

**INVESTIGATING EXPERIENCES AND PRACTICES OF INDIGENOUS HEALING  
BENEFICIARIES IN KALIYANGILE COMMUNITY OF ZAMBEZI REGION  
IN NAMIBIA**

**A THESIS SUBMITTED IN PARTIAL FULFILLEMNT OF THE REQUIREMENTS  
FOR THE**

**MASTER DEGREE OF EDUCATION IN  
LIFELONG LEARNING AND COMMUNITY EDUCATION**

**OF  
UNIVERSITY OF NAMIBIA**

**BY**

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**February 2017**

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## **Abstract**

The objective of this study was to investigate experiences and perceptions of indigenous healing beneficiaries in the Kaliyangile community of the Zambezi Region. In order to achieve this objective, a qualitative-phenomenological design, drawing on open-ended and closed-ended interviews, was adopted. Snowball sampling was used to identify indigenous healing beneficiaries who participated in the study while homogenous sampling was used to identify the indigenous healers. Related literature and indigenous knowledge systems theory offered ideas that were used to conceptualise the study and analyze the data.

When analyzed, data revealed an overwhelmingly positive perception of indigenous healers as panacea to all the social and health ills within the Kaliyangile community. The indigenous healer was largely perceived as, among others: “a great problem solver”, “someone in charge of the environment and people’s well-being” and “someone possessing supernatural powers to cast out bad spirits and afflictions”. As shown in the data, indigenous healers are more trusted, admired and highly revered by the beneficiaries of their services, giving rise to a deep-rootedness of indigenous healing practices in the community.

Despite harboring positive perceptions in indigenous healing services, beneficiaries narrated a mixed bag of experiences in their dealing with providers of indigenous healing services. Some of the beneficiaries who participated in the study held positive experiences of indigenous healing services as most of the ailments or diseases that were taken to indigenous healers were resolved or healed. On the flip side of the same coin, however, data revealed that some beneficiaries’ experiences of indigenous healing were not all that positive. Negative experiences included, among others: manipulation through the use of fear, exclusion of beneficiaries during divination by resorting to inaccessible language, and charging exorbitant fees. Beneficiaries’ negative experiences with indigenous healing were

exacerbated by the lack of sensitization about the benefits of indigenous healing services and short of qualified personnel in indigenous healing services. The study recommends the integration of indigenous healing services into the mainstream health system; adoption of a multi-sectoral approach in sensitizing the public about the use of indigenous medicine; preservation of indigenous knowledge systems and provision of educational programmes on indigenous healing systems.

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## **Acknowledgement**

I thank God for all the perseverance as I went through so many limitations during my study. God I thank you for your strength and unconditional love during this longest expedition of my school life. I would like to thank my Supervisors Dr. Nekongo- Nielsen Haaveshe and Dr. Nyambe John for their generous support and guidance throughout the indigenous journey, all of the University of Namibia, with whom I had valuable discussions pertaining to my study.

I would also like to thank all the indigenous healing practitioners and their beneficiaries for participating in this study.

My sincere gratitude and appreciation goes to my beloved husband John for his encouragement and all my family members and friends for their unwavering support during the time I was conducting this study.

## **Dedication**

This Thesis is lovingly dedicated to my mother Mwaana Mukula, Tekela Theresa Nanyangwe and my son Munukayumbwa Linanga Lilemba.

## Declarations

I, Victoria Nanyangwe Lilemba, hereby declare that this study is my own work, and that is a true reflection of my research and that this work, or part thereof has not been submitted for a degree at any other institution.

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Name of Student

Signature

Date

## **List of abbreviations / acronyms**

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
DRC	Democratic Republic of Congo
HIV	Human Immune-deficiency Virus
IH	Indigenous Healers
IHP	Indigenous Healing Practitioners
IHS	Indigenous Healing Services
IK	Indigenous Knowledge
IKS	Indigenous Knowledge Systems
MICT	Ministry of Information Communication and Technology
MEAC	Ministry of Education Art and Culture
MOHSS	Ministry of Health and Social Services
NETHA	Namibia Eagle Traditional Healers
PHC	Primary Healthcare
STIs	Sexually Transmitted Infections
TBAs	Traditional Birth Attendants
THC	Traditional Health Council
ZTHA	Zambezi Traditional Healers Association
W HO	World Health Organization

## **CHAPTER ONE: INTRODUCTION AND BACKGROUND**

### **1.1 Introduction**

This study investigated experiences and perceptions of indigenous healing beneficiaries in the Kaliyangile community of the Zambezi Region, in far north eastern Namibia. Chapter one outlined the background to the study, its objectives, research questions, as well as significance and organization of the study.

### **1.2 Orientation of the study**

In the context of the African continent, traditional healing originated in central Africa in the Sahara Desert, from where it spread northward and southward of Africa (Gumede, 1990). The process of extraction and isolation of healing compounds from plants marked the beginning of indigenous medicine and healing practices (Shilubane, 2009). The ancient African civilization which prospered in the Sahara and North Africa happened to be the centre of skill development in the art of healing (Gumede, 1990). Indigenous healing practices during the colonial period in Africa were not legally practiced because colonial powers made sure that the traditional practitioners and users were not allowed to carry out such activities. As a result, even though the art of traditional healing was respected in those days, it came to be perceived as inferior and unhygienic by the colonialists (Shilubane, 2009). This however, did not discourage the ancestors as they continued to use their indigenous knowledge to develop ways to extract the healing compounds from plants and isolate harmful compounds (White, 2007). It was after many African countries attained independence that traditional healing activities were then permitted.

Shilubane emphasizes that “Plants were once a primary source of all the medicines in the world and they still continue to provide humans with new remedies” (p.1). Even though indigenous healing knowledge has been in use for generations, regrettably, however, it has not been properly recorded. This has led to loss of substantive indigenous knowledge and practices on traditional healing which could negatively affect the healthcare of the people (Chinsembu & Hedimbi, 2010; Cheikhyoussief, Mapaure, Matengu, Mu Ashekeli & Shapi, 2011). Recognising the importance and usefulness of indigenous practices of extracting and isolating healing compounds of beneficial plants, global institutions such as the World Health Organization recommended the utilization of traditional indigenous plants for healing to meet the health care needs of the world’s population as in different communities of the world where indigenous healing is practiced. As a result, WHO encourages local communities to understand the knowledge embedded in indigenous healing practices and help educate other communities to know its contribution to primary healthcare (WHO, 2008).

Research conducted in other parts of the world found that indigenous healers rely on their indigenous knowledge which Kaniki and Mphalele (2002) define as a “cumulative body of knowledge generated and evolved over time, representing generations of creative thought and actions within individual societies and ecosystems of continuous residence.” In the Namibian context, LeBeau (2003, p.17) argues that “indigenous healers are established Primary Healthcare providers who have the interest of their patients at heart, contrary to the bad picture painted of them under colonial rule.” On the other hand, Pretorius (1999) established that traditional healers are healthcare workers with substantive knowledge within their communities and serving different functions in different categories. Pretorius emphasize “that indigenous medicine heal just like western medicine, and there is a need to let other people know so that they can appreciate and use it” (1999, p. 406).

It has also been noted that alternative medicine provided by indigenous healers has been steadily gaining prominence in the world of medical practice which resulted in indigenous healers having been highly respected in the communities where they live and serve (WHO, 2008). In Namibia, for instance, indigenous healers, with their IK, are often the preferred option for patients because they offer immediate support, information and counseling to their beneficiaries (Ministry of Health and Social Services, 2008). It is due to this recognition that a traditional healers' association, the Namibia Eagle Traditional Healer's Association was established in Namibia after independence. The NETHA, a voluntary association, working with the MOHSS, was tasked with the responsibility of drafting rules and regulations that govern the registration of traditional healers in the country (LeBeau, 2003). Lumpkin (1994) found that there were about 2,500 indigenous healers in Namibia registered with NETHA and one indigenous healer per 300 people in the Zambezi Region under Zambezi Traditional Healers Association. ZTHA is an association looking into the welfare of the IH in Zambezi region. However, LeBeau (2003) states that due to the fact that not all indigenous healers are registered, the number could be higher due to the influx of foreign indigenous healers from other countries. It is therefore important for the general public to know, understand, and respect indigenous knowledge and the healing power performed by the indigenous healers (Catron & Kangwa, 2011).

### **1.3 Statement of the problem**

Although many studies have been conducted on indigenous knowledge and healing systems, (Lumpkin, 1994; Chinsebu & Hedimbi, 2011) very little has been documented about the experiences and perceptions of indigenous healing beneficiaries in using the indigenous healing systems. Nevertheless, it has been observed that people of the Zambezi region, especially in the villages, have strong beliefs in the use and efficacy of ethno-medicines. The

findings of Chinsembu and Hedimbi (2010) indicate that people of Kaliyangile community openly make use of indigenous healing practices than people in other communities of the Zambezi Region. They added that people of Kaliyangile community consult indigenous healers for social and health problems, especially HIV/AIDS opportunistic infections (Chinsembu & Hedimbi, 2012). Chinsembu (2016) further documented various medicinal plants for different illnesses including ant-HIV activities in the same region. It is in this context that the study investigated the experiences and perceptions of beneficiaries of indigenous healing practices in the Kaliyangile community of the Zambezi Region.

#### **1.4 Research questions of the study**

Despite many studies having been conducted on indigenous healing practices, a glaring gap in the literature indicates the lack of studies on the experiences and perceptions of indigenous healing beneficiaries. Therefore, the purpose of this study was to investigate experiences and perceptions of indigenous healing beneficiaries in the Kaliyangile community of the Zambezi Region. The following were the specific research questions for the study:

- What are the beneficiaries' perceptions and experiences in using indigenous healing services?
- How do indigenous healers communicate treatment procedures and health information to beneficiaries?
- What health education services are available to beneficiaries of indigenous healers in Kaliyangile community in the Zambezi Region?



### **1.5 Significance of the study**

The findings acquired from the study may broaden the perspectives and understanding of the indigenous knowledge in relation to traditional healing world. In addition, the findings may inform sensitization and mobilization activities that are intended to benefit and support beneficiaries of indigenous healing practices. Moreover, the study may help the MOHSS in formulating indigenous healing policy. The study will further assist in uniform operation of the healing systems. The findings may further assist MOHSS in its efforts of integrating indigenous healers in the primary healthcare system.

### **1.6 Limitations of the study**

One of the limitations of the study was that some of the beneficiaries and healers were not willing to share their experiences in the various indigenous healing systems and practices due to the sensitivity of the topic. Generally, when this study commenced, there was scarcity of literature on the African indigenous knowledge which made it difficult to carry out a comprehensive comparative literature review. This can be attributed to the fact that most literature was Eurocentric and biased towards African indigenous knowledge. However, in 2015 and 2016 more African publications, especially on Namibian indigenous knowledge, appeared on the scene and this presented a good opportunity for data analysis to be appraised with relevant literature.

### **1.7 Definitions**

- i) Indigenous healing beneficiaries - these are community members who have benefited from indigenous healing systems.

- ii) Indigenous people - refers to the original inhabitants of a specific location and consider themselves distinct from other sectors of societies (Kaniki, & Mphalele 2002) In regard to this study; users of indigenous healing systems in the Kaliyangile community see themselves as confined and safe by being surrounded by indigenous healers as compared to other communities.
- iii) Traditional Medicine - the concept of traditional medicine is defined as the sum total of all the knowledge and practices used in diagnosis, prevention and elimination of physical, mental, or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation (Gericke, Van Wyk, & Van Oudsthoorn, 2004). The term medicine within the context of this research study refers to all the knowledge and practices imbedded within the healing systems using different types of medicinal plants, which includes a whole range of herbs, charms, amulets, spells and incantations.
- iv) Medicine - any substance that can bring about a change anywhere anyhow. Medicines can treat someone, catch a thief, and help someone to pass an exam, make a business prosper, kill an enemy and win someone's love (Van der Geest, 1997).
- v) Indigenous Knowledge - Kaniki and Mphalele (2002) define indigenous knowledge as a cumulative body of knowledge generated and evolved over time, representing generations of creative thought and actions within individual societies in an ecosystem of continuous residence.
- vi) Indigenous Knowledge System - is defined as a more comprehensive knowledge and conveys the connotation of a knowledge system that is empirical, theoretical and philosophical with its own methodologies (Kotze, 2011). It refers to the local knowledge that indigenous healers and their beneficiaries have acquired over time and continue to use in their particular communities.

- vii) Indigenous healing - is known as native medicine, traditional healing, indigenous medicine, traditional interpretation and spiritual interpretation. It is an ancient, intact, complex healthcare system practiced by people worldwide (Wilson, 2008). It is a method of healing based on using agents, herbs as well as intervention with the ancestral spirits in order to cure illness; control spiritual forces, foretell the future, heal individuals, societies, nature, or the cosmos (Lumpkin, 1994).
- viii) Witchcraft - is defined as a practice of magic or spiritual forces especially for evil purposes. (LeBeau, 2003). Therefore witchcraft in this study is a common belief and fear for any disease that becomes acute and severe, meaning that most of the illnesses are believed to be as a result of witchcraft.
- ix) Divination - is diagnosing by using trans-rational reasoning such as inner knowing, intuition, awareness and treat patients by manipulating the spirit (Lumpkin, 1994).
- x) Perception is an issue of belief, meaning if a percept has no education in the person's experience, it may not be perceived (Kotze, 2011).

