, without dismissing this mentality.

4. 14. Reflection of traditional healing in the teaching of language and culture

As pointed out in chapter three, traditional healing is a vital element in African communities, especially in rural areas, as it contributes to the provision of health-care. Traditional healers support the community and provide health-care services that are not easily accessible in other health-care centres. A review of the literature in chapter two has revealed that communities are still dependent on traditional healing, especially in rural areas. In some cases that is caused by the lack of health-care infrastructure in these areas. Hostettman (*et. al.* 2000) in chapter two alluded to the fact that about 90 % of the population in Africa are solely dependent on traditional medicine for primary health-care. Elegami (*et. al.* 2002), agrees that even the scarcity of health-care facilities in some areas of the continent drives people to consulting traditional healers even if that was not their aim. In Sudan for example, access to hospitals is limited, traditional healers become the only source of health-care in these cases. However, in most cases the situation suggests that traditional healers are operating in a vacuum. The knowledge they have is not shared amongst people from other communities. It does not get an opportunity to circulate amongst communities and contribute as a source of knowledge, which would assist in creating awareness amongst other HCP's. Most HCP's from other cultures do not have a clue as to what this practice entails, and as a result all sorts of incorrect conclusions have been drawn about it. When revealing issues about culture, language also forms part of this revelation. In this context, most clients that meet with HCP's in any health-care centre, speak an African language and have their own belief system.

The issue of different languages is a problem on its own, because it gives an opportunity for crucial errors that affect people's lives. Allowing HCP's from other cultures to learn the language and culture of their clients, helps create awareness about critical factors that can sometimes affect medicine-taking behaviours of the clients. There are also two factors that are crucial in the learning of language and culture to HCP's: 1) HCP's get to be exposed to knowledge that equips them in their work, they also manage to create relationships with their clients, as that bridges the gap between the two parties. Clients manage to open up and trust their helpers. 2) African languages have always been neglected as languages of knowledge sharing. They are not available extensively in popular domains like ICT, media, and institutions of higher learning. This teaching approach goes some way to rectify that situation.

Teaching an African language (in this context isiXhosa to Pharmacy students at Rhodes) to HCP's creates an opportunity for these languages to be intellectualised. The initiative that has been taken by the RU SANTED programme would unveil opportunities for other institutions to follow suit, it might also assist traditional healers develop their profession as a profession that can contribute in

knowledge sharing and knowledge economy. As pointed out in chapter two, Szanton (2003:5) agrees that, for African languages to grow, institutions of higher learning need to allow an opportunity for African languages and culture to be taught in these institutions, so that scholars can conduct research, design courses and publish in and about African languages and culture. That is intellectualisation. Knowledge gets to be produced and generated amongst communities. That would mean, African language speakers, especially from rural communities, have played a part in the generation of knowledge. At the moment, this is still a goal that needs to be achieved. Again, this research provides a new approach to thinking about these issues.

4. 15. Lesson plan 1

The following is a sample of the Outcomes-Based lessons that have been designed for the teaching of the course. The lessons cover a few areas, and all have objectives that need to be achieved at the end of the lesson. These lessons will further show the integration of cultural and linguistic language learning as part of communicative competence. The information contained in chapter three of this thesis therefore informs the structure of the lesson presented below. The lessons are deliberately scaffolded in terms of language learning, cultural exposure and vocabulary learning. This creates a manageable structure for isiXhosa second language learning.

Isifundo sokuqala *Lesson one*

Intshayelelo nemibuliso *Introduction and greetings*

Iinjongo *Objectives*

- To introduce participants to the pronunciation of vowels, clicks and some sounds that are not common in English and Afrikaans,
- To give an overview of cross-cultural communication especially in clinical contexts, and
- To give an insight into the practices of amaXhosa around the issues of *izifo* (illnesses), *ukugula* (being sick) and treatment.
- To equip participants to greet and respond in isiXhosa, and to bid farewell,
- To enable participants to introduce themselves.

Pronunciation

Vowels

Xhosa vowels are pronounced as follows:

Vowel Pronunciation

a	as in a in arm	amanzi (<i>water</i>)
e	as ai in air	ipete (<i>pip, fruit seed</i>)
i	as i in ink	i-inki (<i>ink</i>)
o	as o in door	imoto (<i>motor car</i>)
u	as oo in ooze	umntwana (<i>child</i>)

Examples

Clicks

Click

C **Example** **Pronunciation**
cela (ask for) This click is produced by pressing the front of the tongue where the front palate and the front teeth meet.
Ndicela uthethe ngokucothayo *Please speak slowly*

X **uxolo** (*peace, excuse me*) This is produced by sucking the side of the tongue to the side teeth and palate and pulling it away quickly.
Uxolo, uthetha isiXhosa?
Excuse me, do you speak isiXhosa?

Q **qala** (*start*) This is produced by sucking the front of the tongue to the front of the palate and pulling it away rapidly to produce a popping sound.
Ndiyaqonda *I understand.*
Qala uthethe *Speak first.*

Cross cultural communication in a clinical context

Communication varies according to different cultures, and when two people from different cultures meet to discuss issues, this becomes a challenge. This is no different when a health-care professional and a client from different language and cultural backgrounds meet in a clinical context. Issues that often cause miscommunication or cross-cultural misunderstanding include, amongst others are the following:

- **Who greets first?** The person who is in motion or the person who has authority - in the case of a clinical interview, the health care professional greets first. In a normal social context, the younger person greets first.

- **Do you look someone in the eye during the interview? Or if the client does not look you in the eye during the interview, is that a sign of submissiveness or guilt?**

Not looking the person in the eye is not a sign of timidity or guilt. It is a sign of respect. As a health-care professional you occupy a higher position in the conversation hierarchy, so by virtue of your position you are respected. While you cannot change your own cultural practices as a health-care professional, the responsibility also lies on you not to abuse this respect by imposing your own beliefs on the client. Respect has to be reciprocated and a

relationship of trust can then grow based on the manner in which you speak to the client, i.e. in his/her language, and also using words of assurance, etc.

- **If interviewing a person of a different gender, are there questions that you should ask in a sensitive way?**

Questions that are often a problem are those relating to issues of sexuality. This is often a very sensitive matter across all cultures, and even more sensitive if the client is older. Again, besides the general practices on interviewing a client, in isiXhosa it is important to assure the client while keeping a “warm” but professional relationship. But something that is widely spoken about, but whose accuracy cannot be proved, is that clients speaking isiXhosa “can bare it all” more comfortably to speakers of other languages and cultures than to their own because there is no “attachment”.

- **Are there practices in western medicine that are taboos in isiXhosa culture, but are seen as important in facilitating healing?**

IsiXhosa speaking people have strong attachment to their ancestors. They are viewed as important to consult before a major decision is taken, e.g. before undergoing treatment, etc. The consultation can take various forms, e.g. going to your home to “talk” to the ancestors and ask for guidance, performing an appeasing ceremony (because of the belief that any illness is inflicted upon you and that your ancestors allowed for this to happen because they are angry with you or your family, for some reason or the other). There are reports that in Groote Schuur Hospital in Cape Town people often referred from Eastern Cape rural health-care facilities, if they have to have a major medical treatment like surgery; it is common for them to withhold permission, mostly because they feel that they have to “consult” with the ancestors, or traditional healers for that matter. They then would go back “home” to do whatever they think is appropriate before undergoing western medical treatment. In many cases, by the time they come back the illness is at an advanced stage, or is irreversible (Nash 2005, Crawford 2001, cited in isiXhosa for Pharmacy 2008).

- **Can traditions that are widely practised and acceptable, like consulting a traditional healer and taking their medication, impede or facilitate healing?**

The person amongst amaXhosa who is mostly consulted for treatment of disease or illness, besides a western-trained health-care professional, is a traditional healer. Those who practise this practice consult traditional healers before or after a doctor has been consulted. If consulted, their medicine is often taken alongside that of the western doctor. It is strongly argued by scholars of the indigenous knowledge systems that most of the medicine prescribed by the traditional healers has healing properties. Their medication is often made from roots, leaves and bark of special plants which is crushed and mixed with water, or dried leaves which can be used as incense, especially if an evil spirit is suspected. The most

common ways of treatment in which these medicines can be used are: purgative (*ukugabha*) forced vomiting and *ukucima*), steam treatment (*ukufutha*), ritual body wash (*ukuhlamba ngeyeza*), and spraying (*ukutshiza*). The last treatment also involves spraying the inside and the outside of the home of the patient to chase away evil spirits. As a health-care professional, one should be aware of this and should be aware during consultation if the client is taking traditional medicine and caution against those that can be detrimental to the condition of the client. For example, there are reports that during the steam treatment, which requires a client to stand over hot medicinal water, some patients with epilepsy have an attack and fall, hurting themselves (Pisani 1998, Ngubane 1977 cited in isiXhosa for Pharmacy 2008).

- **Are there gestures that are unacceptable during a communication with umXhosa?**
Greeting using a firm handshake is often acceptable. Touching to show empathy during interviews is also acceptable, but only when a relationship of trust has been established.

Word Power!

Molo	<i>greeting one person (hello good day)</i>
Molweni	<i>greeting more than one person</i>
Ndi-	<i>I</i>
U-	<i>you</i>
Ndingu-	<i>I am</i>
Ifani yam ngu-	<i>my surname is...</i>
Ifani yakhe ngu-	<i>her surname is ...</i>
-bani?	<i>who?</i>
Umama	<i>mother</i>
Utata	<i>father</i>
Usisi	<i>sister (can be used by an elderly person to a younger person as way of showing affection)</i>

With the help of the Word Power! above, give isiXhosa for the following sentences

IsiNgesi	IsiXhosa
Hello father	
I request to ask questions (i.e. I would like to ask questions)	
I am studying Pharmacy	

Hello "Mr"	
Thank you "Ma'am"/"Mrs"	

In the following dialogue, a student Pharmacist and a client meet for the first time. The facilitator will read the dialogue. Please make note of any phrases you do not understand.

Nqabakazi (A), a fourth year Pharmacy student at Rhodes, visits Mrs Qokweni (B) for the first time for a clinical interview.

A: Molo Mama

B: Molo mntwana wam (my child)

A: Mama NdinguNqabakazi Congco, ndifunda izifundo ngezamayeza eRhodes. Ndifunda unyaka wesine. Ndicela ukubuza umama imibuzo, kulungile (is it fine)?

B: Ewe sisi qhuba sisi

A: UMama ngubani?

B: NdinguNkosikazi Qokweni

A: Enkosi Mama ndiyavuya ukukwazi (I'm happy to know you)

B: Enkosi sisi, nam (me too) ndiyavuya ukukwazi.

A: Ingaba unemibuzo? (*-na- have + imibuzo = -nemibuzo have questions?*)

B: Hayi sisi, andinamibuzo (not).

A: Sala kakuhle (stay well)

B: Hamba kakuhle (go well)

In this dialogue, Nqabakazi continues to talk to Mama Qokweni

A: Mama, ndicela siqhube. Kulungile?

B: Hayi kulungile sisi

A: UMama uzalwe ngo-1955 andithi [isn't it]?

B: Ewe sisi

A: Uzalelwe phi mama?

B: Ndizalelwe eNgcobo

A: Owu, uvela eNgcobo?

B: Ewe, ndize apha eRhini ngomsebenzi, ikhaya lam liseNgcobo

A: Owu ndiyabona. Mama, ndicela ukubuza ngemfundo yakho. Kulungile?

B: Hayi kulungile sisi, qhuba

A: Uyile esikolweni Mama?

B: Ewe

A: Uphume kweliphi ibanga [in which grade]?

B: Ndiphume ku-2

A: Enkosi Mama. Mama, ingaba unezigulo onazo [which you have] ezingapheliyo?

B: Ndine-*high high* neswekile.

A: Kuphela?

B: Ewe

A: Owu ndiyabona. Mama, apha endlwini uhlala nabani?

B: Ndihlala nomyeni wam nabantwana bam nabazukulwana bam, nonyana kadade wethu

A: Bangaphi mama abantwana nabazukulwana bakho?

B: Abantwana bane, abazukulwana babini

A: Abantwana bayafunda okanye [or] bayasebenza?

B: Ababini bayasebenza, ababini bayafunda

A: Abazukulwana bayafunda?

B: Ewe bayafunda

A: Unyana kadade wenu uyasebenza

B: Hayi akasebenzi

A: Kulungile Mama sisagqibile okwangoku, ingaba unemibuzo?

B: Hayi mntwana'm andinamibuzo

A: Ndiyabulela Mama ngexesha lakho

B: Nam ndiyabulela

A: Sala kakuhle Mama

B: Hamba kakuhle.

Amagqirha possess great experience and knowledge both for the treatment of many diseases on the one hand, and the medicinal properties of plants on the other. There is no doubt though that the practice has been infiltrated by many negative elements, for example, some using human parts for their “medicine”, and some who use their power to harm others.

The following is a typical story of *umXhosa* experience with sickness and healing:

I was 10 years old when something queer happened to me. It was in the morning, 35 years ago; when I found out I could not get up from a traditional mat which I used to sleep on at the farm on which I grew up. When I touched my head, my hair fell in heaps. As umXhosa, illness was not taken for granted. My parents wanted to take me to a well known and respected igqirha, but the white owner of the farm decided to take me to Settler's Hospital to

see a doctor there. On my return from the hospital, my parents still took me to an igqirha, who accused people close to my family for my illness. He gave me some herbal mixture for drinking. I used both the hospital's and the igqirha's medicine, as prescribed by both. I recovered fully. To this day, I do not know whether it was the doctor or the igqirha who healed me!

Salani kakuhle, sobonana kwakhona kwixesha elizayo
[stay well, we'll see each other next time]

(Lesson adapted from isiXhosa for Pharmacy course book, designed by Mapi and Maseko 2008).

4. 16. Description and analysis of the lesson plan

The course is designed in such a way that at the beginning the student learns to speak one isiXhosa word “isifundo sokuqala”. When I teach I would ask them to say that, it would be a challenge of course, because there is a click, and they enjoyed this, even though they would struggle to pronounce these clicks. This also serves as an ince-breaker. As I teach the lesson I would have to make sure that I follow the objectives such that I know what I achieved and what I did not i.e. by the end of the lesson. Pronunciation is important in language learning, because letters might be the same, while the pronunciation is different. Issues around culture especially with regards to communication in a clinical context also have to be brought forward at the beginning, so that students can be aware that the lessons will also look at culture as it will inform the way they interact with their clients. When one is aware of the culture, they then build their understanding, and approach people in a very sensitive way. The section around culture is trying to bring that to the fore even before students can continue with the language learning. In most cases students would learn about the cultural sections in class, and then continue on their own and come back the following day with more questions to ask about the cultural aspects. As a researcher this was an indication to me that they find it important to learn more about the cultural aspects of the course and that this aspect of the course should be developed.

Greeting in amaXhosa culture is important, even if people do not know each other they will greet. It is one of the most polite things, it shows respect and warmth towards a person even if he/she is a stranger. The above lesson has introduced greetings at the beginning so that as students continue they can know how to greet and intrduce themselves. Greetings can be taught easily, because they are easy words, but they have to be explained well so that students understand why there has to be singular and plural. Those are the cultural aspects that have been brought up in the lessons.

Each lesson has an exercise based on the word power or the dialogue. The exercise is aimed at assessing how far they have understood the lesson. It helps them talk amongst themselves while the facilitator would be moving around trying to help where necessary. The dialogue is done such that it reflects the communication between students and their clients. It touches on a number of important things they talk about when they interview their clients.

The first dialogue is based on the introductions because the student has to learn to introduce themselves properly and in some cases introduce their colleagues. The second dialogue is more in-depth, it follows the CEP interviews, the questions they ask to the clients based on the social history, background and their education. It also introduced the way some of the illnesses/conditions are known amongst amaXhosa, which is important, because they have to know what the client is talking about and the client has to be comfortable when using their own terms.

The traditional healing section in the lesson gives a brief overview of the way people perceive traditional healing and the fact that it has healing effects, and it brings in information that was gathered as part of chapter three of this thesis. It also tries to explain that most traditional healers might not have gone to school for formal education, but they have in-depth knowledge, that can assist in the improvement of health-care in Africa. The story told in the passage, reflects what has been alluded to in the previous chapters that individuals would consult with a traditional healer before or after they have been to a clinic, hospital or pharmacy. They need to know what it is that has gone wrong, because there is witchcraft and also ancestors who might be angry towards them because of their actions. So people would need to know that and continue with their treatment knowing that they have to appease their ancestors or use some medicine from a healer. That is why it is important that HCP's know whether a client is taking another medication from a healer so as to caution and advise in a sensitive and respectful manner.

At the end of each lesson, there is a goodbye in isiXhosa translated into English. This is a way of showing students that after meeting with their clients they will need to say their goodbyes as well, and that this is important in amaXhosa culture. One does not just leave without saying goodbye. That would be done in class every time when we part. It gives one a nice feeling, when you greet them in isiXhosa, asking "how they are" and then bid them goodbye or farewell in isiXhosa. The course is designed such that all the above mentioned can be achieved at the end of the course. The assessments reflected the way students have acquired the skill of speaking the language. The assessment forms are provided in Appendix E and a brief explanation about assessment techniques is also included in this Appendix.

4. 17. Lesson Plan 2

Herewith follows an example of a full lesson plan from the isiXhosa for Pharmacy course which the researcher has co-developed. Again, the lesson plan includes both cultural and linguistic aspects of language learning pertaining to a particular area of illness.

Isifundo sesixhenxe *Lesson seven*

Uziva njani namhlanje? *How are you feeling today?*

Iinjongo (*Outcomes*)

- To enable participants to ask general introductory questions on client's presenting complaint,
- To equip participants with basic language knowledge to be able to ask questions in the past continuous tense (1st and 2nd person only), and understand responses, and
- To be introduced to the traditional healer's practice of divination *ukuvumisa*

Word Power!

IsiXhosa	IsiNgesi
Uziva njani?	<i>How are you feeling?</i>
-gula yintoni?	<i>What are (you) sick with?</i>
-khathazwa yimpilo?	<i>Are (you) bothered by health?</i>
-phazamisa	<i>-disturb/affect</i>
-sebenzisa	<i>use</i>
-gcina/-jonga	<i>Keep/look after</i>
-coca	<i>Clean</i>
-sokola	<i>Struggle</i>
-khumbula	<i>Remember/recall</i>
Amayeza	<i>Medicine</i>
Awaphi? [i.e. amayeza]	<i>Which ones [i.e. medicines]</i>
Ipilisi	<i>Tablets/pills</i>
Iimpawu	<i>symptoms</i>
Unyango	<i>treatment</i>

Eziphi? [i.e. iipilisi]	<i>Which ones [i.e. tablets]</i>
Indlela owathatha ngayo	<i>The way you take medicines</i>
Unako uku- ...	<i>Are you able to .../Can you...?</i>
Uyakwazi uku- ...	<i>Are you able to .../Can you...?</i>
Ukwenza ezinye izinto ...	<i>To do other things</i>
Umgama omde/omfutshane	<i>Long/short distance</i>
Wakhe wagula?	<i>Have you ever been sick</i>
Wakhe wenza utyando?	<i>Have you had an operation?</i>
Zange	<i>never</i>
Ndibona/ndicinga njalo	<i>I think so</i>
Zikhona ezinye izinto?	<i>Are there other things?</i>

Masisebenze

Give isiXhosa for the following:

- Does your illness disturb you at work or at home?

- Do you struggle to do your work at home or at work?

- Are you using medicines?

- Do medicines disturb you at home or at work?

- Does the way you take medicines disturb you at work?

- Are you able to do other [ezinye] things?

- Are you able to walk long distances?

- Have you been sick before?

- I do not remember

- Which medicines do you use?

Masisebenze

The following dialogue is between Mrs Qokweni and Nqabakazi. Nqabakazi's responses have been given in order, but Mrs Qokweni's are jumbled up. Match Mrs Qokweni's answers to Nqabakazi's questions

Nqabakazi [questions in order]	Nkosikazi Qokweni [responses not in order]
● Mama masiqhube...	● Ewe, kodwa ngamanye amaxesha kunzima
● Uziva njani nje?	● Hayi, andikwazi ukuhamba, ndiyasokola
● Kanene ugula yiswekile?	● Hayi, zange ndenze utyando
● Wenza msebenzi mni [what type] ekhaya?	● Kulungile sisi
● Uyakwazi ukwenza umsebenzi wakho ekhaya?	● Ewe, <i>nehigh high</i>
● Amayeza akho achaphazela umsebenzi wakho ekhaya?	● Ndikhathazwa ziinyawo qha
● Uyakwazi ukuhamba umgama omde?	● Nam ndiyabulela
● Uziva njani namhlanje? Uyagula?	● Hayi, qha ndicela iipilisi zeentlungu
● Wakhe wagula ngaphambili?	● Hayi akukho nto, ndisaphila noko
● Wakhe wenza utyando	● Hayi andiguli, kodwa iinyawo zam zibuhlungu
● Zikhona ezinye izinto ezikukhathazayo [that bother you] ngempilo yakho?	● Hayi, zange ndigule
● Ingaba unemibuzo mama?	● Ndigcina abazukulwana, ndiyacoca yaye ndiyapheka
● Kulungile mama, enkosi, ndisagqibile okwangoku	● Hayi, andiboni njalo

Masifunde

History of presenting complaint: The following are some of the important questions one can ask regarding the history of the presenting complaint.

IsiNgesi	IsiXhosa
Lingakanani ixesha ugula.../ Uqale nini ukugula ... Sisifo seswekile? Yihigh <i>high</i> ? Sisifo sombefu? Sisifo sokuwa?	<i>How much time have you been sick... /When did you begin to be sick ... with diabetes? with high blood pressure? with asthma? with epilepsy?</i>
Wabona ntoni ukuze wazi ukuba uyagula?	<i>What did you see to know that you were sick</i>
Uqale njani ukugula?	<i>How did you begin to be sick?</i>
Wabona mpawu zini?	<i>What kind of symptoms did you see?</i>
Wawusebenzisa amayeza phambi kokuya kugqirha/ekliniki/esibhedlele?	<i>Did you use medicines before going to the doctor/clinic/hospital?</i>
Usebenzisa awaphi amayeza/iipilisi ngoku	<i>Which medicines do you use now?</i>
Amayeza ayanceda?	<i>Do medicines help?</i>
Ipilisi ziyanceda?	<i>Do pills help?</i>
Lingakanani ixesha usebenzisa amayeza/iipilisi zesifo seswekile?	<i>How long [how much time] have you been using diabetes medicines/pills</i>
Uyasiqonda kakuhle isigulo sakho?	<i>Do you understand you illness well?</i>
If you understand, tell me about your illness	<i>Ukuba uyaqonda, ndixelele ngesigulo sakho</i>
Iimpawu zakho ngoku ziyafana nakuqala?	<i>Are your symptoms now the same as at the beginning?</i>
Ugula kakhulu ngoku kunangaphambili	<i>Are you sick more now than before?</i>

Telling time

In responding to questions *Lingakanani ixesha ugula.../ Uqale nini ukugula ...?* [How much time have you been sick... /When did you begin to be sick ...] one can respond as follows?