### **1.8 Organization of the study**

The general overview of the study revolved around the experiences of beneficiaries of indigenous healing systems in Zambezi Region, particularly in the Kaliyangile community.

The Thesis is divided into five chapters described as follows:

Chapter One outlines the value of indigenous healers in Namibia and its contribution to primary healthcare particularly in the Kaliyangile community. It further provides the traditional and cultural background of indigenous healing systems in the Zambezi Region and its efficacy to the beneficiaries.

Chapter Two focuses on the literature review concerns reflect on indigenous knowledge systems, indigenous knowledge embedded in healing practices and experiences and perceptions of beneficiaries of indigenous practitioners.

Chapter Three describes and justifies the data gathering method used in phenomenological qualitative research study. The chapter also outlines the research design, describes the population, the sample and sampling procedures for selecting participants, the type of method used for data collection as well as for analysis of data.

Chapter Four presents description, analyses, interprets data from the field notes and other interpretive data. Content analysis is explained including the identification of themes and categories.

Chapter five presents the discussion of findings and conclusions. The chapter discusses the findings in relation to indigenous healing practices and theoretical framework introduced in the literature review chapter.

Chapter 6 presents recommendations emanating from the study encourage implementation and to reinforce further research in this fields.

## **1.9 Conclusion**

The Chapter outlined the traditional and cultural background of indigenous healing systems, the statement of the problem, research objectives, significance and limitations of the study.

The chapter further presented the organization of the study

The next chapter reviews the related literature to the current study.

## **CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

### **2.1 Introduction**

The preceding chapter presented the background to the study, its objectives as well as its significance. In the present chapter, related literature is reviewed and an appropriate theoretical framework is developed. According to Airasian, Gay and Mills (2009) the major purpose of literature review is to engage with antecedent studies on the subject of investigation so as to gain insights and a broader understanding of the topic under study. The theoretical framework, on the other hand, serves to provide concepts that are essential in analysing the data.

The Chapter proceeds by reviewing related literature on indigenous knowledge systems, indigenous knowledge embedded in healing practices, recognition of indigenous healing practices in today's societies. The Chapter concludes by outlining the theoretical framework that underpins the study. In the following section, indigenous knowledge systems are examined.

### **2.2 Indigenous knowledge systems**

Indigenous knowledge systems are also referred to as local language or technical knowledge systems (Chilisa, 2012). The term indigenous knowledge system is preferred because it is more comprehensive and conveys a connotation of a system of knowledge that is empirical and theoretical with its own methodology (Kotze, 2011). In many societies, indigenous knowledge is mainly transferred from one generation to another by inheritance and observation and contributes to primary health care. Cunningham, (2007, p.3), further observes that “indigenous knowledge systems provide a counter discourse that completes and

fills in the gap of conventional knowledge. Indigenous knowledge systems are widely recognised and many have learnt from the vast reservoir of knowledge provided in this domain. As a result, beneficiaries have acquired basic skills and knowledge to treat simple ailments in their homes using fruits, minerals and vegetables as medicinal plants, as taught by their indigenous practitioners (Chilisa, 2012). This however does not make one a qualified indigenous healer (Shilubane, 2009). For example; even though, some beneficiaries may have been taught how to protect their environment and how to treat certain ailments, they are not necessarily indigenous healers. In addition to education acquired through observation, indigenous healers spend more time with their patients providing them with necessary explanations during the healing procedure, thus educating them about the medicinal plants and their use.

However, there is a complex body of healing procedures that is inaccessible to beneficiaries and other ordinary people despite the role played by indigenous healing systems in promoting primary healthcare. Cunningham (2007) therefore argues that practices of indigenous healing that are more complex and dependent on rituals, magic as well as spiritual beliefs should shift to the more straight forward, non- complex way of using indigenous knowledge to improve the primary healthcare. This is because indigenous healing practices are more beneficial to primary healthcare system especially in the rural areas in most of the developing countries (UNESCO, 1999).

Apart from the basic knowledge and skills acquired through observation during informal settings, evidence in the literature indicates that indigenous knowledge systems are slowly entering the academic domain. For example, Van der Geest (2013) states that because of high demand on the use of indigenous healing systems, the government of Ghana introduced a Bachelor of Science degree in herbal medicine in 2001 in order to cater for communities

who are not reached by western healthcare services. This move is supported by the fact that indigenous people through their experience have studied a great deal about flora and fauna, and they have their own classification systems and versions of pharmacology, meteorology, and earth science (Burgess, 1999). Complimentary to that, Western science has begun to change in response to its contact with indigenous knowledge theories when it comes to health and subsistence activities in which indigenous people are scientifically engaged. The Western science perspective continues to realize the indigenous healing knowledge's potential and value in addressing issues of contemporary significance such as the primary healthcare (Barnhardt & Kawagley, 2005). However, unlike indigenous knowledge systems that educate their beneficiaries about indigenous healing practices in general and how to take care of their environments, health promoters within the western healing system tend to concentrate on the promotion of health, disease prevention and rehabilitation (MOHSS, 2008). Despite all the efforts made by indigenous healers in healing different ailments and solving various social problems, the system is regarded as ignorance, pagan and witchcraft.

### **2.3 Indigenous knowledge embedded in healing practices**

Africans have their own ways of knowing and have always used environmentally relevant objects in constructing ideas and knowledge (Fasokun; Katahoire, & Oduaran, 2005). The knowledge acquired through inheritance and long periods of observation and training gives healers authority which is exercised and observed during interaction with their clients. Through practices, codes of ethics are observed as a guide to the practice of indigenous healing, for example, healers are not allowed to get upset no matter what happens. It is believed that if they get upset they can be disconnected from the spirit world, clients of the healers are respected and treated well at all times. Another code is that healers are not allowed to share the bed with their wives during menstruation otherwise their powers will

fade away (Catron & Kangwa, 2011). Healers have their own dress code which is observed at all times especially when they are performing their rituals (Shilubane, 2009). In a similar vein indigenous practitioners have a principle which states that “if part of me is sick then the whole of me is sick” (Gumede, 1990).

It is equally important to state that traditional knowledge includes physical and metaphysical world linked to the moral code and emphasizes on practical application of skills and knowledge. The knowledge embedded in healing includes natural resources of the environment ranging from edible plants to medicinal plants. It is this indigenous knowledge that has enabled many Africans to provide medication from minor to major ailments without the involvement of the western doctors. Indigenous people know the mixtures of herbs that are effective in healing certain diseases. They can equally use objects such as stones, mirrors, beads and bones to explain the meaning and cause of a particular disease. This is perhaps the reason why the users of indigenous healing systems believe in indigenous practitioners for all their health needs and frequently visit them whenever they are ill.

Complementary to that, a study by Chavunduka (1986), assessed the medical knowledge embedded in the indigenous healing system, and several issues were discussed regarding the knowledge and the models used by indigenous healers to determine the illnesses and problems in patients. Chavunduka (1986, p. 26) noted that healers study the social structures of their communities in which rules are broken hence resulting to sicknesses of members of those communities. Healers then relate those ailments to breaking community rules and conclude the healing. White (2007) however, argues that it is not about the social structure that constitutes a problem but the knowledge embedded in the healing itself. Equally, the messages written on the diagnostic instruments together with the indigenous healer’s



observation constitute samples of information that are put together to formulate a diagnosis which is then communicated to the patient in a culturally appropriate manner.

Shawn, (2008) also argue that in an indigenous ontology, an object or thing is not as important as one's relationship to it. Significant to know in traditional healing knowledge is that the objects that may be used to diagnose the problem in a patient may also be used as a treatment to heal the patient by another indigenous healer. For example; the handle of an axe maybe used to diagnose by some traditional healers while to other healers, the same object may be used to heal a boiler by warming the handle and then massaging on the affected area (Chavunduka, 1986; Lumpkin, 1994; Kukwaro, 1995; LeBeau, 2003; WHO, 2010)

LeBeau, (2003), highlights that indigenous healers are found in every community and are regarded as competent and autonomous service providers with high social status and with beneficial health practices as a result of which communities heavily rely on them. The beneficiaries of indigenous healing systems are usually welcomed in the healers homestead called consulting rooms in which the process of healing is communicated to them and agreement is reached before the healing procedure starts. Pretorius (1999) asserts that traditional diagnosis is a system that is both an art and a method of seeking to discover the effect, cause and origins of the disease.

During the healing process, the healers then take into account the patient's social and physical environment to determine the problem with the guidance of the ancestors. Gumede (1990) reveals that since indigenous healers are in direct contact with the ancestral spirits as their guidance in healing, their communication with their beneficiaries is based on the results from the ancestral spirits which are then communicated to the beneficiaries who then agree or

disagree to the outcome. In support of that Hansen and Vanfleet (2003, p. 9) emphasize that “everything in the universe is spirit, each thing in it is of the same spirit and it is all connected”. This is a personal perception and experience of beneficiaries of indigenous healing systems and the environment. Nonetheless, truth lies within the individual experience and how one makes sense of the world in terms relating to healing practices.

#### **2.4 Recognition of indigenous healing practices in today’s societies**

In many rural and urban areas in Africa, indigenous healers are the only way to providing basic health care to their communities. Despite their defects and constraints, they remain the true and beneficial community health care workers in their societies (Catron & Kangwa, 2011). African indigenous medicine consists of health knowledge, skills and practices based on indigenous beliefs and experiences which use herbs and spiritual therapies to offer health services to most of the developing countries in Africa (WHO, 2011).

In countries such as North Korea and China about 80 to 90% of their populations benefit from indigenous healing practices as part of the primary healthcare systems (UNESCO, 1999). In South Africa, it is estimated that between 60 and 80% of the population use the traditional health sector as their first contact for advice and treatment of different ailments (Pretorius, 1999). In addition, the Zulus of South Africa are inseparable from the indigenous healing systems and believe that for one to be successful in the natural, the supernatural has to be recognized (Catron & Kangwa, 2011). The Zulus’ world view of the indigenous healing is that, there are forces outside their natural realm that influence and affect them as people and have influence on their health (Catron & Kangwa, 2011).

South African Traditional Healers (2007) reveals that Zulu HIV/AIDS patients were not adhering to the life-saving antiretroviral therapy (ART). Instead they were reverting back to their traditional healing and ancestral practices because they believe that disease manifest as a result of the moral wrong that has been committed or lack of ancestral spirits (Catron & Kangwa, 2011).

In Namibia indigenous healing involves spiritual healers, herbalist, traditional birth attendants, faith healers, diviners and other traditional practitioners as part of primary healthcare (LeBeau, 2003). These are the workers who offer health services to about 70% of Namibia's population. Indigenous healing practitioners therefore continue to play a major role in terms of the number of people who use them throughout in the country. LeBeau (2003, p.16) further states "that indigenous healers are established Primary Healthcare (PHC) providers and have the interest of their patients at heart contrary to the bad picture painted under colonial rule. Chinsebu (2016) assert that in Namibia, patients of HIV/AIDS have also regressed to use of medicinal plants to manage HIV/AIDS while others use the herbal plants to treat HIV/AIDS related opportunistic infections as well as to offset side effects from Ant-retroviral therapy (ART). As a result of the general use of indigenous healing practices in Africa and elsewhere in the world, the World Health Organization (WHO) has realized the need to utilize traditional healers to meet the health care needs of the world's populations (WHO, 2008).

In line with the WHO acknowledgment, the Namibian Government is due to pass the traditional healers' Bill and set up a Traditional Health Council (THC) to regulate traditional healers' practices in issuing sick-notes to their patients just like the conventional doctors (Tjihenua, 2013). This however was welcomed with mixed feelings by members of parliament who opposed the traditional health practitioner's bill on traditional healing

practices in Namibia. Parliamentarians remarked that “if the indigenous healers are to be integrated in the healthcare”, certain conditions should apply including punishing healers who claim to heal ailments such as HIV/AIDS and other terminal diseases (Tjihenua, 2014, p. 7). This is similar to what Glanzi (1997, p. 114) argued earlier that “there is need for a health awareness programme to direct the interest of the beneficiaries as well as that of the healers in contributing to primary healthcare services”.

## **2.5 Theoretical framework**

The theoretical framework for the study was constructed based on the review of related literature as presented in the preceding paragraphs. In particular, it was evident in the literature (Cloete & Teffo, 2009) that indigenous people throughout the world have sustained their unique worldviews, even when undergoing major social disruptions as a result of transformative forces beyond their control such as colonial forces. Many of the core values, beliefs, and healing practices associated with these worldviews have survived and are being recognized just as valid for today’s generations as they were for past generations (Barnhardt & Kawagley, 2005). Indigenous people have used these world views, and their attendant healing practices, inherited from the ancestors for a living especially in treatment of ailments as well as taking care of the environment.

Indigenous knowledge systems have been used as a way of survival by many and have become part of their culture in their lives. Researchers have also come to acknowledge that within the indigenous knowledge systems, indigenous healers have a distinct body of knowledge supported by a relational theoretical paradigm. For instance, Barnhardt and Kawagley (2005, p.416) contend that “the depth of indigenous knowledge theories rooted in

the long inhabitation of a particular place offers lessons that benefit everyone from educator to scientist”.