Lusuku	<i>It's a day</i>
Ziintsuku ezimbini	<i>It's 2 days</i>
Ziintsuku ezintathu	<i>It's 3 days</i>
Ziintsuku ezine	<i>It's 4 days</i>
Ziintsuku ezintlanu	<i>It's 5 days</i>
Ziintsuku ezintandathu	<i>It's 6 days</i>
Yiveki	<i>It's a week</i>
Ziiveki ezimbini	<i>It's 2 weeks</i>
Ziiveki ezintathu	<i>It's 3 weeks</i>
Ziiveki ezine	<i>It's 4 weeks</i>
Yinyanga	<i>It's a month</i>
Ziinyanga ezimbini	<i>It's 2 months</i>
Ziinyanga ezintathu	<i>It's 3 months</i>
Ziinyanga ezine	<i>It's 4 months</i>
Ziinyanga ezintlanu	<i>It's 5 months</i>
Ngunyaka	<i>It's a year</i>
Yiminyaka emibini	<i>It's 2 years</i>
Yiminyaka emithathu	<i>It's 3 years</i>
Yiminyaka emine	<i>It's 5 years</i>
Yiminyaka emihlanu	<i>It's 5 years</i>
Lixesha elide	<i>It's a long time</i>
Sekuyiminyaka	<i>It's been years</i>

A traditional healing - er

Traditional healing is said to be a calling. One who is called to be a traditional healer goes through a process of training, where he is put, for long periods of time, under the wing of an experienced traditional healer and is trained on all forms of traditional healing i.e. diagnosing an illness and prescribing treatment. Diagnosing an illness involves providing answers on how the illness originated and who or what caused it, and why it has affected the particular person. Diagnosis can be reached through the throwing of bones or other objects, dreams or visions. This confirms the belief amongst amaXhosa that disease does not just happen to one, it is often inflicted by someone or ancestors and the role of the diviner during diagnosis is to state how the illness came, who caused it, why. By using myth, spirituality, psychology and drama, the diviner can sometimes provide a cure. Hirst (1990) believes that, the diviner combines aspects of a healer, the social psychologist,

priest and the social worker in reaching and diagnosis, and prescribing appropriate treatment and/or actions to be taken.

In Xhosa culture there are three common forms of healing, which are recommended by traditional healers for individuals of all ages. They are believed to take out the illness, which is believed to be inflicted upon the person. These three methods of healing are *ukugabha*, *ukufutha* and *ukucima*. Although many rural communities now have access to health-care facilities that dispense western medicine people still believe strongly in the three methods of healing, as well as in urban areas. In amaXhosa culture there are different types of amagqirha (traditional healers). Diviners are believed to know hidden knowledge, traditional healers use traditional medicine to heal their patients. Both healers are knowledgeable on the three methods of healing. They are the primary methods that are recommended to be used by individuals from all age groups.

Nqabakazi meets with Mrs Qokweni for another interview about health-care.

A: Molo Mama, ndibuyile kwakhona, singaqhuba unemibuzo?

B: Ewe, kulungile sisi

A: Akhona amanye amayeza owasebenzisayo ngaphandle kwala onyango?

B: Ewe sisi

A: Uwafumene ekliniki?

B: Hayi ndiwafumene egqirheni

A: Ngawantoni?

B: Elinye lelokugabha (purgings) elinye lelokucima (enema)

A: Uwasebenzisa kangaphi ngemini?

B: Igqirha lith mandiwasebenzise iintsuku ezine, rhoqo kusasa

A: Uyawasebenzisa xa usebenise la asekliniki?

B: Ewe sisi ndiyawasebenzisa

A: Owu, ndiyabona ke Mama. Ndicela Mama ungagabhi (do not vomit), de kugqithe iiyure ezine (four hours), emva kokusela iipilisi zakho. Uyaqonda Mama?

B: Hayi andiqondi mntwana'm. Utsho ngoba (why do you say that)?

A: Kaloku Mama ukuba (if) ugabha emva kokusela iipilisi, iipilisi zingaphuma (oils can come out) namanzi, zingekasebenzi emzimbeni wakho (before they have had an effect on your body).

B: Ngoko ke ndigabhe emva kweeyure ezine?

A: Ewe Mama. Ingaba uMama uneminye imibuzo?

B: Hayi mntwana'm ndivile.

A: Kulungile Mama, sisagqibile okwangoku, usale kakuhle.

B: Uhambe kakuhle ntombi.

Sebenza ekhaya *Work from home*

In isiXhosa ask questions to a friend in relation to the presentation of a complaint. Ask questions of when it started as well. Write the answers down.

Masahlukane okwangoku, sobonana kwixesha elizayo [let us part for now, we will see each other next time]

(Lesson adapted from isiXhosa for Pharmacy course book, designed by Mapi and Maseko 2008).

4. 18. Description and analysis of the lesson plan

This lesson is more advanced than the first one, because as one of the designers of the course, I realised that at this stage, students have learnt a few important things. Lesson one is more introductory. I also have introduced new words, that in most cases were not found in the word power. These words are translated and put in brackets next to the phrases. This showed students as well that the language is broad, the lessons are not just about what is designed in the course. There are other terms and phrases that students would learn as they continue with speaking the language. That became visible, they would come back with new terms and phrases that they would ask me to explain and translate. That was a sign that they were now listening to people speaking with understanding. They would also be required to do exercises and homework, so that the lesson does not just end in class, but they also get an opportunity to practise when they get home.

The programme also provided them with flash-sticks, containing the course material. They can insert these interactive sticks into their computers, listen and practise to speak and pronounce words as they speak. That seemed to be helpful as well, because they would use them in their spare time and come back to class with questions about what they have learnt. The information that was recorded on the flash stick were the dialogues and other phrases that required more pronunciation practice. The dialogue is based on the passage about traditional healing, which explains briefly about the three methods of healing common amongst amaXhosa as researched in chapter three of this thesis. In the light of this research, the lessons will now be revised and more data about the methods and traditional healing in general will be integrated into the course. Exercises were designed such that students get an opportunity to learn to ask questions and also respond to them. They would be required to ask each other questions, while translating them into isiXhosa. At this point the students had improved, they knew how to greet and what is required when one greets a

person. They were aware of some cultural aspects that were not necessarily part of traditional healing.

4. 19. Conclusion

Teaching of isiXhosa language and culture to Rhodes University Pharmacy students has shown that it is possible and necessary for HCP's to learn language. It might not be immediately apparent what the actual benefits are, especially for HCP's who have been operating with the help of interpreters from the beginning of their careers. However, the findings as they are portrayed in interviews in Appendix E and in this chapter, show that it is important for HCP's to learn to speak the language of their clients, and also to learn about their culture.

This chapter took an in-depth look at the structure of the course taught to Pharmacy students, and the context of the SANTED programme has also been discussed: how it has initiated for promoting multilingualism in higher education institutions and so on. The course has also been discussed in the light of findings related to interviews with the students. Samples of these interviews are contained in Appendix F. The course has been developed such that it accommodates all the needs of the students. That includes teaching them to speak the language with an understanding of culture and also with helping them understand how the words are formed through the teaching of grammar. Examples of lesson plans have also been included in this chapter in order to illustrate all of the above. Chapter five will provide an overall conclusion to this study.

Chapter 5

Concluding remarks and recommendations

Chapter four has discussed in-depth the role of SANTED, and analysed the data collected from the interviews conducted with the students. The chapter also critiqued the course provided by the SANTED programme and gave a discussion and analysis of the isiXhosa for Pharmacy course. This chapter provides concluding remarks and recommendations for future research.

5. 1. Introduction

Information about traditional healing is available on the internet and there is much research being conducted around this topic. People have written papers, books and chapters about traditional healing, but primarily from an anthropological point of view it. However, this knowledge does not get to a point where it is used to inform education and language learning. It is not used in higher education institutions, so that this profession can also take part in the knowledge sharing platform and take its rightful place.

This study has tried to reveal information about this profession and how it can be used for the purposes of learning and teaching in the higher education sector, particularly in the field of second language learning. The health-care sector consists of people from different cultural backgrounds. People, who attend these facilities, also come from their own backgrounds, which in most cases is completely different from those of the HCP's. In other words, these differences in cultural background and language in most cases lead to misunderstandings and errors committed by both parties. This study has given an outline on how this affects a number of people. It has also shown that the teaching of language and culture can play a big role in bridging the gap between the two parties. It also has shown ways on how it can be improved so that all parties involved can benefit. The following are some of the benefits that have been highlighted in the finding:

- HCP's would learn more about their clients and be able to understand them, while showing respect and courteousness,
- HCP's would develop relationships with their clients and clients would be able to open up to the HCP's about their problems,
- African languages and African studies in general would slowly become intellectualised as this initiative would be transferred to other institutions of higher learning,
- This information would generate more studies; academics and researchers would generate more research that would help inform the learning and teaching of the languages,
- African languages would be languages of knowledge-sharing, and not just for communication in communities.

These are just a few things that came out from the analysis of data, the discussion and also the literature that has been reviewed in chapter two. The data collected from Dwesa has shown how rich the community is in knowledge. The striking fact as indicated in this research is that this information, which is so rich and relevant and which is able to contribute in finding solutions to today's challenges that communities are presented with, is not available so that people can engage with it, share their views with the owners of this knowledge, while learning about it in the process.

IK therefore remains hidden from the mainstream medical world. This thesis is an attempt to show how these two worlds can be integrated, particularly in the pharmaceutical world, and how language learning should be integral to the scientific and medical fraternity.

5. 2. Contributions of the research

A few areas of focus have been outlined, where this knowledge can contribute in education and development. These are as follows:

- *Knowledge sharing*

Rural communities in most cases do not have enough resources and infrastructure for health-care. Traditional healers become the only people to be consulted. That means HCP's from other cultures, particularly need to understand the services provided by traditional healers. Traditional healers would also benefit in learning about crucial scientific and medical matters, that affect people in health-care in general. The study has taken an initiative to bring this information to the fore so that it can form part of learning and awareness creation among young pharmacists.

- *Creating more opportunities for research for the development of the health sector*

Research and generation of knowledge need to be amongst the most important areas of emphasis. This means higher education institutions need to be involved and play a significant role in making sure that more research that can be useful and create more awareness is being undertaken not just at RU, but at other institutions. The SANTED programme, encourages collaborations with other institutions in the SADC region. This type of knowledge is available in all African countries. This study provides an example of how African languages and culture can be developed.

- *Intellectualisation of African languages and culture*

The teaching of the course, has shown that all the courses that are offered in tertiary institutions started to be taught because there was a need for knowledge to be shared in those areas to improve services provided in our societies. This can happen for African languages as well, they can be languages of knowledge sharing and help improve sectors that need critical intervention like the health sector. According to Alexander (2005: 12), and Szanton (2004: 5), cited in chapter two, this process is clearly defined as intellectualisation. They agree that this knowledge should be published, and that this would lead to debates around it, and it would contribute to academic circles. That will in turn allow for their use for purposes of modernisation in the most powerful domains, for example not just in academic institutions, but in technology as well. English will always be regarded as the language of intellectual dialogues and power, however with initiatives like the one presented in this thesis, African languages can create a rightful space for themselves in the

knowledge sector.

The study has shown that there is vast knowledge around the issue of traditional healing, and that the general populace partakes in this knowledge on a vast scale. If this information can be shared, then this would make a difference in the society if it could be integrated into courses offered in higher education institutions. For example:

- Traditional use of natural herbs, fresh from the soil, they are not scientifically tested or mixed with any chemical. The knowledge about the way traditional healers manage to establish that a particular plant is good for a certain illness, would be shared with other HCP's so that they also learn from the healer's practices. Also the storage of traditional medicine is very different from that of western facilities. These two parties would share amongst themselves about the natural means of creating medicines and the new modern means of keeping their medicines. Building a symbiotic relationship between these two fields can only be of benefit to society. For this to happen, it is also important that language spaces are shared as it is through language this knowledge is contained and represented.
- HCP's would also share information about the science of healing in the western practice. That would teach traditional healers what they need to know from a more western perspective, and most importantly, how to protect themselves from contagious illnesses when healing their clients.
- Most importantly, traditional healers have highlighted in the findings that their practice is not acknowledged by their counterparts, government and some people from the community. They are given names that create negative connotations about the practice. For example, Last (1996) cited in chapter two, argues that , traditional healers are commonly known and wrongly referred to as witch-doctors. This term has a negative connotation attached to it. In reality it should denote a doctor who heals witchcraft, just like any health-care practitioner, for example an ear-nose-throat specialist who treats those particular areas of the body. Eventually the term took on the meaning of a doctor who is a witch (Last 1996: 27). All of these misconceptions need to be debunked if traditional healers and their IK system is to truly be of benefit to society. Again, for this to happen, the learning of language remains integral. In the Eastern Cape this would mean the second language learning of isiXhosa by health-care professionals.
- Discussion and recognition of traditional healers would probably give people courage to come out and give testimony about how traditional healing has been helpful in their

communities, and where it has failed, without feeling embarrassed about it.

5.3. Recommendations

Curriculum development

- This study was based on bringing to the fore information about traditional healing particularly the three common methods of healing, that have been discussed in-depth in the previous chapters. These methods are trusted amongst all traditional healers in amaXhosa culture. There are other methods of healing that have also been mentioned in this study. It would be good for other studies in this area to look more broadly into these other methods and bring information about them to the fore. This would help develop a rich curriculum for all HCP's and not just Pharmacy students at RU.

Research and promotion of scholarship

- Research revives knowledge and makes it easy to engage with issues around a particular subject. It allows people to develop a critical mind while generating more knowledge. Developing research and promoting scholarship around studies of traditional healing would help improve the way the concept of traditional healing is perceived in the society even further. Postgraduate studies, allow academics and professionals to publish work and in that way create a broad platform for a discourse and sharing around any topic. In that way the topic generates academic growth and information which can be shared with people on a global scale, especially given the global technology such as the internet which exists today.

ICT availability

- Information is now made available in ICT for teaching and learning purposes. It would be helpful to create platforms for information based on traditional healing to be made available in ICT as learning material. Of course information about traditional healing is available online. However this thesis attempts to take this one step further in making IK available as a tool for teaching HCP's. It should be used as one of the teaching and learning materials. A platform would be created for traditional healers to share the procedures they undertake when healing different illnesses, and HCP's would also share, and in that way knowledge will move from one culture to another and both parties would learn and develop their practices.

Media availability

- Media is one of the most powerful tools to share knowledge and make it available for all

people in the community. This tool can be used to share information, to work with institutions of higher learning and create awareness about the importance of language and culture. That would also make people embrace their culture, because nowadays African languages and culture are seen as second rate, even though the equality of languages is recognised in chapter six of the South African Constitution. If platforms such as ICT and media with the help of higher education institutions could intervene they could make a difference and that could help intellectualise African languages and cultures. This research and thesis goes some way to beginning such a process.

Creating an inclusive society

- One would think that is an unrealistic dream, but it is achievable as evidenced by this research. If traditional healers could contribute to the growth of education with their knowledge, that would lead to a sense of belonging. This research indicates that they are content and happy with their work in their respective areas such as Dwesa, but they have mentioned that they feel neglected and in some cases are considered as healers who provide illegal services. Developing collaborative higher education curricula would create an inclusive environment. Chapter four of this thesis has provided a platform for such a shared and inclusive academic environment.

5. 4. An exploration of the integration of traditional healing in the teaching of isiXhosa

A broader exploration and analysis around the integration of traditional healing in the teaching of isiXhosa to RU Pharmacy students has been undertaken in this thesis. A summary of this exploration follows below. This initiative so far has shown that this is a well received idea as it shows students even before they go to the field, that they are operating in a vacuum, unless they open themselves up to other forms of healing as well. They have to know the people they work with. Knowing the people, starts with their language and culture. A sharing of knowledge from both sides will also open up new avenues for traditional healers so that their skills and knowledge can be seen and reviewed by other people.

5. 5. Lessons from the study

Traditional areas, particularly rural areas have vast knowledge that needs to be taken into consideration. People from these areas are content with their lifestyle, they just need to be part of the information society. That cannot be achieved easily, because these areas do not have enough infrastructure that can allow them to engage with people from a wider world. However, they have

knowledge that can be turned into a tool to combat some of the challenges that society is presented with. Traditional healing plays a huge role in African people's lives, and that remains a fact. Traditional healers from Dwesa and people in general are proud to have this rich information, but they need to share it, and this is the objective of this study. That is possible with the help of the higher education sectors and technology. Students from RU have shown that teaching language and culture to HCP's is possible and is needed, as it will improve relationships between HCP's and their clients. The study has also shown that much research can be done around the issue of traditional healing.

5. 6. Conclusion

The three methods of healing amongst amaXhosa have been highlighted as the focus of the study, however the area of traditional healing is very broad as it involves many different aspects, from psychology to physiology, for example ancestors and other methods used when healing. This study has shown that traditional healing is another area of study that needs to be explored widely with the involvement of traditional healers themselves. This thesis has used language learning and teaching to illustrate the bi-directional relationship that should be encouraged in the practices of HCP's in general. Arguably, this bi-directional relationship can be applied to various academic fields in the higher education sector in South Africa.

Appendix A
Names and explanations of traditional medicinal plants

Traditional medicinal plants (leaves and bushes)

IsiXhosa name	English explanation	Its use
Umathinga	Fresh dry roots	Used to treat inside wounds, mainly used for drinking after a woman has given birth
Umhlonyane	Green leaves	Leaves boiled in water and fumes inhaled for colds and flu, and can be drunk for cough
Impepho	Leaves boiled and smoked	The smoke is good to chase away evil spirits, when boiled and can be inhaled for colds and flu
Imbikicane	Green leaves	Leaves chopped and boiled with water, used for the treatment of stomach ailments
Ikhala	Aloe laxative	Treat stomach as a laxative, when using ukucima. Can also be boiled, cooled and drunk for stomach aches
Ubulawu	A potato like plant	Used for bathing
Intelezi	A plant with green long leaves	Used to bath for cleansing
Isampontshane	A small bush with bright green leaves	Used for <i>ukufutha</i> (steam treatment)
Inkuphula	A green plant shaped like a tree	Used to induce a child's vomiting
Ubuhlungu bebhokhwe	A green plant with hard leaves	To heal goats and other animals, when sick
Betyethe	A small bush with bright green leaves	When one is suffering from an allergy called <i>umlambo</i> (a river). The allergy results in sores on the legs and maybe other parts of the body
Intelezi elumayo	A green plant with long leaves	Used to bath, and it tickles the skin, when it is believed that the person is not clean, maybe has <i>umgqwaliso</i>
Intelezi eselwa ngumntwana	A green plant with medium dotted leaves	To be given to children when needed to vomit
Iphamba	A small plant with green leaves shaped like a tree	When one is in trouble, they use this medicine, and they do not get caught
Itswele lenyoka	A plant with green long leaves, with a bad smell	This one is used for bathing
Umwelela	A plant with green soft leaves	When one is in trouble, they

		use this medicine and through believing they manage to get through
Umthuma omncinci	A plant with green leaves, looks like umwelela, but has small thorns on it	When one needs to fall pregnant, they must prepare this medicine and drink it, for a while. That is called (ukumisela)
Umthuma omkhulu	A plant that grows on a tree, looks like a green tomato.	Was confirmed to be dangerous.
Isivimbampunzi	It looks like a small onion, with green leaves	This one is used for ukucima, for adults and children, it is also used to chase away evil spirits (<i>ukuchela</i>) (when crushed)
Iyeza lentuku	A bush with green leaves and small white budding flowers	This one chases away an animal called <i>intuku</i> . It stays underneath the soft soil, ideally in the garden. It spoils and destroys plants
Isilawu esimhlophe	A small bush of isilawu, with green leaves and white small budding flowers. There are different types of izilawu.	This one is used for bathing, to cleanse a person's system, so that they can look beautiful and become lucky in everything they do
Umbhezo	A green plant with long hard leaves	This one is crushed into a very soft powder and can be put into a thin pipe and be blown, so that it chases evil spirits in the house (<i>oothikoloshe</i>) the little black man
Into yomntwana	A tall green slender plant with white flower	It is also used for cleansing, when one has <i>umggwaliso</i>
Impepho yokuqhumisa	A green plant with small round leaves	This one has to be smoked in the house, also chases away evil spirits
Intsizi yamathambo	A stick like plant, that has to be supported by a fence or anything, to grow properly	It is boiled and cooled, and one can drink it, when they have arthritis
Isilawu esibomvu (leaf)	A leaf of isilawu	

Traditional medicinal plants (roots and skins of trees)

Isilawu esibomvu	A root like a potato	_____
Isilawu esimhlophe	small white roots of isilawu	_____
Lathile	A skin of a root of isilawu esibomvu	_____
Umncwane	A root with a rough skin	_____
Mayisake	A dried plant like a normal stick	When one has a headache, they burn this stick and inhale the smoke and the headache subsides
Umgwenye wenja	A skin of a tree, white on the inside	_____
Umgwenye wabantu	Skin of a tree, red on the inside	_____
Imbelekisane	Crushed, mixed and ready for use	When one is in a labour, they boil it and drink, it makes the process easy and quick
Impinda	Crushed, mixed and prepared for use	Used for vomiting
Umtshekisane	A laxative	This one is a laxative
Igwada	A stick like plant	It is burn and one has to inhale the smoke (a snuff)
Ikhulathi	A stick like plant	To cleanse the blood, must be cooked with maize meal and be well done
Chithibhunga	A stick	It also cleanses the blood
Ibukuzo	A potato like plant (root)	This one is use when one wants to keep a dog and make sure that it does not leave the house