This study draws its theoretical insights from indigenous knowledge systems theory. Indigenous healing knowledge is viewed as something that they have developed as they share the knowledge and experience the world around them. People improve on the ideas that have been developed and passed to others. They do so by further developing their own understandings and enlarging their perspectives. These enlarged perspectives then create new meanings from their accumulated experience (Thayer-Bacon, 2003, p. 9)

According to Chilisa (2012, p. 116), knowing is something that is socially constructed by people who have relationships and connections with each other, the living and non-living and the environment as a whole. She further adds that “indigenous knowers are seen as beings with connections to other beings, the spirits of the ancestors and the world around them, within the indigenous healing systems theory, indigenous healers have a distinct body of indigenous knowledge supported by a theoretical paradigm.

Indigenous healing knowledge for example is perceived as part of culture for its beneficiaries. As a result, every beneficiary of indigenous knowledge systems has responsibility to be well informed about healthcare and how to care or the environment. Indigenous beneficiaries have become knowledgeable about medicinal plants and treatment of certain ailments. This idea is supported by Getty (2010) who contends that African perspectives view knowledge as knowledge that has connection with the people’s beliefs, concepts and theories which are stored in their indigenous practices, rituals and other revered traditions. The idea outlined above is further emphasized in Chilisa (2012) which state that indigenous communities gain

knowledge and understanding of the world view through their ancestral spirits as well as interaction with their environments.

Indigenous knowledge system is framed around the application of indigenous knowledge theory by indigenous healers as they address various ailments in their communities. The indigenous knowledge systems theory is an innovative theory that takes into account the specific cultural contexts. It is the local knowledge, also known as folk knowledge, people's knowledge, traditional wisdom or traditional science that is passed from generation to generation, usually by word of mouth and cultural rituals. This means that indigenous knowledge systems theory is an important aspect of communication in relation to healing. It is the means through which culture, knowledge and experiences are preserved and shared.

Furthermore, Chilisa (2012, p. 122) emphasize that indigenous knowledge theory is viewed as knowledge that has a relationship with the people, cosmos and has a place in the culture and the daily life experiences of the people. In the context of this study, the indigenous knowledge systems theory refers to the local knowledge that indigenous people have acquired over time and continue to use that healing knowledge in their particular communities. The indigenous knowledge systems theory that underpins this study is a comprehensive body of knowledge and conveys the connotation of a knowledge system that is empirical, theoretical and philosophical with its own methodologies (Kotze, 2011). The indigenous knowledge systems theory is used as a mirror in which indigenous people reflect back and use the indigenous healing knowledge for community healthcare (Wilson, 2008). Thus, the theoretical framework of this study is not an alternative theory but a growing appreciative native concept with human nature being connected to it.

## **2.6 Conclusion**

The chapter reviewed literature covering the indigenous knowledge systems, indigenous knowledge embedded in healing practices, recognition of indigenous healing practices in today's societies and theoretical framework for the study.

In the next chapter, the methodology of the study as well as the research design, population and sampling procedures are discussed. In addition, the research instruments and the procedures used to collect and analyze the data are presented.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1. Introduction**

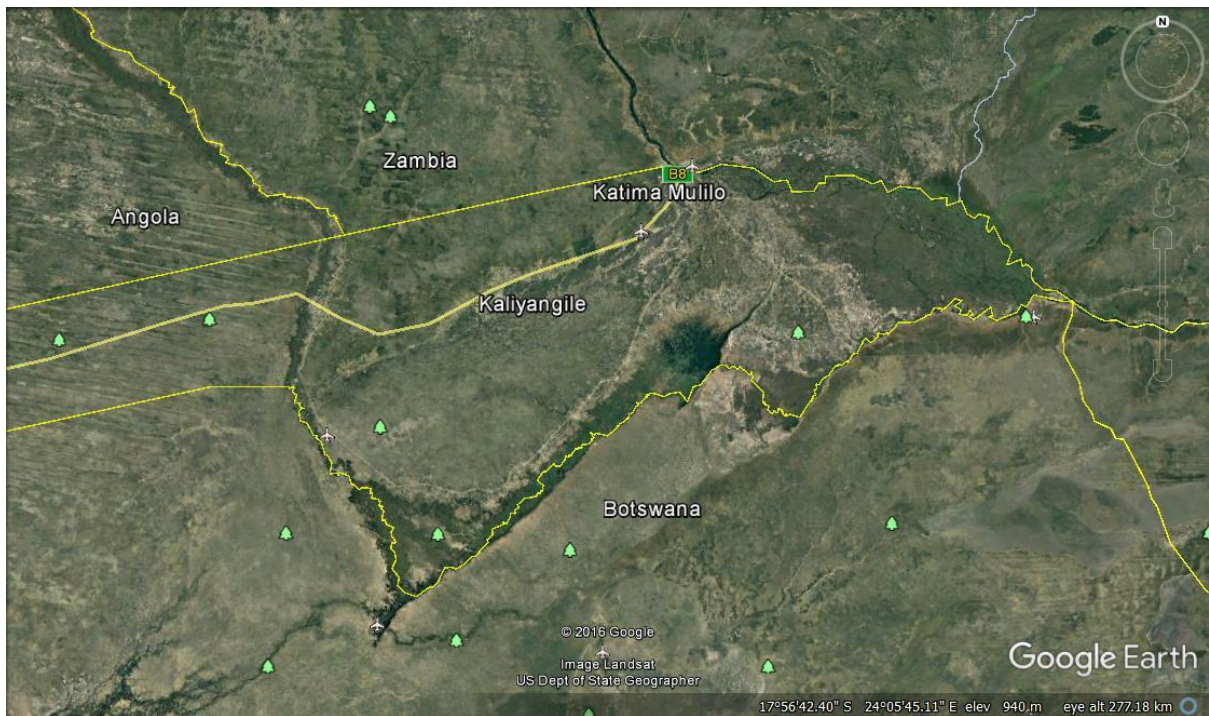
In the previous Chapter a review of related literature was presented. This Chapter outlines the research methodology that was followed to collect data in investigating the experiences and perceptions of beneficiaries of indigenous healing practices. The Chapter describes the research design, the population and sample, the research instruments and procedures used to collect data as well as data analysis methods.

### **3.2 Research Site**

Namibia is a semi- arid country situated in the south-western part of Africa. It is a vast country with a population of 2.3 million and is spread over a geographical area of 823.145 km<sup>2</sup> (MOHSS, 2008). It borders on Angola and Zambia in the north, Botswana in the east, South Africa in the South, and the Atlantic Ocean in the west. The country is divided into fourteen political and administrative regions, namely: Erongo, Hardap, Kavango West, Kavango East, //Karas, Khomas, Kunene, Ohangwena, Omaheke, Omusati, Oshana, Oshikoto, Otjozondjupa and Zambezi Region (formerly called Caprivi Strip).

This study was conducted in the Kaliyangile community of the Zambezi Region. The Zambezi Region is situated in the far north-eastern part of Namibia, linking Namibia to four countries, namely: Angola, Botswana, Zambia and Zimbabwe. The map below shows the location of Kaliyangile in the Zambezi Region.





**Figure 1: Map of the Zambezi Region of Namibia showing location of Kaliyangile (Retrieved: 27 October 2016, Google Earth)**

In the Zambezi Region, as is the case in most parts of Namibia, and Africa in general, indigenous healers are a significant part of the community, culture and tradition, and continue to enjoy a high social standing resulting in massive influence in such communities (LeBeau, 2003). Consequently, indigenous healers present a positive force towards the promotion of health and development in most of the developing countries including Namibia.

In a study on traditional and western medicine in Namibia, LeBeau (2003) observes that indigenous healers are found in almost all the fourteen regions of Namibia and are well respected healthcare providers in their communities. Chinsebu (2010) goes further to single out the Zambezi Region to be known to practice traditional healing much more regularly than other regions of Namibia. The prevalence of indigenous healing practices in the Zambezi Region is further noted by Chinsebu and Hedimbi (2010, p.6) who observe that “people of

the Zambezi Region openly talk about indigenous practitioners and use them more often as part of primary health care”.

### **3.3. Research design**

A qualitative-phenomenological research design was adopted and used to investigate the experiences and perceptions of indigenous healing beneficiaries in the Kaliyangile community of the Zambezi Region. Phenomenology is a school of thought which enables one to focus on peoples’ lived experiences and interpretations of activities and concepts embedded within their setting (Creswell, 2012; Airasian, Gay, & Mills, 2009). This approach enabled the researcher to obtain an in-depth understanding of how people of the Kaliyangile community benefit from the use of indigenous healing practices. In order to accomplish this, the researcher entered and placed herself in the subjects’ world or setting.

### **3.4 Population**

The population of this study consisted of two categories: i) the beneficiaries of indigenous healing practices and, ii) the indigenous healers in Kaliyangile community. Even though the research was about the experiences and perceptions of indigenous healing beneficiaries, it could not be completed without the input of indigenous healers because they contribute to the way in which beneficiaries perceive and experience indigenous healing practices. As a result, indigenous healers were a very important source of data for this study.

### **3.5 Sample and Sampling Procedure**

According to Airasian, Gay and Mills (2009) qualitative sampling is the process of selecting a small number of individuals for the study in such a way that the individuals chosen will be

high-quality key informants. Due to the nature of the study, two sampling methods were used, namely: snowball sampling and homogeneous sampling. The two sampling methods were used to identify the two groups of sample members who participated in the study. Snowball sampling was used to identify beneficiaries of indigenous healing practices while homogeneous sampling was used to identify the indigenous healers.

Airasian, et al. (2009) define snowball sampling as selecting a few people who fit in the researcher's needs, then using those participants to identify additional participants until the required sample is obtained. This sampling method is used when selecting participants who are very similar in perspectives in order to obtain data on the phenomenon.

The snowball sampling method was employed in obtaining the required sample of nine (9) beneficiaries - 3 for herbal, 3 for spiritual and 3 for divine services. People of the Kaliyangile community openly talk about indigenous healing practices (Chinsebu & Hedimbi, 2010). This openness towards indigenous healing facilitated snowball sampling.

Homogeneous sampling on the other hand, is applied when "the researcher purposefully samples individuals or sites based on membership in a subgroup that has defining characteristics. To use this procedure you need to identify the characteristics that you are looking for and find individuals or sites that possess it" (Creswell 2012, p. 208). As stated in the preceding paragraph, homogenous sampling was applied when identifying indigenous healers. In order to achieve this, the researcher took the following steps:

- The researcher identified the Zambezi Traditional Healers Association through the Ministry of Health and Social Services under the Department of Community Health Services. The Association was merely used to identify the indigenous healers.
- A list of registered indigenous healers in the Kaliyangile community was then obtained from the chairperson of the Zambezi Traditional Healers Association.
- Since all the healers on the list possessed homogenous characteristics the researcher simply selected the top six healers. The researcher decided on six healers: two diviners, two herbalists and two spiritualists. This number of sample members was deemed enough to provide sufficient data for the study.

### **3.6 Research instruments**

Taking into account the different sources of data, four interview guides were developed. Of the four interview guides, two guides consisted of closed ended interview guides (Appendices 1 and 2) while the other two consisted of open ended interview guides (Appendix 3 and 4). The interview guides were designed for each category of participants. Closed ended interviews enabled the researcher to collect data to support concepts in the literature. Open ended interviews were designed in order to explore reasons for closed ended responses and identify comments participants might have that were beyond the responses to the closed ended interviews (Creswell, 2012). The open-ended questions provided the researcher with an opportunity to probe during the interview and enabled participants to express their perceptions and attitudes on the research problem. As indicated by Patton (2002) the purpose of open-ended interviewing is to access the perspectives of the person being interviewed, but not to put things in someone's mind. The questions asked in the interview guides included: gender and age information on the indigenous healing systems, procedure followed when administering treatment, type of indigenous healers in the community, perceptions and

experience of the users of indigenous practitioners, diagnosis, contribution of indigenous healing practitioners to primary healthcare and the type of health education offered to beneficiaries regarding the use of healers (Appendices 3 and 4).

### **3.7 Data collection methods**

The phenomenological face-to-face interview, using the interview guides described in 3.5, was followed because it allowed the researcher to adapt the questions as necessary, clarify doubts in respondents and ensure that responses were properly understood by repeating or rephrasing the questions. In addition, interviewing respondents also allowed the researcher to pick up the non-verbal cues from the respondents. Use of phenomenological interview techniques as recommended by Creswell (2012) enables the researcher to detect any discomfort, stress or problems that the respondents experience through frowns, nervous tapping, and other body language unconsciously exhibited during the interview. In this study, the researcher singled out some discomfort and problems from the beneficiaries of indigenous healing practices particularly male participants. They had problems in calling a spade a spade than the female counter parts who freely expressed their experiences in indigenous practices without hesitation. For example; when asked to mention the type of diseases they have been healed from by the healers, and what they have acquired from indigenous healing practices, the male respondents would instead not mention them fully unless the researcher probed them.