Appendix B

Pictures of traditional medicinal plants and traditional healers



Figure 1: A traditional healer dancing with some community members. Picture taken by Mapi T. P. 28 Nov 2008



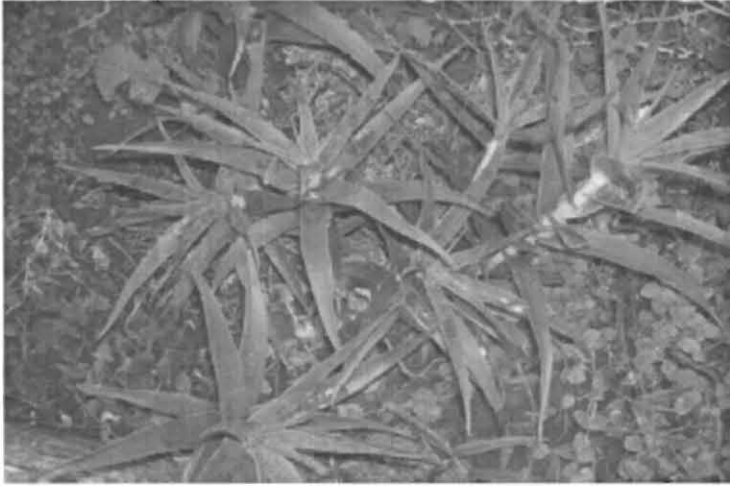
Figure 2: A male traditional healer dressed in his traditional regalia. Picture taken by Mapi T.P. 28 Nov 2008



Figure 3: A traditional healer beating drums while others are dancing. Picture taken by Mapi T. P. 28 Nov 2008



Figure 4: A mixture of dried traditional medicinal plants. Picture taken by Mapi T. P. 28 Nov 2008



*Figure 5: A traditional medicinal plant, called intelezi.
Picture taken by Mapi T. P. 28 Nov 2008*



Figure 6: A mixture of dried, grinded and mixed medicinal plants, ready for use. Picture taken by Mapi T. P. 28 Nov 2008

Appendix C

A sample of interview questions and findings from the Dwesa community Conversational Interviews with people from Dwesa

Interview 1

- **Have you ever consulted a traditional healer? What was the reason? Do you still consult with them?**

Things went very bad for me this year. The school wanted to dismiss me; I had to pay back some money for child support grant and all other personal problems. That affected me so much and I realised that I need to see a traditional healer. *Igqirha* told me that I need to appease my great-grandmother who is not happy. I went back home and started preparations for a ritual that was aimed at appeasing my ancestor. After the ritual I was full of hope, *ndaziva ndinethemba lokuba izinto zizakulunga*, (I felt hopeful, that things are going to get better) on a Monday following the Saturday of the ritual my mom who chased me away from her home in Johannesburg, called, for me that was a good sign.

- **Did you see a traditional healer in Dwesa?**

No I went to see one in Mthatha

- **Why did you choose to go to Mthatha?**

The reason I went to the healer from Mthatha is that I heard about this lady and she is known almost everywhere. I also wanted someone who does not know me or my family, which means someone from far away. The rationale to that is that when a healer knows you, even if they cannot help you, they will pretend and end up creating more problems for you. For example, they would tell you that a particular person is your enemy, so they have bewitched you. They would do that because they know you and all your problems in the village. My reason was to get someone who does not know me or my family.

- **Did she give you some medication?**

No she did not give me any medication, she just told me what I should do and advised me that I should do a ritual to appease my ancestors.

- **Where did you do the traditional ceremony?**

I went to Mahasana, my father's home and that's where the ritual was performed

- **Was there any particular reason for you to go to Mahasana?**

Yes, the place is our father's home, we believe that *izinyanya zethu* (our ancestors) dwell in that

home.

- **What other forms of healing are available aside from the three methods**

Ukuvasa ngeyeza olinikwe ligqirha ukususa izinto ezimdaka emzimbeni. This is another form of cleansing the body, to rid it of bad luck and other bad things believed to be inflicted into a person through witchcraft. Some medicines for bathing, can sting into the person's body. In most cases, traditional healers believe that, if it stings, the person has really been bewitched and they need to be cleansed.

- **Do many people suffer from chronic illnesses in the village?**

Yes high-high and sugar-diabetes are the most common illnesses around here especially amongst elderly people. TB is not common though, I sometimes think people hide it.

- **Do people around the village consult with traditional healers?**

Abantu abaninzi (many people) here do believe in traditional healers but you only know that by chance, *bayayifihla loo nto* (they hide that) and I am not sure why but I think *bayifihla* so that *bangaziwa uba bancedwa phi na* (so that no one knows where they get help from). People believe that their enemies are amongst their friends and relatives (so do I) so amongst the people you tell, there might be your enemies, who might get a chance to hurt you even more and sooner. So, yes a lot of people do believe *emagqirheni* (in traditional healers)

- **Are there people who do not believe in traditional healers and ancestors?**

Bakhona abangakholelwayo kwizinyanya bambalwa kodwa (yes there are but a few who do not believe in ancestors) and that is influenced by their belief in church, those people *abenzi* even *amasiko* (they do not even make rituals). This becomes sad because *abanye ingakumbi abafana* after *belukile bangawenzi amasiko anje ngokungcama baphetha begula ngengqondo* (because some of them, especially young men, who have just been from the initiation school end up being mentally disturbed). *Kwaye akukho nto ihoywayo emakhayeni abo* (and no one bothers about that in their homes).

- **Do people get sick very often in the village?**

People get sick very often in the village mostly (*Intloko eqhekekayo, uphazamiseko lwengqondo, stroke, Isisu ekukholeleka uba sibangwa lidliso, umqala okwabangwa lidliso,, nezinye*) (throbbing headaches, mental disturbances, stroke, stomach aches believed to be caused by witchcraft poisoning, throat illnesses also believed to be caused by witchcraft poisoning and others). Of course some of these things can be caused by natural disturbances not witchcraft. But sometimes it just

becomes clear that this one *ayiyodwanga* (it is motivated by something). In some cases people suspected of witchcraft would talk about their actions, without knowing what they are doing.

- **Does the clinic have enough medication? Enough staff members?**

There is not enough staff at the clinic here and sometimes *ikliniki iyavalwa ngenxa yaloo nto* (the clinic closes because of that). There are times when one would go to the clinic *abuye engawafumenanga amayeza engekho* (and come back without the medicine) that happens a lot.

- **Do people from other villages come to the Mpume clinic?**

Abantu bezilali zingqongileyo basebenzisa kwale kliniki ngoba abanayo ikliniki (People from nearby villages use this clinic as well, because they do not have clinics). For example people from (Lurwayizo, Ntubeni, Mthokwane and Ngoma).

- **Are there many traditional healers in the Dwesa area?**

Maninzi amagqirha apha kodwa amanye isengabakhwetha abakanyangi (There are many traditional healers here, but some of them are still trainees, they do not heal patients). There are healers as well, but in most cases one person becomes a healer and a diviner.

Interview 2

- **Do you believe in ancestors?**

Yes I do, but I am trying to be a full time Christian and that has made me realise that I do need *izinyanya* together with God. I try to put my trust to God and my ancestors, pray to Him when I have a problem and appease my ancestors so that they can also protect me. We make rituals in my home; everyone believes that we need to appease the ancestors so that they can work with God to protect us.

- **What made you decide to believe in both God and traditional healers?**

In my home we grew up as people who attend church, who believe in God, but we have always made sure that we appease our ancestors so that they can help protect us. We believe that God and our ancestors have asked us to be healers so that we can heal people. We go to church and when we perform our rituals we ask God's guidance and to help with our ancestors so that they protect us well. My faith has been growing in God and when I realised that I was being called to be a healer I prayed to him and asked him to guide me and give me a sign so that I know if the calling was a good thing. He gave me that sign. Even my trainer goes to church, we go to the same church, so that

makes it easy for both of us to allow God to work with our ancestors and help us when we heal people.

- **Have you ever consulted a traditional healer? What was the reason?**

Yes before I was trained to be a healer myself, I was ill and my family took me to a traditional healer. He told me that I was being called to be a healer and to get well I need to accept the calling. I decided to accept it even though I was not very aware of what it entails. I was sent away for the training. I stayed with my trainer for a few years, after that intense training I just visit and stay for a short while to continue with my training.

- **What do you think of these methods of healing?**

I think they are the best medicine that has ever been used by traditional healers across African cultures. We trust them and we have been prescribing them for a very long time. However they need to be measured and used carefully, because just like any medicine, they can be dangerous when not used appropriately. That is why it is important for one to follow instructions given by the healer.

- **Do you think they can be used while someone is taking another form of medication e.g. from the clinic?**

I really would not know much about whether they should use my medicine while taking other forms of medicine, because I always advise them to use my medicine at the same time. I think what would be good is for clients to tell when they are taking treatment, so that we know when they can use our medicine.

- **Do you prescribe these methods for your clients when you are required to heal and prescribe medicine?**

Yes I do prescribe them when necessary, my trainer has taught me how to make and mix the medicine. I learnt that and I know which herbs to mix when prescribing medicine. I also believe that they really bring luck to the person using them and they really cleanse the system.

- **How are these medicines measured for people from different age groups?**

When one mixes herbs, they must consider the age of the person, for example medicine for babies

and children needs to be very mild. In fact for anyone they need to be mild, because just like any medication they can be harmful when too strong or used too often. That is why it is important for a traditional healer to be sober and focused when healing a patient. Herbs and roots can look the same, so it is important to know which one is which.

- **Do you think people from other practices need to know about traditional healing methods especially these three methods?**

Yes it would be good for them to know about these methods, because in most cases they are the first things to be used when there is a problem. For example when a baby or a child has a high temperature or running a fever, people would use *ukucima*. *Ukucima* is recommended to lower a high temperature and fever, in both adults and children. For adults it is also good for abdomen related problems and indigestion. These are the most used methods of healing and they have been trusted by our parents and traditional healers since time immemorial. Other health-care practitioners need to know about them so that if there is a problem with a patient who has used them, they know what to do. I also believe that they have strong healing effects, so if used properly they are good. I also think traditional healers need to know more about other practices, so that they know when to prescribe these methods for their patients.

- **What other traditional healing methods would you recommend for your clients?**

I would recommend *ukuqhumisa* (smoke), especially using *impepho*. This is one of the good natural medicines. It is used in other churches, like Ethiopian church as well. It is believed to chase away evil spirits and restore peace in any environment. I still use it in my home. When I just entered my training, my teacher would always smoke *impepho* at night and we would sleep peacefully, without being bothered by evil spirits.

Interview 3

- **Do you always dress up with beads and white clothes all the time? Why?**

Yes I always wear my beads, they also help me communicate with my ancestors, *intsimbi emhlophe* (white beads) is very important, if you dream about it, you know that it is a sign from *izinyanya* that you have to be an *igqirha*. *Igqirha* must wear bright coloured clothes, even if they are not always white. That is believed to bring peace and *ukukhanya* (Brightness). I believe that, that happens because I get to dream beautiful dreams at night, even if they are not beautiful, I get clear messages from my ancestors. They inform me when something bad is going to happen. They reveal things to me. I also have to put on the white clay; it also brightens my ways and helps in my communication

with my ancestors.

- **When did you become *igqirha*?**

I was still a young girl, and fortunately my mother was one, my sister is too, so it was not difficult for my parents to notice that *ndiyathwasa* (illness associated with the calling of becoming *igqirha*). I now can foretell, heal a few illnesses and perform rituals.

- **Were you trained by your mother?**

No, relatives cannot train each other, even in healing; they cannot heal or provide training to each other. The medicine does not work well if it is provided by your family member. I was sent away for training by one of the famous healers in Mthatha

- **Do you make money out of the profession?**

Yes I do, but it is not much, seeing a traditional healer does not cost much. There are big tasks though, whereby we have to perform rituals for the whole family, for example *umsebenzi womlambo* (ritual of the river). In the olden days traditional healing was not aimed at making money, people would just accept gifts. However, because times have changed, we now expect to be paid and recognised for the service we provide.

- **Are there other methods other than the three methods that you prescribe to your patients?**

Yes I also recommend *ukutshiza*, to cleanse the whole environment. For us traditional healers it is important to heal the whole environment and family as we believe that whatever bothers a particular person in the family might be meant for the whole family and it might be placed in the grounds. We also prescribe *ukuhlamba ngeyeza*; this is another form of cleansing an individual's body to bring back or retain their luck.

- **Are there many people in the village consulting with you?**

Yes, but not so many, sometimes people would ignore the fact that their illness needs to be treated by a traditional healer. They would consult with us when it is already too late for us to heal them.

- **How many do you treat, per week or month?**

For minor illnesses like flu and small injuries, per week I would get about 12 mainly children and a few elderly people. For major illnesses like TB, I would treat only a few, and in most cases those patients would need to spend some time under my care, so that I monitor their progress.

- **Do young people consult with you often?**

Not very often, but they do. In some cases their parents would be the ones initiating that I treat their children.

- **Which illnesses do you normally treat?**

I normally treat patients with mental problems; we have many of them around here, also a few with *ibekelo* (a sore on the body, normally on legs or arms). In most cases I would send them to the clinic, especially the ones with TB, because in most cases it needs them to take treatment. I treat some of the illnesses because I believe that maybe an individual is sick because they are being called to be healers. In those cases I would treat their illness and advise them about accepting the call of the ancestors, as it would make their lives miserable if they ignore it. In some cases my major role would be to advise them on what they should do to make peace with their ancestors. That also plays a big role in helping people acknowledge their problems and find a solution.

- **Do you treat people from both genders?**

Yes, people from both genders approach me.

- **Which gender approaches you the most?**

Both actually, some of them would approach me because they need advice, not because they are sick. Of course with men, there are things that they would prefer to discuss with other men. So in most cases I would help where needed and make sure that I do not go beyond my boundary.

- **Do you advise people from both genders to use the three methods of healing?**

Yes I do, the three methods are good for both males and females. They are good for children and elderly people. They cleanse an individual's system and leave the person feeling much better. *Ukucima* is good for men who work hard and end up struggling with their waist. I advise them to use the method as it relieves the pain.

- **What type of challenges are you presented with in your profession?**

We are not acknowledged like other health-care practitioners. We fight for our survival. Here in the village we cannot go to the Nature Reserve and get as much medicinal plants as we would like. We understand that all the natural resources in the area have to be protected. However, I believe that if we were doctors and nurses, authorities would make a plan and allow us to use a particular area, where we can get as much plants as we can. I do not know, but I think because we are not educated, we do not have enough privileges. It is my wish that we could get recognition for our work, because there are illnesses that doctors cannot heal, and we can.

Another challenge is that of HIV/Aids, our patients would rather lie to us and say they are suffering from something else while they know that they are HIV positive. That puts our lives at risk. I wish they could be open about it so that we know what we are dealing with. We also do not get enough cash in this profession, maybe it's because it is not acknowledged by our government. When I saw you, I thought you were coming from the Home Affairs department, to get our names so that they can be registered, because we need that. We need to be registered, so that people know about us.

Interview 4

- **Is there a difference between traditional healers from villages and the ones from the townships?**

No there is not much difference, except for the fact that the ones from villages have an advantage of having all the natural resources. The ones in townships do not have enough natural resources as a result they sometimes have to buy medicines sometimes or maybe travel to the outskirts of the township so that they get fresh and natural medicine. Yes we work the same way, but I would like to believe that the ones from townships have to deal with that challenge as well.

- **What other challenges are they faced with?**

Most people from the township try to be very smart as a result in most cases they would not want to pay. When I treat a person I expect them to be faithful, so it really hurts when I realise that I have just wasted my time, medicine and everything for people who will not pay.

- **What other methods of healing do you prescribe?**

I am a diviner as well, so in some cases my ancestors would tell me that the whole family is faced with difficulties. I would advise them to cleanse the whole family and the environment. In such

cases I would do what is called *ukuqinisa* (strengthening the home). This is one of the difficult methods of healing. This process is called *ukuqaphula*; I cut the person in a very tiny way and put in what is called *umhlabela*. This medicine is made with herbs and it is aimed to get inside the person's body and make sure that, the person is protected against any harm. This is one of the expensive forms of healing, because as a traditional healer you are protecting the family from all dangers that can be posed to them by their enemies. These include accidents and death. So it is important for them to make sure that they pay, so that the medicine can also work well.

- **How do you help children?**

In my area where I stay, there would be attacks on young children and babies, where they would just faint and act as though they are dying. As a healer I noticed that there is someone in the area who has a witchcraft snake. The snake can make people very sick and for young children and babies, it would just attack and in some cases kill or paralyse them. Many people have consulted me with their children. I would give them some herbs to chew quickly and maybe rub some of the medicine on their heads and faces and they would wake up and cry like normal babies.

- **Are you more of a healer than a diviner?**

I specialise in both of these areas. People would consult with me to tell them about their problems, but I would end up healing them, in most cases the whole family. People from far away come to the area to see me, and they would take me to their homes to spend time healing the whole family and their surroundings.

- **Tell me more about being *ingcibi*, does it involve being a healer as well?**

Yes it partly involves being a healer; in the sense that, I also prescribe some medicine that a boy can use to protect himself when he is in the bush. I give them medicine to cleanse themselves, for example medicine for *ukucima* and *ukuhlamba* to make sure that they are clean when they go up and witches do not find them to be easy targets.

- **Do you heal illnesses like diabetes, hypertension and other chronic illnesses?**

No I do not, but I heal some of the symptoms that are associated with these illnesses. For example with Asthma, a person would struggle with *iphika* (shortness of breath). I can heal *iphika* and in that way their asthma would not be at a high level. They would also manage to walk long distances

without struggling much. I also heal *ibekelo*, which according to the western ways of healing is believed to be diabetes. I can heal it, but with us as well, we need people to take care of their health and finish their medication. It gets difficult when the illness has advanced.

- **Do you prescribe the three methods of healing to children?**

In some cases, but they cannot be prescribed for each and every illness. The one I recommend and always try to prescribe is *ukucima*. This *method* is good to cleanse their digestive system or when they have constipated. However, I always caution parents not to use it often. I do not prescribe *ukugabha nokufutha* for children. They would never manage to do that, as it can be difficult even for some matured people.

- **How did you become a traditional healer?**

My father is a healer, but not a diviner, so he taught me how to use traditional medicine to heal people. My ancestors also chose me to be a diviner in the family. I accepted and for me that was a bonus, because it meant I was going to heal people and tell them about their problems as well. I went through my training, it was not easy, but I persevered because this is a calling not just a profession.

- **Do your ancestors get involved in your practices?**

Yes, because they speak with me in my dreams. They tell me what an individual is sick with and they also tell me which medicine to use for a particular illness. They also communicate with me, when a person is not going to get better. That can be the saddest thing, because when you heal an individual, you connect with them and their ancestors as well. When they die you also become emotionally involved, this is why it is important to do a cleansing ritual, before continuing with healing other people.

- **What sort of challenges are you presented with?**

We do not have privileges like other HCP's, our practice is stereotyped, and people do not want to be associated with us. As a result they would consult with us in the evening. That is sad because they need our help, but they cannot be open about it, they would rather use our medicine secretly. That does not make us feel proud about our work.

- **Do you think other HCP's need to know about your work and you about theirs?**

Yes, we all definitely need to be aware of these things, having that knowledge would help us clear

some of the misunderstandings and misconceptions about our profession. We would also learn from them and understand their practices.

Interview 5

- **What are types of social problems do you help with?**

I help people with social problems, for example, if people are looking for employment, I assist them with cleansing of their whole body and system, so that they can look good and better candidates for a job. I help people protect themselves against witchcraft. I strengthen their environment and their households, so that when their enemies try to harm them, they do not get them.

- **Do you get many clients with these types of problems?**

Yes, an average number a month, people use witchcraft to harm other people. My role is to heal and cleanse people who consult with me for problems caused by bad-luck caused by their enemies. I encourage them to use particular methods, which we use when we cleanse people, for example *ukuvasa*. I also help clients with huge problems, for example, families who need protection and strengthening (*ukuqinisa*) their households and maybe their cars.

- **What other methods do you use?**

I prescribe different methods, for example, *ukufutha*, *ukuqhumisa* (smoke herbs), *ukutshiza* (spray medicine in the house and surroundings), *ukuhlamba ngeyeza* (bath using medicine), *ukugabha and ukufutha*. These methods help people cleanse their systems and bodies. *Ukutshiza and ukuqhumisa* help chase away evil spirit in the house. In most cases people would be advised to use these two methods, when there is a new-born baby. That helps chase the evil spirits away, because in our culture it is believed that a new-born and a sick person are very fragile to evil spirits, so I would advise my clients to smoke *impepho*, which is not dangerous for the lungs of a baby.

- **When did you become a healer?**

My parents noticed that *ndiyathwasa* (I am called to be a traditional healer) when I was still a young girl. However, there was no money to send me for training. I got married and things fell apart, I went to a diviner and he told me that I need to respond to the calling, or else my life was going to be miserable. I went back to my home and we started preparing for my training.

- **Do you heal children?**

That does not happen very often, but I do when I am required to strengthen and protect them. However, in most cases I heal them when I heal the whole family.

- **Do you sometimes treat patients who suffer from chronic illnesses, like diabetes?**

Yes it happens, one of my patients had TB and she did not tell me. She just told me that she had *umgqwaliso*. I gave her medicine to protect her from witchcraft, because I could see that she was suffering from TB caused by witchcraft. I had to treat her *umgqwaliso* as well. I had to prescribe the three methods of healing for her, because the illness was inside so it had to come out. She was not taking treatment; I strengthened her, gave her medicine for cleansing and pushed her to go to the clinic and get treatment, and I said she must come back to me.

- **Did she go for treatment?**

Yes she did, she continued with it and I was continuing with my own treatment.

- **Did she take the two forms of treatment concurrently?**

I think she did, because she would take her TB treatment and continue with my treatment, because I also wanted to see change in her condition. My treatment worked, I do not know though about the TB treatment.

- **Is she well now? Do you see her?**

She went to Cape Town, so I do not know how she is doing now, but when she left my home she was ok, continuing with her treatment.