The interviews were conducted in their local language (Chinachilao, Silozi and Sifwe) and later transcribed before they were translated into English. Interviews took place in different homesteads of indigenous healers and beneficiaries according to their choices. Since

permission to use an audio tape was secured in advance, the interviews were audio taped and later on transcribed for analysis.

### **3.8 Pilot Study**

The researcher pilot tested all the instruments to check how well the results obtained from the use of selected instruments fitted the study in which they were designed. The instruments were piloted in the Kongola community of the Zambezi Region in order to avoid tempering with the target population in Kaliyangile community. The respondents signed the request for informed consent in order to take part in the study. Kongola community was chosen because it is within the Zambezi Region and people of this community have the same culture in using indigenous healing practitioners as in the Kaliyangile community where the study was conducted. During the pilot study, two beneficiaries and two indigenous healers were interviewed using the phenomenological approach. The main aim was to ensure the consistency and stability of the measuring instruments hence confirming the reliability and validity of the findings. One of the shortcomings of the instruments as revealed by the pilot study was that participants needed space to elaborate their responses than was provided for in the closed ended interview guide. In order to address this, and to ensure the quality and efficiency of the study, open ended interview was used to allow participants to express themselves. Participants also realised that the volume on the audio tape was not clear and they suggested the need for new batteries to boost the volume. Batteries were later replaced and the audio tape started functioning properly.

### **3.9 Data Collection Procedures**

Before commencing with the data collection, the headman of Kaliyangile community was approached in order to secure authorization to conduct the study. The headman issued a letter

of authorization for the study (see Appendix 7). Together with the letter of authorization the researcher approached the Zambezi Traditional Healers Association to allow her to interview the beneficiaries and healers. A list of healers in the community was obtained from the Association. As explained in the previous paragraph, the first six healers on the list were then taken to form part of the sample. One of the six healers referred the researcher to one beneficiary of indigenous healing practices who also referred the researcher to another beneficiary until the required number of participants was obtained. In order to describe the respondents, the study scrutinised their demographic details that included age and experience. The objective of this examination was to enable the study to establish the profiles of the participants who have extensive knowledge about indigenous medicinal benefits. Male and female aged between 38 and 71 years old participated in the study and responded to questions or shared experiences and perceptions on the use of indigenous healing services.

The researcher administered the research instruments to all selected respondents. Note books and audio tape recorders were used to record respondents' answers for further transcription and analysis. In this study, the researcher also tried to find out the educational content available to the frequent users of indigenous healing practices and the impact of healing on the community as a whole.

The researcher interviewed three types of specialists in indigenous healing, namely: herbalists, spiritualists and diviners in order to find out how they communicate their diagnosis and treatment to their patients. The healers were included in the research study because they contribute to what the beneficiaries experience in healing practices. Female indigenous health practitioners were more eager to participate in the study than men. In most indigenous communities, the elderly women are the custodians, holders and practitioners of indigenous knowledge and have insight about importance, consumption and preservation of traditional

medicine (Cloete & Teffo, 2009). This is because women by their nature are believed to have good memories in handling issues (Cloete & Teffo, 2009, p. 91).

### **3.10 Data Analysis**

Creswell (2012) state that in qualitative research, data collection and analysis are simultaneous activities in which analyzing is done while collecting data. Therefore in this study, the researcher collected data while analysing other information previously collected on beneficiaries of indigenous healing. In order to develop a deeper understanding about the information supplied by the healers and beneficiaries, the database was read several times. In qualitative research as emphasized by Creswell (2012), there is no single accepted approach to analyzing qualitative data although several guidelines exist for this nature of study. Therefore the researcher used an eclectic process of analyzing data and presented it in narrative tables for easier interpretation. Recorded tapes were transcribed verbatim, integrated with hand written notes and analysed. For easy identification, direct narratives from the participants are italicized throughout the report.

The cross-case analysis, which entails cross-references, was used as well as analysis of various key documents and observation (Creswell, 2012), including line by line coding of each beneficiary's interview responses. Gaps were filled in by collecting stories from individuals in order to retain more information as the analysis proceeded. The stories from individuals were being collected by use of an audio tape recorder. Consent was sought with the participants before proceeding to audio-tape the interviews.

According to Patton (2002), phenomenologists focus on how people put phenomena together and experience it in such a way that it makes sense of their world. In order to accomplish this,



the researcher stayed in the same area with the respondents while collecting data and analyzing their attitudes, perceptions and experience based on the study qualitatively. Homesteads were also visited in order to cover all the participants in the study. Data for qualitative analysis came from the field notes and consists of direct quotation from people about their experiences, opinions, feelings and knowledge. In this case the researcher followed suit and talked to people about their experiences and perceptions regarding their benefits in indigenous healing practices.

### **3.11 Ethical Consideration**

In keeping with the University of Namibia research ethics requirements, ethical clearance certificate was first sought from University research ethics committee. Research permission letter was also obtained (see Appendices 5 and 6). Due to the nature of the study which involves human subjects, permission was also sought and obtained from the Kaliyangle headman before entering the study area (see Appendix 7). The researcher explained the goal of the investigation to the headman and provided him with detailed information regarding the date and duration of the data collection as well as the potential impact of the outcome.

Furthermore, in order to secure their consent participants were requested in writing to participate in the study (Appendix 8) and were assured of confidentiality in that the data will not be linked to them in a manner that may disadvantage them. The use of an audio tape recording device was deemed essential in order to accurately capture the interviews. To this effect, consent was also sought with the participants before proceeding to audio-tape the interviews. The researcher further assured participants not to disclose their identities or divulge any information that could lead to their discovery (Creswell, 2012). During the data

analysis and discussion of findings, research participants were referred to using pseudonyms as a way of concealing their identities and ensuring anonymity.

### **3.12 Conclusion**

The Chapter focused on the research methodology that was used in the study. It outlined the procedures of the study, its population, sampling, research instruments as well as how the study approached the data collection and data analysis. The following Chapter will outline the presentation and analysis of the results.

## **CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION**

### **4.1. Introduction**

In this chapter, the research results are presented and analysed. Six healers and nine beneficiaries were interviewed in order to obtain data for the study. This number of participants was necessary in order to gain an in-depth understanding of the phenomenon under investigation. To provide a comprehensive account of the perceptions and experiences of indigenous healing beneficiaries, the analysis and presentation of the data are organised and discussed under the following ten themes: Profiles of healers and beneficiaries; knowledge of indigenous healing; indigenous healing services; beneficiaries' acquisition of indigenous healing knowledge and skills; methods of diagnosis and treatment; ailments and social problems for which services of healers were sought and treated; procedure followed communication between healers and beneficiaries; interactions between healers and beneficiaries, contribution of indigenous healing services to primary healthcare and indigenous health education programmes for beneficiaries and healers.

### **4.2. Profiles of beneficiaries and indigenous healers**

As it was mentioned in Chapter 3, nine beneficiaries were interviewed regarding their experiences and perceptions of indigenous healing practices. In order to gain an understanding of the various indigenous healing practices, it was deemed necessary to investigate the profiles of indigenous healing beneficiaries. Table 1, section 4.2, reveals the ages of beneficiaries, their gender and the preferred type of healer. To protect the identities of beneficiaries, fictitious names were assigned. Table 1 presents the profiles of beneficiaries.

**Table 1: Profiles of beneficiaries of indigenous healing practices**

<b>No.</b>	<b>Names of indigenous healing beneficiaries</b>	<b>Age</b>	<b>Gender</b>	<b>Types of healer used</b>
1	Mr. Ndumba	24	Male	Herbalist
2	Mr. Manyika	35	Male	Diviner
3	Mr. Kavindele	39	Male	Diviner
4	Miss. Namonje	36	Female	Herbalist
5	Mr. Sipalo	55	Male	Diviner
6	Mr. Siki	70	Male	Diviner
7	Miss. Balikezi	48	Female	Spiritualist
8	Mrs. Sitali	75	Female	Spiritualist
9	Mrs. Chilombola	78	Female	Herbalist

It can be seen from the data in Table 1 section 4.2 that out of the nine beneficiaries, two female use herbalists and two use spiritualists while four male make use of diviners and only one male go for herbalists. When further probed on why they prefer diviners to herbalists and spiritualists, male participants indicated that: *“diviners don’t waste much of the time, they explain to the patient why he/she is there and they always go straight to the point”*. Unlike their male counterparts who preferred more direct, less time consuming and more to the point interventions with indigenous healers, female participants on the other hand, said that they preferred herbalists, because *“herbalists spend more time with their patients and explain in*

detail how the herbs should be administered”, the fact they found missing when consulting diviners.

Also evident in Table 1 section 4.2 is the beneficiaries’ wide age ranges (from 24 to 78 years). The wide age range is significant and it is indicative of how indigenous healing services are valued and how much they contribute to the wellbeing of their communities, and consulted by both the young and older generation. Since indigenous healing is highly valued, the services of indigenous healers are being utilized from as young as twenty-four years and as old as seventy-eight years. When it comes to gender however, as indicated in the Table 1, different gender orientations have different preferences of the type of indigenous healer to use.

In order to augment data from profiles of the beneficiaries, indigenous healers were also interviewed to elucidate how they enrich the experiences and perceptions of the beneficiaries regarding indigenous healing practices. The profiles of indigenous healers are in terms of age, gender and specialty of indigenous healer used as presented in Table 2 section 4.2 below.

***Table 2: Profiles of indigenous healers***

No.	Name of indigenous healer	Age	Gender	Type of indigenous healer
1	Mr. Katombola,	38	Male	Diviner
2	Mrs. Chawinga	78	Female	Diviner
3	Mr. Kalukangu	48	Male	Spiritualist
4	Mr. Chimbo	56	Male	Spiritualist
5	Mrs. Mwaekwa	75	Female	Herbalist
6	Mrs. Kaole	81	Female	Herbalist

As can be seen from Table 2, among the six indigenous healers interviewed, three were female and three were male. Healers were grouped according to their different areas of specialization; with two as diviners, two as herbalists, and two as spiritualists.

As was the case with the beneficiaries, indigenous healers were also characterized by a wide age range, ranging from thirty-eight (38) to eighty-one (81). This revelation is indicative of the deep rootedness of the practice of indigenous healing in the Kaliyangile community as it is being practiced by both the young and the old, concurrently in a collection of services offered by indigenous healers, ranging from diviners, spiritualists to herbalists. It can thus be concluded from the profiles presented in Tables 1 and 2 that indigenous healing practices are deeply rooted in the community and such practices run wide in the age ranges of the community from the young to the old.

### **4.3. Knowledge of indigenous healing systems**

This theme is divided into three subthemes: existing knowledge of indigenous healing systems among beneficiaries, the mode of knowing and learning and knowledge acquired through visiting indigenous healers.

#### ***4.3.1. Existing knowledge of indigenous healing systems among beneficiaries***

Many communities have used indigenous medicine for centuries which has resulted in considering it safe and effective (Du Preeze, Mumbengegwi & Bock, 2010). In order to investigate perceptions and experiences of indigenous healing beneficiaries, it was deemed necessary to first examine beneficiaries' existing knowledge of indigenous healing systems. It is understood that the existing knowledge of people shape their understanding of the

processes being used in treating ailments thereby contributing to the perception people have on indigenous healing. For this study, respondents were asked who, in their view, an indigenous healer was. To this effect, participants provided varied responses as outline in Table 3 section 4.3.1.

**Table 3: Beneficiaries’ knowledge of indigenous healing systems**

<b>Name of beneficiary</b>	<b>Types of indigenous healers known by beneficiaries</b>
Mr. Ndumba	“I know the herbalist the one I use; I hear of birth attendants, and faith healers. I prefer an herbalist.”
Mr. Manyika	“I don’t know that they are in types, I just know that they are all traditional healers who treat different health and social problems presented to them.”
Mr. Kavindele	“I only know the herbalist who I have used for years. She just gives me herbs according to my problem; she is good in healing different ailments by use of medicinal plants and some rotten vegetables.”
Miss. Namonje	I know of African Spiritualist and Religious Spiritualists, herbalists, birth attendants and diviners. All traditional healers mentioned are important for my wellbeing; they are able to tell me what the problem is before administering treatment”.
Mr. Sipalo	“I know that there are those that can tell the problem without telling them, birth attendants, herbalists, but I prefer a diviner problem that I always use.
Mr. Siki	“I just know that there are all traditional healers. I am not aware of the types of healers; I only know that the one I use divines.”
Miss. Balikezi	“I am aware of herbalists even though they don’t divine, but I know more about spiritualists who I always use. Spiritualists are good because they cast out demons, bad ancestral spirits and bad lucky and other social issues. They are usually cheaper and sometimes I pay later after treatment
Mrs. Sitali	“I am not aware of the different types of indigenous healers, I just know that there are those who can only divine but does not prescribe any medication, those who divine and prescribe the medicine and spiritualists whom I am used to.”

Mrs. Chilombola	“I don’t know about the different types of indigenous healers, I just know the one I always go to when I have any problem. He is a doctor works just like a western doctor and takes care of peoples’ health and social problems in the community.”
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Tables 3 represented the varied knowledge of indigenous healers and their types possessed by indigenous healing beneficiaries interviewed for this study. For instance, when asked who, an indigenous healer was, they were all able to define or explain and mention several types that they were aware of. As can be seen in the Table 3, five beneficiaries were aware that healers work in different categories as one of them Mr. Ndumba clearly indicated that *“we know there are healers such as: herbalists, birth attendants and faith healers”*. However, four out of nine respondents were only aware of the healers they have used for many years. For instance Mr. Manyika revealed that *“I don’t know that they are in types, I just know that they are all traditional healers who treat different health and social problems presented to them.* However, despite the divergence, it can be concluded that beneficiaries of indigenous healing systems are knowledgeable about the healing practices and know who an indigenous healer is. Five out of nine beneficiaries clearly and accurately explained who an indigenous healer is. The four beneficiaries further said that *“an indigenous healer is a doctor who treats people and takes care of their health and social problems in their communities”* This was openly stated by Mrs. Chilombola in the Table above.

Table 3 section 4.3.1 further revealed that beneficiaries’ knowledge of an indigenous healer and indigenous healing systems was dominated by an image of an indigenous healer as a great problem solver, someone in charge of people’s well-being, and someone who is in possession of supernatural powers to cast-out bad spirits and afflictions. Consequently, Miss Namonje, Mr. Sipalo and Mr. Manyika elaborated on an indigenous healer as someone *“who (1) treats different problems presented to him; (2) is good in healing different ailments by use*

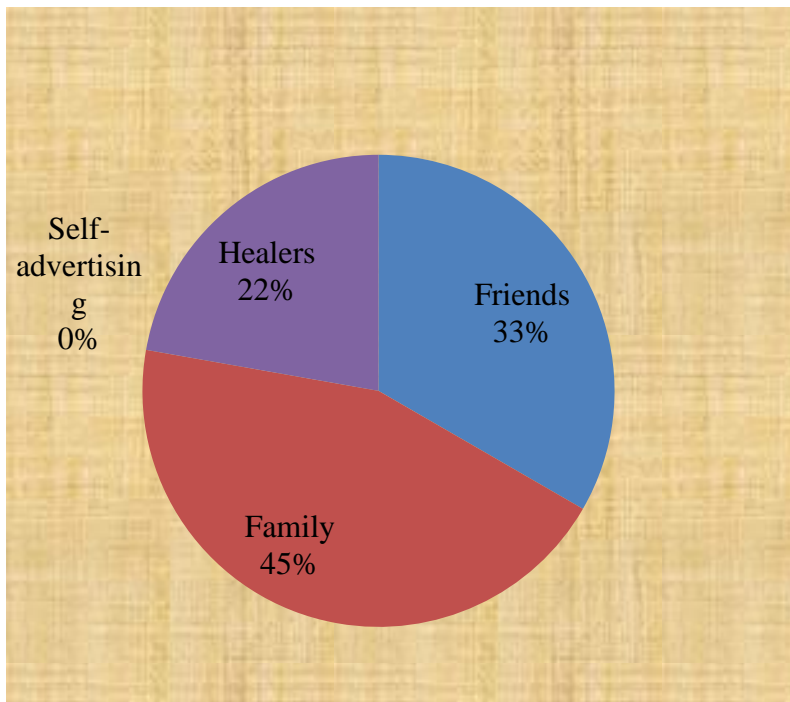


*of medicinal plants and some rotten vegetables that are important for well-being, (3) is able to cast out demons, bad ancestral spirits and bad luck”.*

Almost all the beneficiaries interviewed refer to their healers as doctors who treat and solve their problems. In their narratives in Table 3 section 4.3.1 Mr. Kavindele, one of the beneficiaries, described something similar: *‘a traditional healer as a doctor who uses indigenous healing knowledge and medicinal plants to treat people’.*

#### ***4.3.2. Modes of knowing and learning***

Beneficiaries were also asked how they came to know about indigenous healers’ practices and services in their community. The Figure 3 below outlines the various modes through which beneficiaries came to learn about the indigenous healing systems.



**Figure 2: Modes of Knowing Indigenous Healers**

The Figure 2 showed the most popular ways of how beneficiaries came to know about the services of given healers. Data collected portrays that 45% of beneficiaries interviewed came to know about indigenous healing practices and services through family members, 33% came to know about indigenous healers through friends, 22% learnt about healers through other healers while none of the beneficiaries indicated knowing healers through self-advertising or through the media. The percentage of people who came to know about indigenous healing through their families is the highest in the Figure 2 perhaps this is why Chavunduka (1986) contend that indigenous healing is inherited. It moves from one generation to another.

Data portrayed in the Figure 2 above show that indigenous healers in Kaliyangile community do not advertise their services, this could be, perhaps, because they believe their beneficiaries are within the vicinity. Knowing through other healers is self-explanatory in that indigenous healers like any other health system have referral systems.

### 4.3.3. Knowledge and skills acquisition through visiting indigenous healers

The study also sought to investigate whether during the treatment process beneficiaries were able to acquire any knowledge and/or skills that they could utilize to heal or address simple ailments. Table 4 below provides narrative data on the knowledge and skills which the beneficiaries said was acquired during the time they visited healers for healing purposes.

**Table 4: Knowledge and skills learnt by beneficiaries**

<b>Beneficiary Name</b>	<b>Type of Ailment</b>	<b>Medicine used</b>	<b>Knowledge and skills acquired</b>
Mr. Ndumba	Malaria and fever	Pawpaw leaves	“I boil the Pawpaw leaves and cover the patient with a blanket to steam the patient until he/she starts to sweat heavily. Healing is observed within two days otherwise the patient has to consult the indigenous healer”.
	Worms and kidney bleeding	Pawpaw roots	“I can also treat kidney bleeding. I boil the roots and let them cool. The liquid once cooled is then taken as medicine to cure excessive kidney bleeding and also to expel the worms from the body”.
Mr. Manyika	Tape worms	Pumpkin leaves	“I can treat worms in small children by giving small fresh pumpkins to children to chew twice per day to eject the tape worms.” If worms are not ejected by 2 <sup>nd</sup> day then the patient must consult the healer.
	Measles, fever, blooder problem, colds and coughs, hysteria -Wounds	Sunflower petals Sunflower seeds	“I can as well treat measles, fever, blooder problem and hysteria by making tea from collected sunflower petals in order to soothe the pain It also promotes the flow of urine in the body. “As for wounds I crush leaves and seeds of sunflower and use them to

			apply on the bruises and wounds. The wound should show signs of healing by drying on top”.
Mr. Kavindele	Anemia	Mundambi leaves green-maroon/ roots/Beetroots.	“I boil the leaves for mundambi (vegetable in Zambezi Region) and the red juice like is either mixed with fresh milk or just taken the way it is, it is very effective for anemia.” While a beetroot are boiled and the juice used in the same way as the Mundambi leaves”.
	Headache, colds, throat disease, stomachache	Lemons	“I squeeze the lemon the juice about a liter of with a bit of sugar to taste per day for treatment of headache”.
Miss. Namonje	Diarrhoea	Guava leaves	“I boil the Guava leaves, cooled and then the juice is drained and given to a child to take as much as he/she can.” The juice from guava leaves can also be infused on the baby’s anus to prevent the burning”. Results are always positive.
	Skin rashes	Cassava	“I dry the tubers and crush them to powder which is then applied on the affected areas”.
	Skin diseases	Neem tree	“For skin disease I normally pound leaves and boil them, then take as a hot drink”.
Mrs. Sipalo	Mutemwa (Bush)	Mixture of lime and pounded chicken bones (mixed with herbs)	I slaughter white chicken and boil “it, and then I crush the bones to powder form, mixed with lime, with the help of family members, drumming and chanting is done throughout the night in order to expel the evil spirits. The powder is applied on the patient and around him/her in a circle manner”.
Mr. Siki and Miss. Balikezi	Chronic coughs and asthma	leaves and stems from dagga – cannabis (matokwani)	“I crush the dagga leaves commonly known as (matokwani) are infused and used as a remedy for flue and chronic coughs”. Results are observed within 2 days of treatment”.

Mrs. Sitali	Diabetes	Sorghum (mabele)	“If someone comes with a problem of sugar (Diabetes), I encourage him/her to eat a lot of mabele (sorghum) in order to reduce sugar. Sorghum can either be eaten in porridge form or chewing the fresh seeds”.
	Sexually transmitted diseases specifically Gonorrhea	Palm tree leaves	“I boil palm leaves until they are taste, left to cool, can be taken 3 to 4 times a day”.
Mrs. Chilombola	Safe delivery	Dwarf aloe to lubricate the hands	“I extract Juice from dwarf aloe leaves and use it to lubricate the hands when helping mothers deliver safely. My hands become greasy to prevent me from infecting and hurting the baby and the mother during the delivery process.”
	Toothache	Chilli	“Toothache by extracting Juice from the chilly itself and a drop is applied on the affected tooth. It is usually applied when necessary”
	Constipation, stomachache	Cucumbers, Apples	“When someone complains of constipation, I encourage the patient to eat a lot of fresh fruits especially, cucumbers and apples, infusion of dried peels also helps soothe the stomach and reduce pains. Patient should feel better immediately after application.”
	Sexually transmitted illnesses (STIs)	Okra roots	“I also leant how to treat STIs. I first pound okra root and sock for an hour and can be taken 3 to 4 times per day. Positive results should be within 7 days of treatment”.

Data in Table 4 section 4.3.3 showed that as they were being treated, beneficiaries were at the same time able to pick up some knowledge and skills through the process of observation. One

can see that they have especially acquired some indigenous healing knowledge in the use of medicinal plants. For example, names and parts of the plants that were used to treat different ailments. Data collected showed that, to some extent, beneficiaries also learned to prepare medicine to a correct texture and administer it correctly and consistently as required.

Beneficiaries explained that they only learnt how to treat simple ailments and usually only administered to family members. Most of them stated that administering treatment to family members helps them continue practicing the knowledge acquired from their healers. Table 4 sections 4.3.3 also revealed that five beneficiaries' learnt ways of finding out whether the medicine is working or not by estimating results within certain stated number of days. For instance; Mrs. Chilombola, Mr. Ndumba, Mr. Manyika, Mr. Siki and Miss. Balikezi stated that *“positive results should be within stated days after administering treatment.”* However, four other beneficiaries, Mr. Kavindele, Mrs. Sipalo, Mrs. Sitali and Miss. Namonje were confident to confirm that *“their results are always positive as clearly stated by Miss. Namonje “results are always positive”.*

Among the knowledge and skills acquired from indigenous healers was that of a birth attendant. For instance, beneficiary Mrs. Chilombola was found to be one of the traditional birth attendants (TBAs) and she had to say, *“I extract Juice from dwarf aloe leaves and use it to lubricate the hands when helping mothers to deliver safely. My hands become greasy to prevent me from infecting and hurting the baby and the mother during the process.”* The dwarf aloe has been found to be useful in both herbal and western medicines (Cloete and Teffo (2009).

#### 4.4 Methods of Diagnosis and Treatment

To illuminate further on the experiences of beneficiaries of indigenous healing, the healers were asked to explain the methods used to diagnose and treat ailments and social problems of their patients. Table 5 below presents healers' responses in this regard.

*Table 5: Methods of diagnosis and treatment*

<b>Indigenous practitioner</b>	<b>Methods of diagnosis</b>	<b>Treatment</b>
Mr. Katombola (Diviner)	I use an axe handle as a diagnosis tool. Before I start the diagnosis, I prepare the handle by half burying it in the sand leaving the other part visible. Then I start by mentioning all the diseases which I know might afflict the patient. Each time I mention a particular disease, I try to unearth the handle with difficult. If the handle comes out with ease, then that is not the anticipated disease. If the handle is stuck in the sand and does not come out, then that is the disease. Then again I will ask whether I can treat the disease, again the handle will agree by getting stuck in the sand. I will go on asking the type of medicine I will use; again the handle will guide me".	unidentified
Mr. Mwandi (Diviner)	"In my case I use a horn of a dead cow in which I have stuffed some traditional medicine. When I diagnose, I either ask the horn to write the nature of the illness or look into the horn to determine the disease. In both cases I will always find the nature of the illness and treat it. The horn will also guide me how to treat the illness. The use of bones is an old fashion for me because as a traditional healer you need to learn new methods and advance in your work". "There are so many ways of diagnosing; I also use a television like which my people call TV. If a patient comes and wants to know who is inflicting pain in his/her life or anything that might have happened including sickness and death in the family. I would spread the white cloth on the wall, smear some herbs, and give the client or complainant some to drink in order to	unidentified

	connect him/her to the spirits, I then ask the person or patient to call the name of the person who is inflicted or died. In this case the dead person will be seen on the screen with the suspected person/persons who bewitched him/her. No medicine is given as it is just to let the person know the cause. However preventive measures are taken to protect the family from further attack. I also divine by simply spitting on my palms and diagnose by examining the patterns on my palm”.	
Kalukangu (Herbalist)	“In this case the patient is the most important person because he or she directs me as an herbalist. The patient will first explain to me what brings her, and then I will closely look at the patient and confirm her explanation with her appearance. Otherwise my main role is to go out there and dig as many herbs as possible. With the experience of medicinal plants, I can tell the nature of the disease and the herbs needed to treat it”.	unidentified
Mr. Kaole (Herbalist)	I depend on the patient to explain to me the problem that brings her /him. I also look at the appearance of the patient and compare with what he/she explained.	Unidentified
Mrs. Mwaekwa (Spiritualist)	“I use a white cup with beads around it. When the patient comes, my spirits direct me by making me feel pain on a certain part of the body referring me to the same part of the body that the patient is complaining of. I then speak to my spirits, later I would then peep inside the cup to know the type of medication I should administer to treat the patient”.	Unidentified
Mrs.Chawinga (Spiritualist)	“I am an African spiritualist. So my diagnosis includes use of the bible, cowries and herbs to diagnose people. I sometimes wait for a revelation in my dream in order to know the type of medicine to treat people” this not an ordinary diagnosis that can be done by anyone, one needs ancestral intervention.	