- **What challenges you most in this profession?**

We do not manage to make money well, because this profession is not taken seriously. Consulting a traditional healer is perceived as the most ridiculous thing. If an individual consults with us, before going to the clinic, they get snide remarks from the nurses. Some would even say, "Instead of coming to the clinic you go to the healers, you are going to die". That is not a nice thing to say, we also heal our patients, but we use different methods from the ones in clinic. We need to be respected and treated as professionals who know what they are doing.

Interview 6

- **When and how did you become a healer?**

I was still a young girl, my father was a healer and he trained me and taught me how to mix and use medicine. It was very challenging at first, and I never thought I would like it, but my father was a very patient and persistent man. When he passed away, I felt grateful that he had pushed me to become a healer, because now I still have a good relationship with him. He speaks with me in my dreams, and tells me how to treat my patients.

- **What type of medicine do you prescribe for your clients?**

I use natural herbs, the rule is to go to the forest get all the herbs (roots and leaves), dry them and mix for particular illnesses. I know how to mix them, because my father taught me. We also have medicine that is used for particular illnesses or cases.

- **Where do you get medicine?**

I go up to the forest, Dwesa reserve is very rich in natural vegetation, but we are not allowed to get inside, so we go to open fields. We also try to make sure that we do not destroy the original trees, so that we manage to come back when we need more.

- **How many clients do you see per month?**

I do not really count, but business is not always easy, people do not have money. I manage to heal only ten people in a month. That is not good enough. In some cases people come from far away places and spend months here, I heal them; provide them with shelter and food, so I have to charge a lot of money for that.

- **Do you perform traditional ceremonies for your clients?**

No I do not, I only do strengthening rituals. People consult with me when they believe that they have enemies who want them dead or wish to harm them in any way. I would be called to strengthen the home and protect them from harm. That is also an expensive ritual because, I cannot strengthen one person in the family, I must strengthen the whole family and their environment.

- **What happens when you strengthen one member of the family?**

The ones not strengthened would be easy targets of their enemies; they would be easily attacked through witchcraft.

- **What methods do you use to strengthen people?**

All healers use *ukuqaphula* (to cut a person invisibly in certain areas of their body using a sharp blade). When finished with cutting, we rub *umhlabela* (a mix of herbs grinded) in the cut. *Umhlabela* gets into the blood of the person and it strengthens the individual.

- **What type of challenges are you presented with in this profession?**

Traditional healing is not just a job for us, it is a calling, and we become healers, because we get chosen by our ancestors. The only problem we have is that we need to survive as well; however, with the way things are it is not easy. Western trained doctors have surgeries, where they practise. Everything gets written down for them. With us nothing gets to be written down, as a result we do not get the recognition I think we deserve. Most people amongst us do not take us seriously. They need our help but when it is time to pay up, they do not. That is sad, because they will never do that to a western trained healer, yet they do it to us.

- **Do you heal chronic illnesses like diabetes, hypertension and maybe TB?**

I will not say I heal diabetes or hypertension, but I heal headaches that are caused by hypertension. I advise people to use *ukugwada* (to snuff) when they struggle with those headaches. I make *igwada* myself and give them to use it when the headache is unbearable. I treat clients with TB as well I encourage them to take their treatment as well. TB is caused by *idliso* (witchcraft poisoning). When the poisoning is old it affects the lungs and one gets sick. In some cases it is caused by *impundulu* (the bird), when it has been pointed into a person, it attacks them and they will suffer from back pains. My role in cases like these is to firstly chase *impundulu* away. That means the client has to spend a few weeks at my place so that I can monitor them. After that I strengthen them so that *impundulu* does not find them. I use *ukuqhumisa* (smoke) as well, to make sure that they do not get visitors from *oothikoloshe* (little black man). When it is caused by *idliso*, I give them medicine for purging, but it must be very weak. Purging will help cleanse the poison bit by bit. As they continue with their treatment for purging, I make them some medicine to calm the cough; I make it from the leaves of *umhlonyane*.

Interview 7

- **Are you the only nurses working in this clinic?**

No we are not, we are four but at the moment they are off duty.

- **Tell me about the clinic**

Mpumbe clinic is the only one in the area, it provides services to a number of villages, but we do not have enough resources and we are under-staffed. People come here almost every week with minor illnesses and other illnesses like TB. There are people taking treatment for chronic illnesses like hypertension and diabetes. We also get to treat people with TB.

- **Do people come to the clinic often?**

Yes they do come, but in some cases they prefer to stay at home even if they are sick.

- **Do people consult with traditional healers and take medicine from the clinic and traditional healers concurrently?**

Yes in most cases people consult with traditional healers when they are sick and they would take treatment from us and traditional healers at the same time.

- **Do you caution and provide advice to your patients about medicine taking behaviours?**

Yes we try, but it is not easy because in most cases medicine from traditional healers would be the only hope they have for their illnesses, because we do not always have medicine in the clinic. We try though to tell them not to mix these two types of treatment. The problem is that people would just abandon their treatment altogether and continue with that of a traditional healer.

- **How is your relationship with traditional healers?**

Our relationship with healers is based on the fact that we are amaXhosa, and we believe in ancestors and we perform rituals guided by traditional healers. We also believe that there are illnesses that are caused by witchcraft or ancestors, so they would need traditional healers' intervention. However, we do have problems here and there, because we both provide healthcare services. As a result that poses a challenge, because our views about healing clash sometimes.

- **What are the challenges about?**

Some traditional healers from this area try to work with us in the sense that, when a person is ill and has consulted with them, they push them to come to the clinic. As a result we manage to give them

treatment, however when they go back to them, they give them their own treatment and people would just focus on that treatment, and not take the one from the clinic. It would be best if they could help us monitor their treatment taking behaviours, because the patients trust them. In that way I would say we work together.

- **Are you aware of the three methods of healing, *ukugabha*, *ukufutha* and *ukucima*?**

Yes I am aware of them, these methods have always been used by people, and even our grandparents have used them. They are still used, but I am a bit sceptical about them, because things have now changed. There are changes in nature as well; as a result you do not know which plant is good for what. So I do not always encourage people to use *ukucima* when children have stomach problems. I always advise people to come to the clinic. However, when people are very sick, they would go to traditional healers, stay with them and get treated with the use of these methods for days or weeks. In most cases the person would be very weak and dehydrated, but they would be required to use *ukugabha* or *ukucima*, I do not encourage that, I think these methods need to be monitored.

- **Do you think HCP's need to be aware of these methods of healing and be able to advise their clients about them?**

Yes I would very much recommend that HCP's get some information to make them aware of the critical issues around traditional healing, especially with regards to these methods. They are used in our rural areas mostly and people do not know the implications. If HCP's could learn about them, they would be able to caution their clients about medicine taking behaviours.

- **Do you experience challenges when healing your patients, based on the use of these methods?**

In some cases we do get problems whereby a patient would come to the clinic very weak after they have used *ukucima* or *ukugabha*, while their condition is very serious. We would have to make plans for the patient to rehydrate their bodies, yet we have a problem because we do not have resources like that here, our hospital is very far and we do not have ambulance services. It would be a good idea if traditional healers could be made aware of these complications as well.

- **Do you consult with traditional healers?**

We are amaXhosa, we believe in ancestors, which create a link between us and traditional healers. We make rituals in our homes and in some cases the rituals would require the assistance of

traditional healers (diviners). So yes we do consult with them. What is important is to make sure that we know when to consult with them, and not to.

Interview 8

- **Do you think people, especially students practising to be HCP's need to learn about traditional healing?**

Yes, I think they do, for example the doctor who was treating me, was from Mdantsane, he was umXhosa so it was easy for him to understand the problem. As a result he did not feel like he has failed me, he just knew that I need to consult with someone else. If other HCP's could have that understanding, we also would feel comfortable discussing these kinds of issues with them. They also would know more about the culture.

- **How did you feel when you were speaking to the doctor?**

I felt a little comfortable to explain my problem, because I was speaking to another man, who understood some of the issues and challenges we face.

- **How did it feel when you spoke isiXhosa to explain your problem?**

That as well made me comfortable, I was relaxed, I did not panic, because I was speaking my language.

- **Do you think it is important for HCP's to speak the language of their clients?**

Yes it would be good for them to learn to speak the language of their clients, which would help us feel confident when we explain our problems. In most cases we end up making mistakes in explaining our illnesses because we get nervous first about the language. In some cases we get help from the interpreters who would interpret for us. However, the reality is we get embarrassed when we have to show everybody that we cannot speak English.

- **What do you think of *ukugabha*, *ukufutha* and *ukucima*?**

They are good methods of healing, I do not often use them though, but I know most people use them here. To be honest sisi, I do not always consult with traditional healers. I like and respect them, but I believe that, just like western trained HCP's there are things they cannot heal. Clinics and hospitals have their role as well. They all need to be consulted in a right way.

Appendix D

A sample of interview questions and responses from Rhodes University pharmacy students Interviews with Pharmacy students

Interview 1

- **Would that make it easy for you to understand you client better?**

Yes – the use of an interpreter does not give the health care professional a complete understanding of the patient. It is important for the health care professional to build a trusting relationship with the patient.

- **Do you think the course should have more information on culture specifically traditional healing?**

Yes

- **Do you assume that the clients you have been meeting in the hospital consult with traditional healers?**

No – we try to ask the patients but we may or may not get a clear response. I think by showing the patient that you understand his or her culture he or she may provide more information.

- **What would you recommend to be added on the course?**

More information with regard to traditional healing and traditional medication and maybe an acceptable way of asking about traditional healing to clients.

- **During your consultation with clients did you come across clients who use traditional medicines?**

Most patients deny using traditional medicines...

- **What would you aim to achieve with the information you obtain from the course?**

I would want to advise the patient not to use traditional medicines with conventional medicines due to drug interactions. I would like to explain to the patient that my concerns are related to his or her safety as this can be harmful.

- **Do you think a course looking at language and culture is good for health-care practitioners?**

It is very applicable at the moment.

- **What do you think of the role of traditional healers in the society?**

It must be considered as I think many of our patients do consult traditional healers.

Interview 2

- **Do you think when you are fully aware about traditional healing methods and language you would be able to caution your clients about medicine taking behaviours?**

Yes. However I have found the nurses also often advise the patients against traditional medicines.

- **During your consultation with clients did you come across clients who use traditional medicines?**

Only very rarely (That they tell me that is)

- **Do you think a course looking at language and culture is good for healthcare practitioners?**

Yes.

- **Do you encourage the use of natural herbs (concoctions) by your clients when taking treatment?**

No. They may affect the drugs the client needs to take.

- **What do you think of the role of traditional healers in the society?**

I think they are looked up to by many, and they should be working with western medicine for the benefit of the community.

Interview 3

- **Do you think the course should have more information on culture specifically traditional healing?**

Maybe it would be useful to know some of the most commonly used traditional medicines, and remedies, and maybe the history as to why they are used.

- **Do you assume that the clients you have been meeting in the hospital consult with traditional healers?**

No I usually don't assume they use traditional healers. We try to question the patient about their use traditional medicines and therapy, and although the patients are not always upfront with the information, often if their trust can be gained, then they will open up about whether they use a traditional healer.

- **What would you recommend to be added on the course?**

I think it is a very good course, maybe some more of the traditional and cultural aspects in terms of traditional medicines and healers would be beneficial.