Participants were asked how they diagnose ailments and whether they conduct diagnosis before treatment. It is clear from the data in Table 5 section 4.4 that different methods and items are used to diagnose ailments in patients, and these include, among others: horns,



handle of an axe, screens, mirrors, bible, cups, beads, and pieces of wood depending on the healer's way of diagnosing. However, despite identification of the artefacts used diagnosis, healers were reluctant to provide detailed information on the names of herbs used in the healing practices. This is echoed by Twumasi (1994) that most of the indigenous healers are secretive in their healing practices.

Data revealed that in diagnosing ailments the indigenous healer interacts with and engages the diagnosis tools in a conversation from which he or she determines what the ailment is and whether or not he/she can treat the illness. For instance, as explained by Mr. Katombola in Table 5 how he interacts with an axe handle to diagnose ailments : “...*then I start mentioning all the diseases which I know might afflict the patient. Each time I mention a particular disease, I try to unearth the handle...if it comes out with ease then that is not the disease*”. On the other hand Mr. Mwandu provided details how the handle of an axe is used and emphasized that the tool signals permission to prescribe and administer treatment. He further explained that the “*use of bones is an old way of divining because as a traditional healer one needs to learn new methods and advance in career.*” As for the language that is used in diagnosis, it emerged in the data that at a certain point during divination process healers join the spiritual world and the language used at this point is beyond the beneficiary's comprehension as clearly stated by Mr. Sipalo in Table 5 section 4.4 that “*at this stage when the healer is in divination process, beneficiaries have to wait patiently for the results of the conversation with the spiritual world*”.

This was confirmed by Mrs. Mwaekwa who indicated that, “*I then speak to my spirits, later I would then peep inside the cup to know the type of medication I should administer to treat the patient*”. However, all treatment remained unidentified because all the six healers when

interviewed at this point were not open enough to mention the herbs used for treatment of different ailments. Nonetheless, four beneficiaries Mr. Ndumba, Mr. Manyika, Mr. Siki, and Miss. Balikezi in Table 6 section 4.5 instead mentioned that “*the healer prescribes the herbs, and the treatments mainly involve steaming* to treat their health and social problems.

While Table 4 section 4.3.3 specifies cases where beneficiaries were able to acquire some indigenous healing knowledge and skills from observing the healers treating them, the skills and tricks of diagnosing ailments tended to be beyond beneficiaries’ comprehension. This was evident when one of the healers Mrs. Chawinga stated that: “*diagnosis cannot easily be done by an ordinary person instead one needs to master the knowledge and the secrets behind divination one needs ancestral interventions*”. This is in agreement with Twumasi and Warren (1994) who argues that the healers’ language during divination is secretive because users do not understand it. Perhaps this is why Gumede (1990) emphasize that indigenous healers are guided by the ancestral spirits during divination hence the spiritual language is used. However, beneficiaries are not affected by the language because they believe and value their healers. Mr. Sipalo in Table 5 section 4.4 clearly stated that “*whatever tools or language healers use, it’s not my business*”. when beneficiaries were as well asked to explain what happens during diagnosis Mr. Siki and Mr. Sipalo pointed out “*that healers possess their own indigenous knowledge which they use when diagnosing in healing, that its part of culture to consult the ancestral spirit before executing their work*”.

One of the spiritualists Mrs. Chawinga was probed to explain further on how the bible and herbs in traditional healing are combined in diagnosis, the healer stated that “*the healing itself relies on revelation in a dream from the ancestors, you need God’s blessings in all the works, and therefore the bible is no exceptional*”. One can read between lines that Mrs. Chawinga

uses both the bible and herbs to diagnose and treat patients. It can be concluded from the foregoing data that indigenous healers use a variety of methods and tools to diagnose a patient's ailment, according to evidence provided by Mr. Chawinga, Mr. Mwaekwa and Mr. Mwandu and as recorded in Table 5 section 4.4

#### 4.5. Procedure when administering treatment

In terms of clarification on the part of communication, both healers and respondents were further asked to explain on the steps taken during the administration of treatment. Table 6 below presents the responses from healers and beneficiaries in this regard.

**Table 6: Procedure followed when administering treatment**

<b>Name of Beneficiary</b>	<b>Indigenous healer used – Responses</b>	<b>Beneficiary Responses</b>
Mr. Ndumba	Diviner- I use bones and other tools to divine. If it's a mirror I will see the problem by looking into the mirror and I now ask the patient to confirm my finding. Then I treat the patient.	<p>“His tools mainly bones, animal tales, calabash, horns, water and medication are set in the corner of his room. The following are the steps he follows.</p> <p>Firstly, he divines by looking in the mirror, or sometimes throws bones on the mat. Any of his tools may be used to divine. After divination he explains to me the problem that takes me there. Secondly, he then asks me to confirm his findings if they are true or not; I now confirm his divination to be true for him to go ahead.</p> <p>Thirdly, he then explains the type of medicine he will use and the effect of the medication.</p>

		<p>Fourthly he prepares medicine for bathing at home for usually 7 to 10 days. Fifthly, depending on the type of the problem the will right away dance with the patient by whistling and sing apparently alerting the departed ones to join in the healing process.”</p>
<p>Mr. Manyika</p>	<p>Diviner- I first consult my ancestors about the patient’s problem After that I now treat the patient.</p>	<p>“When I enter his consulting room, the healer goes into manifestation, yarning, beckoning and speaking in tongues loudly in a language I don’t understand for few minutes while shivering like in order to establish my problem. Secondly he explains to me the problem and why it attached me. If it is suspected witchcraft he explains to me as to who is responsible for the problem. He may mention the name but in most cases to avoid conflict he doesn’t though he would give an idea of a person. Thirdly, he will then interpret messages from the ancestors to me if he believes the illness is caused by super natural powers. Fourthly the healer then boils roots for steaming in a big pot (kuzwamina). I would go through the same process for three times in the night and very early in morning when no one can see what is happening. He would take me a few kilometers away from the village usually</p>

		<p>on an anthill or mountain. He continues the process and the waters flows down to the anthill and to the lower ground symbolizing the expulsion of evil spirits. The last step the healer makes incisions on my body and applies herbs to protect me from further illness.”</p>
Mr. Kavindele	<p>Diviner - I am diviner and can tell a person about his/her past and everything about that him/her. I use cloth to find out the problem with other herbs. In cases of witchcraft, the patient will be shown who bewitched him/her. After that, herbs will be prescribed to take home.</p>	<p>“I consult the healer whenever am suspecting witchcraft and his procedure are clear because I watch in the screen to see the cause of my problem. First he will smear some medicine on my face and give me some liquid medicine to take. Secondly he will then display a white cloth about 1meter long. He will then explain to me the reason why am there like when I went to find out the cause of death for my son, and he ask me to see for myself by calling the name of the person I suspect to have been bewitched. Finally, I will see her/him coming holding the person or people who killed him. This type of a diviner comes from Democratic Republic of Congo (DRC).”</p>
Miss. Namonje	<p>Herbalist – sometimes the appearance of the patient will tell me what the problem is. For example if the patient has anemia. He /she will look pale. I then ask the patient for more information. I then give medicine to the patient to take home.</p>	<p>“The traditional healer usually asks me to explain the problem, she then explains the disease to me and tells me the type of medicine she will give me and its effects. She will usually make incisions on my forehead and at the back of my neck to</p>

		calm down the pain. The healer will then prepare the medicine to take home and assures me of the outcome and that if I don't get well I should return to her.”
Mr. Sipalo	Herbalist – I always ask the patient to explain the problem before I can administer treatment.	“In the past when I visit the traditional healer for a sickness like headache, she would first ask me to explain my illness which I will do, if it is headache or swelling of the leg, she would make small incisions and draw bad blood using a cow's horn from the affected area. The healer then would give me some medicine to sniff in powder form which whenever I sniff I would feel relieved. She then prescribes the oral medication to take home. But now because of Human Immune-Deficiency Virus/Acquired immune Deficiency Syndrome (HIV/AIDS), they no longer draw blood only makes incisions and apply medicine the process is repeated until I am fine.”
Mr. Siki and Miss. Balikezi	Diviner- I have my consulting room where patients are welcomed, the procedure is explained to them. Then I start my divination using animal tale and other instruments. Depending on the problem I prescribe medicine to take home or I start treatment right away. If patient is very ill, I ask the patient to sleep over so that I can	“The healer welcomes me in his consulting room and makes me feel relaxed by cracking jokes as she prepares her tools. Secondly, she explains the procedure on how she is going to go about my problem. She uses a mirror while swinging an animal tale. I don't see anything in the mirror; it's only herself

	observe whether she/he is responding.	who communicates with the ancestors. Some indigenous healers would manipulate the spirits to allow you to see your problem in the mirror. The traditional healer then explains the cause of my illness and prepares herbs for steaming in order to eject the evil spirits out of my body. The process of steaming kuzwamina continues for 3 days 2 times pay day. On the third day I have to return the remaining used herbs for her to go and burn them so that I can remain afresh since all the evil spirits have been expelled from my body. Finally before I return home incisions are made around my waist or any part of the body according to the healer and medicine applied.”
Mrs. Sitali	Spiritualist- usually the spirits leads me either through dreams or by throwing bones or cowries on the mat. The position of the bones or cowries on the mat explains the nature of the problem. I then communicate to the patient for confirmation before administering treatment	“The first step the healer does is to explain to me what takes me there that he saw me in his dream. Secondly, he throws the bones on the mat and the way each bone fall explain a deeper meaning to the problem. The cause of the problem is explained to me, how it started and the person responsible if it is witchcraft. Thirdly, the healer usually gives a date when she will visit me and perform the ritual to cleanse my homestead.”
Mrs. Chilombola	Spiritualist- I first divine to find out the problem that brings the patient. I	“The first step when I visit the indigenous healer is a warm

	<p>the engage the spirits to lead me. Depending on the problem I now give medicine to the patient.</p>	<p>welcome and introduction follows. She then leads me to a dark small hut where the divination takes place and all the introduction of the whole issue to the ancestors, and asking them to intervene. The ancestors then responds by speaking in a sharp but faint whistle-like voice and the healer will now explain to me what the ancestors are saying especially if my problem is caused by the super natural powers Finally, she now administers the treatment according to the diagnosis mainly steaming and bathing using herbs as directed by his ancestors, small incisions are also made on certain parts of the body all according to her and the way she sees the disease.”</p>
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As can be seen from Table 6 section 4.5 there is no difference between how beneficiaries understand the procedure to treatment and the healers’ explanation in regard to the procedure. All the nine beneficiaries of indigenous healing systems were asked to illuminate on the



procedure followed during administration of treatment. The narratives by beneficiaries in Table 6 above suggest all the beneficiaries understand the procedure followed by the indigenous healers when administering treatment. From the collected data, healers outlined the steps to be followed when administering treatment and patients had the freedom to ask whenever they were not clear about the procedure, and very obliged to follow the opinion of their practitioners. For instance beneficiary Mr. Ndumba in Table 6 states that *“he then asks me to confirm his divination, and I then confirm to be true or not before he can continue his treatment procedure”*. This means the healer needs the beneficiary/patient to confirm the divination before he/she can proceed. Once the divination is confirmed by both the healer and the patient, the healers then decide which herbs to prescribe to their patients.

This was confirmed by four beneficiaries in Table 6 Mr. Ndumba, Mr. Manyika, Mr. Siki, and Miss. Balikezi who stated that *after divination, the healer prescribes the herbs, and most of the healer’s herbs involve steaming* except for Mrs. Chilombola’s healer whose steaming includes incisions. *“She administers the treatment according to the diagnosis mainly steaming and bathing using herbs as directed by his ancestors, small incisions are also made on certain parts of the body all according to her and the way she sees the disease.”*

In the case of incision, the healer guides the patient as to which part of the body should be incised for treatment. This treatment approach is a similar situation with western doctors as they also have the right to decide which medication to prescribe to the patient and on which part of the body should be operated in case of an operation. Considering the detailed explanation by the beneficiaries during administration, indigenous practitioners spend more time with their beneficiaries. Healers make themselves available to patients by explaining every step of their procedure, and also in trying to find out what the real cause of the problem

is and how they can treat that particular problem. This is in line with LeBeau (2003) who emphasise that indigenous healers spend more time with the patients than western doctors.

The issue of the indigenous healers engaging in a conversation with ancestors was also mentioned by Mrs. Chilombola in Table 6 section 4.5 who narrated as follows: *“The ancestors then responds by speaking in a sharp but faint whistle-like voice and the healer will now explain to me what the ancestors are saying especially if my problem is caused by the supernatural powers.”* The language dilemma was also confirmed by the healer in the same Table who clearly stated that *“I then communicate to the patient for confirmation before administering treatment”*

However, despite the language barrier, all beneficiaries emphasized that due to the good relationship with healers in their business endeavors, the procedure are well communicated to them and all the steps are explained and followed accordingly. Healers openly and successfully communicate health matters and use herbs and roots to treat most of the ailments as stated by all the six healers in Table 6 section 4.5.

According to beneficiaries from the Table 6, divination can also take place in the absence of the patient because their ancestors designate to them through dream about the coming of the patient or people with a problem and the medicine to be prescribed. For instance, one of the beneficiaries Mr. Kavindele in Table 6 indicated that *“the diviner will then explain to me the reason why am there. For example, when I went to find out the cause of death for my son, and he ask me to see for myself by calling the name of my son whom I suspect to have been bewitched”*. The message is then communicated to the patients in a cultural manner and asked to confirm the outcome at the end of divination. This was clarified by one of the

diviners, who was used by Mr. Ndumba the beneficiary in Table 6 section 4.5, that *“I now ask the patient to confirm my finding before I administer treatment.”*

It can be seen from Table 6 that diviners and spiritualists have similar ways of finding out the problems and communicating to their patients while herbalists depend on patients to explain the problem for instance one of the herbalists used by Mr. Sipalo stated that *“I always ask the patient to explain the problem before I can administer treatment”*.

#### **4.6. Interactions and relationships between healers and beneficiaries**

Beneficiaries were also asked to share their views regarding their relationship and interactions with the healers. Their responses to that question are found in Table 7 below.

***Table 7: Interactions and relationships between healers and beneficiaries***

<b>Name of Beneficiary</b>	<b>Indigenous healer used</b>	<b>Beneficiary Responses</b>
Mr. Ndumba	Herbalist	I cannot part from traditional healers. I have learnt a lot that I can even treat some small ailments in my lapa yard. Indigenous healers are people who are well respected in the community and because of their status; government should recognize them to be worthy contributors to primary healthcare. I have positive experiences about indigenous healing practices. Though, there are some witchcraft practices by some indigenous healers for example; when I was treated from bad luck and failed to pay what was due to him, he inflicted pain on me by bewitching my wealth in the homestead; all the

		<p>animals started dying, fields could not produce, everything in my possession went, until I had to go back to the indigenous healer to apologize and made means to pay what belonged to him. Therefore government's recognition of indigenous healing system in the country will also involve certain policies that will guide our indigenous practitioners in their practices.</p>
Mr. Manyika	Herbalist	<p>"There is some dishonest in some healers as well because they are taking our cattle even for problems they have failed to heal unlike in the past when we depended on them for our wellbeing.</p>
Mr. Kavindele	Herbalist	<p>"My experience is that indigenous healing is instinct, it is an inborn skill because most of the healers we have in this community got their healing skills from their family members. Although some people go through rituals in order to become traditional healers, they never become real traditional doctors instead it becomes trial and error type of healing. These are the fake traditional healers you hear who are just interested in money foreign healers especially are the ones involved in this business. They just come and take your money and leave you with a lot of medicines to take or bath for months by the time you realize that there is no improvement, they are gone. I</p>

		recommend that we stick to our local healers because they understand our families' background and our diseases that struck us. They are the real doctors.”
Miss. Namonje	Diviner	“My experience with indigenous healers currently is not very positive because we now have some fake traditional healers who are just interested in our cattle and money. They are extremely expensive especially foreign traditional healers. Foreign traditional healers are influencing our local healers to charge a lot of money even for a small problem. I don't work and no longer have enough cattle to give the healers to help me solve my problem should I be faced with one. I therefore ask the government to intervene in this situation before it's too late, because in the past indigenous healers never demanded even a cent, one would only give a tin of mundale na mabele maize and millet for any sickness. I also have a bitter experience when my 20 year daughter visited one indigenous healer in his 60s for treatment of bad luck, this healer asked for a hand in marriage, before she could realize it, she moved in with him as his third wife until my family and I diplomatically approached the headmen with other healers to help in this matter. The issue was amicably resolved and we took our daughter back. I believe the healer

		used some charm to marry my daughter because she always used to cry wanting to get back home. Despite of that, I still depend and respect our healers because they treat us when we are ill.”
Mrs. Sipalo	Diviner	“From my experience I would say that, I am very comfortable with traditional healers because there are always available when I need them. I have been using indigenous healers for a long time now. Indigenous healers know our families’ beliefs well and all the hereditary illnesses that strike in our families are well known and treated at once without consulting the western doctor. Indigenous healers are there to promote health and harmony in communities. Indigenous healers contribute a lot to my health, I have realised that their knowledge is not just knowledge of healing but it is so indigenous that this knowledge is embodied in the traditional life style of the community. Indigenous healers understand our needs in all corners of our lives. I am what I am because of the indigenous healers; they protect my animals, my family and the community as a whole. chizo chetu it is our culture.”
Mr. Siki	Diviner	“Generally, I didn’t know that indigenous healers have some kind of knowledge about the causes and treatment of certain diseases that western doctors cannot treat. I recommend people to consult

		<p>indigenous healers first before they undergo surgical operations with western doctors who always just think of operating someone even on problems that can just be treated. Indigenous healers are healers with sharp memory regardless of age or educational level, their medicine is packed in many different small bottles without names or marks on them but when I go there for treatment, the healer after divining will just pulls out one bottle for my treatment or sometimes some fresh roots are uprooted within the lapa (yard) where they have been stored to protect them from drying. I was healed from fibroids in my uterus after several visits to the western doctors in Katima Mulilo where I was also referred to Windhoek for an operation. I then decided to see the indigenous healer who gave me the herbs to take and after 3 days I started bleeding, by the end of two weeks the bleeding stopped and I started becoming stronger and stronger until my problem was over. I can now do my normal household work than before.”</p>
Miss. Balikezi	Spiritualist	<p>My experience is that real traditional healers do not charge a lot of money. They prefer payment after treatment even then, they don't force or tell you how much you should pay them usually it's up to you according to the results you get. The payment according to them is just a sign of appreciation. If</p>

		<p>I don't see the positive results, I go back for treatment free of charge until am satisfied with the outcome. If the indigenous healer feels he can't treat my problem he will usually refer me to another specialist. Traditional healers are generally friendly and welcoming, they have enough time with their patients and they listen to our problems attentively and attend to them whole heartedly unlike the western doctors who are always in a hurry with their hush nurses."</p>
Mrs. Sitali	Spiritualist	<p>"Using indigenous healers takes me back to my ancestors, makes me realize my roots, learn the dos and don'ts of my community and the causes of some ailments in the family. This is because spiritual healers especially have the indigenous knowledge that allows them to use the ancestral powers to show their clients the problems by use of a mirror without uttering a word. I was shocked when the healer started explaining to me where I came from, the reason why I went to him and that I needed a new beginning in my life because the ancestors are not happy with my behavior of bearing children with different men. Indigenous healers deserve all the respect because they are not only after money but are also concerned about our wellbeing and the environment around us. I can't do without them because they quickly respond to my cry and they are part of</p>



		my culture.”
Mrs. Chawinga	Spiritualist	<p>“It took me time to know which indigenous healers are real and which ones are fake especially since I was not very close to the healers and was just starting to use them. Indigenous healers have their own clients, who they have known and treated for years, I spent a lot of money since I was using them for the first time. Location of real indigenous healers is also not easy if you don’t stay in the same vicinity. I moved from one healer to another because I was also shy to ask that time, but when I found one, I experienced warm welcome just like western doctors the only difference is that indigenous doctors have more time with their patients than western doctors.” The whole system is easy to understand how it works once you get used.</p> <p>My second experience is when I took my grandfather for treatment I packed my car outside the lapa and went inside, we found other patients and upon arrival the indigenous healer asked his chishambi (assistant) to find out who came with the car. We didn’t know what he meant until when writing the names in a consultation book for patients that’s when we found out that our consultation fee was higher than the group we found. This was confirmed by the other beneficiaries within the community that indigenous</p>

		healers don't have fixed charges. To some healers, your appearance makes them decide how much you have to pay for your problem.
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#### **4.6.1 Trust and respect in the indigenous healing systems**

Data presented in Table 7 revealed that the use of traditional healing is more common in Kaliyangile community than realized. Five beneficiaries of the indigenous healers confirmed their comfort with the indigenous systems than any other healing system. For instance Mr. Ndumba, Mr. Kavindele, Mr. Siki, Mrs. Sipalo, and Miss. Balikezi in the Table above expressed trust and respect for their healers in the community. The narratives in the Table above illustrate that indigenous healers are more trusted, admired, and highly revered in the community as they are seen to be more knowledgeable, having a good memory, always available, understanding of their needs in all corners of their lives. For example, Mr. Siki in the data table above pointed out that *“indigenous healers are healers with sharp memory regardless of age or educational level, their medicine is packed in many different small bottles without names or marks on them but when I go there for treatment, the healer after divining just pulls out one bottle for my treatment . They are able to treat certain diseases which western doctors cannot treat. For instance Miss. Balikezi stated that “I was healed from fibroids after several visits to Katima Mulilo local hospital and as far as Windhoek. They have enough time with their patients and they listen to our problems attentively and attend to them whole heartedly unlike the western doctors who are always in a hurry with their hush nurses.”* The availability of indigenous healers to their beneficiaries/patients was evidently pointed out by one of the beneficiaries in Table 7 section 4.5 Mr. Sipalo who stated that: *“indigenous healers are always available unlike the western doctors where you can never find a doctor at the clinic”*.

It is evident that the indigenous healing beneficiaries in the community believe that indigenous healers are the panacea to their entire social and health needs. This evidence is not only from the views of the beneficiaries as expressed in the interview narratives in Table 7 section 4.6, but also through the wide range of ailments for which beneficiaries consult their indigenous healers and the skills that they have acquired from the healers.

Mr. Sipalo, one of the beneficiaries in Table 8, expressed positive experiences with healers: *“I am very comfortable with indigenous healers because the knowledge that they have is not just knowledge but it is one that is indigenously embodied in the cultural life style of our communities”*. Indigenous healers have a track record of the health, beliefs and hereditary diseases of the families that they take care of. In addition, traditional healers were also perceived to be friendly, as Mr. Siki (Table 7) argued: *“Traditional healers are generally friendly and welcoming, they have enough time with their patients and they listen to our problems attentively and attend to them whole heartedly unlike the western doctors who are always in a hurry with their hush nurses.”* Apart from being friendly and appreciated in the communities they serve, indigenous healers are also knowledgeable people with high social status. For instance, Table 4 section 4.3.3 shows that all the nine beneficiaries acquired skills from their healers for treatment of simple ailments to their family members. This is also a clear indication that indigenous healers are seen by beneficiaries as people who serve in multiple roles such as: doctor, pharmacist, counselor and reservoirs of traditional knowledge and wisdom.

This is evident in Table 5 section 4.4 where indigenous healers were recorded to have performed the diagnosis, prescribed the medication and prepared and provided the medication

themselves. Even though they do not send patients to a pharmacy as is the case with western doctors, indigenous healers have their own pharmacies as clearly stated by Mr. Siki in Table 7 that “*medicine is packed in many different small bottles without names or marks on them but when I go there for treatment, the healer after divining just pulls out one bottle for treatment*”. Indigenous healers are both healers as well as pharmacists within their consulting rooms.

#### **4.6.2 Relation with the Environment**

Conversely, indigenous people recognize a spiritual connection with the environment/land (Chilisa, 2012). Indigenous practitioners are tuned to their patients as well; they know and understand their culture, their religion, environment, sorrows and joy. This was supported by Mrs. Sipalo who indicated that “*indigenous healers understand our needs in all corners of our lives. I am what I am because of them*”. It is also supported by Mrs. Sitali who indicated that “*I can't do without them because they quickly respond to my cry and they are part of my culture.*”

Indigenous healers promote health and harmony in the community as evidently expressed by Mr. Sipalo that “*I am what I am, because of the indigenous healers; they protect my animals, my family and community as a whole. It is part of our culture*”. Beneficiary Mr. Sipalo further stated that “*healers protect my environment, animals, my family and the community as a whole, chizo chetu [it is our culture]*.” In the same vein, Mrs. Sitali, one of the beneficiaries, believes that “*healers have the indigenous knowledge that allows them to manipulate the ancestral powers to signal the diviners to show their clients the problems by use of a mirror without uttering a word*”. She expressed shock that a healer can explain to the patient about the whereabouts of that particular person and the reason why the patient went to the healer.

In addition, the healer went as far as mentioning the unhappiness of the ancestors regarding the patient's behavior. For instance, Mrs. Sitali stated that "*the ancestors are not happy with my behavior of bearing children from different men.*" She added "*that indigenous healers deserve all the respect because they are not only after money but are also concerned about the wellbeing of the people.*" This is in agreement with Oshiwambo culture in LeBeau (2003) that when ancestors are not happy with one's behavior, they are capable of causing catastrophe.