- **During your consultation with clients did you come across clients who use traditional medicines?**

Yes, there are a number of patients who use traditional medicines and traditional therapy and rituals.

- **Did you find that concept confusing or were you comfortable with it?**

I was comfortable with talking about traditional medication, however sometimes it is difficult to understand aspects about the actual type of medicines and therapy.

- **Do you think a course looking at language and culture is good for health-care practitioners?**

Yes, very beneficial

- **Do you encourage the use of natural herbs (concoctions) by your clients when taking treatment?**

No, it is never encouraged, as it could interfere with their medicines, or medical condition.

- **What do you think of the role of traditional healers in the society?**

I think that there is a definite role for traditional healers as they are an important part of many peoples heritage and culture. I do think that there however needs to be better communication between medical professionals and traditional healers so as everybody could understand everyones role, and work together.

- **Give a brief summary about the course, your expectations and recommendations for the improvement of the course.**

I really found the course very beneficial, and it has helped me to better communicate with my patients, and to understand some of their cultural aspects. I think that the patients really respond better when they can see that you are trying to make an effort to communicate with them.

APPENDIX E

A sample of an oral examination assessment task IsiXhosa for Pharmacy assessment

BACKGROUND

You work as a Pharmacist in a hospital pharmacy.

An isiXhosa speaking client, Mrs Qokweni, visits the hospital pharmacy

The client does not speak English or Afrikaans

You, as a pharmacist on duty, can speak isiXhosa

You have never met the client

As a pharmacist you must consult with the patient - find out the personal information, social history, medical history, history of the presenting complaint, symptoms of the illness, when did it start and medicine taking behaviour, e.g. how many times do they take their medicine. You must also find out about their eating habits and drinking habits, how they cook their food, how many meals do they eat per day, what type of food do they eat, ask if they drink water, tea and coffee. Provide advice on how they should prepare their food, what they should eat and how often they should eat fruits and vegetables.

PROFILE OF THE CLIENT

Mrs Qokweni is 55 years old, unemployed. She is on government grant. She is married and stays with her retired husband and 3 children – one adult and two scholars. She stays in the township. She grew up in the rural areas of the Eastern Cape. She is diabetictic and has been on diabetes medication since diagnosed with the illness.

You will be assessed on your ability to:

- Meet and greet the client formally
- Introduce yourself, and other role players (interpreters) and enquire after client's name
- Inform the client what you are intending to do i.e. you would like to ask some questions about her, family, etc.
- Ask client questions on personal information and social history as per details given above on her profile.
- Ask client about her work status, and that of her family
- Ask the client if you can take her/his weight and height
- Ask about client's general state of health
- Ask client about her medical history, and specifically about diabetes
- Ask client about symptoms of the illness
- Explain to the client about diabetes, and how they should take care of themselves
- Ask if the client is on any medication
- Ask client about medication, especially questions related to the effects of medication on the patient
- Ask client about the kind of food they eat
- Ask client about the number of meals they eat per day
- Ask client about how they prepare their meals
- Ask about their drinking habits
- Ask if they eat fruit and vegetables, how many times do they eat fruit per week
- Ask any other questions you see appropriate
- Advise client on how they should prepare their meals

- Advise on how they should take their medicine, and give instructions on how many times they should take it
- Ask client if s/he has any questions
- Tell client you are finished for the time being
- Thank client and leave
- Demonstrate awareness of some of the cultural factors pertaining to the above.

History taking and Diabetes

Topic	Mark allocation	Mark attained
GREETINGS AND INTRODUCTIONS		
Greet and introduce yourself, formally		
Ask patient's name		
Ask how patient is doing (general)		
Sub-total		
SOCIAL HISTORY		
Ask about marital status of the client		
Ask client about the work status of her spouse		
Ask client about her dependents, and their work status		
Ask client about the living conditions in their home (i.e. does it have water inside or outside, electricity/source of energy)		
Sub-total		
EMPLOYMENT INFORMATION		
Ask about work status		
If they work, ask where and what they do		
Ask how much they earn		
Sub-total		
PRESENTING COMPLAINT (ASTHMA)		
Ask what they are sick with, and when did it start		
Ask what kind of symptoms did the patient see		
Ask if their illness is worse now than when it started		
Ask if their illness disturbs them when they work at home		
Ask if the patient uses medicine or pills and if it brings relief		
Ask if patient has been using medicine from a traditional healer		
Ask if anyone in family has Diabetes or similar symptoms		
Ask if they get sores on their feet		
Ask if they get tired frequently		
Ask how they feel today		
Sub-total		
EATING HABITS		
Ask how many meals does the client eat per day		
Ask what kind of food do they eat		
Ask how they prepare their food		
Ask if they eat fruit, and how often		
Ask if they eat vegetables, how they cook vegetables		
Ask how does the client cook their meat		
Ask if the client drinks alcohol		
Ask if they drink tea or coffee,		

Ask if they take sugar, if so how many teaspoons		
Sub-total		
ADVISING CLIENT		
Explain how client should take their medicine		
Advise on how they should prepare their meals		
Advise on how they should cook their meat		
Advise on how many meals they should eat per day		
Advise on how they should prepare their tea or coffee		
Explain in simpler terms some causes of Diabetes		
Advise on medicine taking and their meals, and give instructions		
Ask any question you feel appropriate		
TAKING LEAVE		
Tell patient you are done with your questions		
Ask if patient wants to ask any questions		
Thank patient and leave		
Sub-total		
GRAND TOTAL		
FINAL PERCENTAGE	100%	%
General comments:		

Assessor's name _____

Date of Assessment _____

Description of an assessment design

The following is the assessment design; it starts by giving a full profile of the client with their background. The student has to understand the background of the client with the profile. That helps the student become consistent in asking questions also in terms of the language to be used when speaking to a person from a particular gender. This form would be given to students in a week before the assessment so that they can prepare themselves. All the tasks would be written in English, but they would be required to know and remember how to say them in isiXhosa. Culture is very important in language, students were also taught some of the basic things in culture. They would be required to acknowledge cultural issues in their interviews, for example they would be required to start from greetings and asking how their clients are. Their greeting would have to involve a handshake. That in Xhosa culture is very important, it creates some kind of an understanding between the two people who do not know each other.

The form moves on to look at the social history of the client, in which the students would ask in isiXhosa about the social history of a client and that of some of their family members, for example, a husband, wife or children. The requirement is for them to know how to ask these questions in isiXhosa, with understanding of the answers and with some acknowledgement of cultural practices and gestures, for example if a client cannot look the student in the eye, they must understand that it is

not because they are being disrespectful. In African cultures, the one in a superior seat has to be respected, regardless of age. In the case of students they are in the superior seat, because they are educated and they speak English, which is seen as the language of power and knowledge. These are some of the cultural aspects that the course teaches, as they can create confusion amongst HCP's and clients. Some HCP's would assume that because a client would not look at the HCP's eyes, they have defaulted taking their medication. The employment status of the clients is important in these interviews. Students have to know if the clients have income or not. They must be able to ask these questions in isiXhosa.

Students have to know the eating habits of their clients as well, as that is important in the medicine taking behaviour. In Xhosa culture there are a few meals that are known and trusted amongst everyone, for example, umngqusho oneemboty (samp with beans). This is one of the most loved meals amongst amaXhosa. It is boiled with water for a long time, when it is cooked some people would add vegetables, mince meat, salt, spices and cooking oil. Most people like food with too much fat, so they would add too much of it. The course offers a section on food and also on how students should advise their clients when they hear about their eating habits. They would also advise them about medicine taking behaviours.

In Xhosa culture, when one is leaving, they need to acknowledge the person they were speaking to, thank them and bid them farewell. Students had to learn this as well, and as a way of practising in class, every time they leave after a lesson they would bid the lecturer goodbye in isiXhosa.

Appendix F

A sample of ethnographic observations concerning a traditional healer's home

Most traditional healers from Dwesa do not have any other income except for the money they make from their clients. They do not get to treat many clients per day, week or month. However, they are very proud of their work. They show enthusiasm when they talk about it. Mr Nonxuba* is a traditional healer. He has been practising for many years. He is married with three children. His children are still young and at school. He is the bread-winner at the home, his wife is not working. The house he lives in is a small mud house, furnished with not so modernised furniture. The floor smelt fresh with the smell of cow-dung, that was smeared probably on that morning. The other side of the room is covered with a piece of carpet. There is a bed on the other side of the kitchen and the room is also very small. There is another house being built, it is a rondavel. The yard is very big with a big garden with fresh vegetables and medicinal plants. The healer took me around the garden and showed me the plants he uses to heal different illnesses. Some are not for illnesses, but they help people get out of trouble. He also said he cannot tell me about the others, they are sacred, so it would not be appropriate to tell me about their use. The vegetables look very fresh and in a good condition. The medicinal plants as well, are very green. He works on his garden and makes sure that everything is in order. The kids are not allowed to go in there, without supervision. He also has a kraal, which is where the goats stay. He takes care of them when they are sick, he has a plant meant to treat their illnesses. He was very excited to show me around and tell me about his work.

He picks the ones he wants to use, dries them and grinds them when someone needs help. He knows them by their name even when they are already crushed and mixed.

Observations made showed that traditional healers are very humble people. Their work is not based on making them rich, but it looks like it is based on helping people. Their practices are not expensive, when they have given their medicine to an individual, they always require what is called *umrhumo* (a small fee that is believed to allow the medicine to work). Traditional healers believe that, when a client did not provide *umrhumo*, the medicine will not work to its best abilities. The money for *umrhumo* is not always expensive. In some cases some healers would say “buy me some cigarettes”. That is their indication that a client does not have to pay a lot of money. In Dwesa I went to traditional healers homes for the interviews. Their homes showed the type of people they are. I went to see one in Mpume village. The home had a few houses, with a rondavel. We were invited into the rondavel; it was clean smeared with cow dung. The traditional healer was sitting down making traditional mats. The rondavel served as a kitchen and a bedroom, because there were cupboards, with all the kitchen utensils. There were also two beds, one on each side. In the middle

of the house there was a fireplace, where people would cook using a three legged pot. Outside the yard is big with a small garden, where the traditional healer had planted different types of medicinal plants and vegetables. She had plants like *itswele lomlambo* (river onion). She told me that this onion is good for children and babies, when they have minor illness like earaches. One can grind this onion, soak it for a few minutes and then put in a few drops in the ear. It smells bad, but it is good to have its smell in a house with a baby. There were a few aloe trees, she uses it as well. When one has a sore, she takes the aloe's juice and smears it on the sore. She would also cut a few branches, dry them out and boil them for *ukucima*. This is good for elderly people and children as well. She also has *umhlonyane*, (green leaves that are boiled and cooled) which is recommended for colds and coughs. It is very bitter, but it helps. In the garden there was also *intsema*, this plant is good for cleansing young kids after breastfeeding. In amaXhosa culture it is believed that the remainder of the breast milk is not good in their tummies, and it makes their tummies big. A traditional healer would take *intsema* and put it in *amasi* and the child will have to drink that *amasi*. That helps shape their tummies. Traditional healers agree that even elderly women in the village know this method of cleansing. Traditional healers do not keep their medicine in closed places. They have to keep them in a dry open space. They put them on the floor, in a sacred place, and they know the medicines by respective names.

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