#### **4.6.3 Fear of indigenous healing systems**

Although five beneficiaries narrated positive experiences, four had negative experiences regarding the indigenous healing system. Indigenous healers if not properly used are capable of causing afflictions. For instance, Mr. Ndumba evidently stated that "*there are some witchcraft practices by some indigenous healers for example; when I was treated from bad lucky and failed to pay what was due to the healer, the healer then inflicted pain on me by bewitching my wealth in the homestead; all the animals started dying, fields could not produce, everything in my possession went, until I had to go back to the indigenous healer to apologize and made means to pay what belonged to him.*"

Miss. Namonje, Mr. Manyika, Mrs. Chawinga, said that instead of healing, indigenous healers sometimes inflict pain and misfortunes upon their patients and therefore beneficiaries feared for their wellbeing. In this regard, Mr. Manyika openly said that "*there is some dishonest in some healers as well because they are taking our cattle even for problems they have failed to heal unlike in the past when we depended on them for our wellbeing.*" Mrs. Chawinga had this experience "*when I took my grandfather for treatment I packed my car outside the lapa [house] and went inside, we found other patients and upon arrival the*

*indigenous healer asked his assistant (chishambi) to find out who came with the car. We didn't know what he meant until when writing the names in a consultation book that's when we found out that our consultation fee was higher than the group we found. Indigenous healers apparently charged Mrs. Chawinga according to her appearance.*

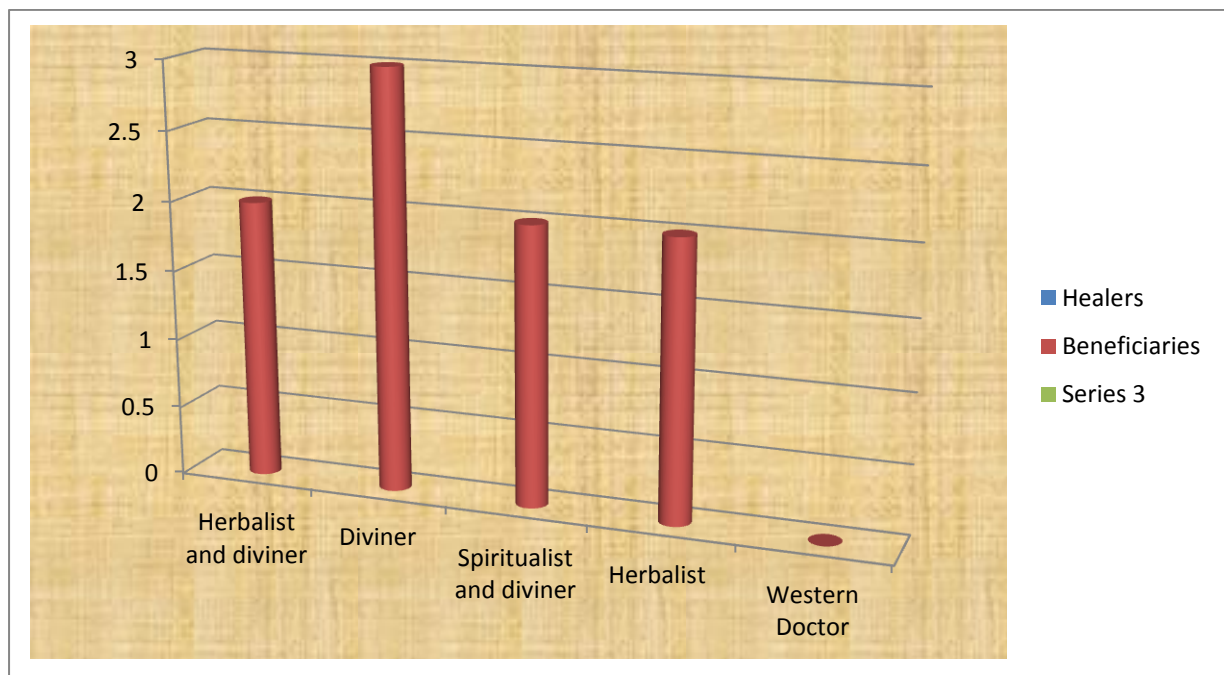
Beneficiaries further complained of foreign indigenous healers who flock to their community just for money and their cattle. Beneficiary Miss. Namonje stated that *“My experience with indigenous healers currently is not very positive because we now have some fake traditional healers who are just interested in our money. They are extremely expensive especially foreign traditional healers. These healers are influencing our local healers to charge a lot of money even for a small problem”*. Lumpkin (1994) observed that the influx of foreign traditional healers does not only pose a challenge in terms of fees charged for services but, it also inflates the number of indigenous healers locally.

Other dismal experiences include healers' actions as being unethical, for example; marrying their clients. This was the case with one beneficiary Miss Namonje who expressed disappointment with the healer's attitude towards his treatment services. She stated that *“I also have a bitter experience when my 20 year daughter visited one indigenous healer in his 60s for treatment of bad luck, this healer asked for a hand in marriage, before she could realize it, she moved in with him as his third wife until my family and I diplomatically approached the headmen with other healers to help in this matter”*.

However, despite some negative experiences, to a larger extent, experiences of beneficiaries remain positive regarding treatment and the help received from indigenous healers. Indigenous beneficiaries believe in indigenous healing is part of their culture and cannot part from it. For instance Mr. Sipalo clearly put it that she cannot part away from indigenous

practitioners are still commended for their contribution to primary healthcare and the entire social wellbeing of the community. Mrs. Sitali one of the beneficiaries confirmed when she said that *“using indigenous healers takes me back to my ancestors, makes me realize my roots, learn the dos and don’ts of my community.”*

All beneficiaries interviewed including those who expressed fears as it is reported in Table 7 section 4.6 highly appreciated indigenous healing systems. Further to this, a question was asked to beneficiaries to explain who their first point of contact is. The Figure below shows the number of beneficiaries who used different types of indigenous healers as their first point of contact before seeing a western doctor.



**Figure 3: Indigenous healing beneficiaries’ first point of contact**

In this study, it was crucial to concentrate on the beneficiaries’ experiences in indigenous healing services. Therefore, all nine beneficiaries were asked to indicate their first point of contact when they are ill. Data presented in Figure 3 above revealed that people of

Kaliyangile community in the Zambezi Region particularly first consult a diviner, spiritualist or herbalist before they can think of seeing the western doctor. The Figure above is a clear indication of how beneficiaries value their healers than western doctors. Indigenous healing systems are a priority whenever one is sick as indicated on the Figure; beneficiaries interviewed visited indigenous healers as first point of contact before seeing the western doctor. This is because of the way they perceived the causes and treatment of certain ailments which are believed cannot be treated by western doctors. For instance Mr. Manyika in Table 8 section 4.7 made it clear that “*traditional healers are spirit possessed that’s why they can also treat spiritual problems such as aliens, ancestor spirits, witches or sorcerers which cannot be treated by western doctors*”. This is also a clear indication that indigenous healers are more valued than western doctors in the community.

The Figure in section 4.6.3 shows that two beneficiaries have been using both a herbalist and a diviner whenever they have a problem before going to the western doctor, three beneficiaries have been using a diviner only, two beneficiaries use both a diviner and a spiritualist, two beneficiaries use an herbalist, while none use the western doctor as first point of contact before seeing the indigenous healer. The analysis shows that diviners are the most preferred indigenous healers by the people in the area before they consult any other healers. According to beneficiaries, diviners have a high preference because they explain the problems without waiting for the patients to explain. One of the beneficiaries Mr. Manyika in Table 6 section 4.5 cited an example that “*the diviner asks me to see for myself by calling the name of the person I suspect to have been bewitched*. The diviner explained to the client the real cause of deaths. She further said that “*the healer then put measures to the family to protect other family members from being bewitched*”.



#### 4.7. Contributions of indigenous healers to the wellbeing of their beneficiaries.

Beneficiaries were also asked to explain the extent to which indigenous healing systems contribute to the wellbeing of beneficiaries. Responses to this question are outlined in Table 8 below.

*Table 8: Contribution of indigenous healing to the wellbeing of beneficiaries*

<b>Name of beneficiary</b>	<b>Indigenous healer used</b>	<b>Beneficiary Responses</b>
Mr. Ndumba	Herbalist	“Yes despite some traces of witchcraft, Indigenous healers have been the source of my health for many years. Indigenous healers also help bring the families together and build on respect amongst the community members. The healers are very useful to our community because, apart from contributing to primary healthcare, indigenous healers also take care of the environment and encourage us to reserve some parts of the forests for our medicine.”
Mr. Manyika	Herbalist	“Yes indigenous healers are our doctors just like you people in Windhoek have your own western doctors. They treat us and they are also family men and women and most of them are also engaged in farming. Indigenous healers help us understand our environment by advising us about certain important medicinal plants which when cut down they never grow again not even in the same area. Instead one has to cover a distance to find it.”

Miss.Namonje	Herbalist	<p>“The role of a traditional healer is to treat people and make sure we are protected from harmful medicinal plants. Indigenous healers advise us that some medicinal plants are also a good source of food as well as medicine for example; the use of one of the African green wild vegetable commonly called teepe which naturally grows by the beginning of the rain season has since generations contributed the wellbeing and sustainable livelihood of the poor rural households.”</p>
Mr. Kavindele	Diviner	<p>“Traditional healers have many roles in our communities though some of the roles performed are secretive. Secretive roles such as chasing bad spirits in the community are not communicated to the whole community except those who are very close to them would usually know what happens at certain times of the year. Indigenous healers cancel us and bring broken homes together for example when my wife starting misbehaving, the indigenous healer approached us as a couple for counseling, first he explained that, he saw my wife in his dream with another community member whose name he did not mention, he then asked my wife to give her view of which my wife confirmed and mentioned the name of the man after her, the healer asked my wife to</p>

		refrain from that because it destroyed the image of our community. My wife apologised and confirmed that the man just started proposing her and that so far nothing had taken place. I therefore have respect for the healers because their roles in the community are beyond our understanding. If it was not for the indigenous healer's intervention, my marriage was going to be on rocks."
Mr. Sipalo	Diviner	"Indigenous healers have been our doctors, I was born in a traditional healer's home and his role as a traditional healer is to make sure that people are well in the community, chase away witches and bad spirits in the community and help sensitize the community to reserve the forest for medicinal plants."
Mr. Siki	Diviner	"Indigenous healers contribute a lot to primary healthcare because many people get help from traditional healers before they can think of western doctors. This is because indigenous healers are reachable and available at any time of the day. I only came to know about a western doctor at the age of 40years meaning for all the years of my life indigenous healers have been the source of my healthcare. Western clinics are very far from where I stay, the nearest is about 4hrs walking from my area."
Miss. Balikezi	Spiritualist	"Indigenous healers contribute to our

		wellbeing in the community even though they have become extremely expensive. Traditional medicine plays a prominent role and social control in our indigenous society; indigenous healers represent justice and stability in the community with no written laws, even without established justice system health and social issues are amicably sorted.”
Mrs. Sitali	Spiritualist	“My opinion is that government should come up with policy on indigenous healing systems like in other countries which allows indigenous healers be integrated into the health sector and also allow them operate from their health centers. Herbal shops for their natural medicine should also be allowed to operate especially in urban areas such as Katima Mulilo. Indigenous healers are not only a medicine man or women, but also a political adviser, marriage counselor and social worker. Therefore they contribute so much to our wellbeing.”
Mrs. Chilombola	Spiritualist	Indigenous healers keep us health and look after our environmental issues such as deforestation.

As can be seen in Table 8, section 4.7, all the nine beneficiaries maintained that indigenous healers contribute overwhelmingly to the wellbeing of the individual, the family and the community at large. Such responses are dominated by narratives such as: *“indigenous healers have been the source of my health for many years”*, *“they help bring families*

*together*”, “*they help build respect in the community*”, “*indigenous healers are our doctors just like you people in Windhoek have your own western doctors*”. The views expressed by beneficiaries indicate that indigenous healers contribute to the wellbeing of the individual, the family and their communities.

It was also interesting to note that indigenous healers are perceived to educate the community members about their environment particularly on certain important medicinal plants which are not supposed to be cut down because such plants never grow again in the same area. This means that indigenous healers do not only contribute to the physical well-being of beneficiaries but also to the environmental well-being of their communities. For example Mrs. Chawinga stated that “*indigenous healers keep us health and look after our environmental issues such as deforestation*”. These views were echoed in the responses of Mr. Ndumba, Mr. Sipalo, Mrs. Chilombola and Miss Namonje. Therefore, the community is schooled in environmental sustainability measures of preventing deforestation for *cattle and medicinal plants*, which is the main contribution which every beneficiary could remember among others.

Moreover, indigenous healers apart from being the community’s’ source of health and well-being, they are also known to represent justice and stability in the community with no written laws or established justice system. Miss. Balikezi confirmed this when she said that “*even without set/established justice system, health and social issues are amicably sorted.*” Mrs. Sitali added that “*indigenous healers are not only medicine men and women but also political advisers, marriage counselors and social workers*”.

Indigenous healers diplomatically maintain law and order in a way that leaves both parties comfortable as noted for Mr. Kavindele in Table 8 section 4.7 *“indigenous healers provide counseling to the community members and bring broken homes together”* He cited an example of a partner who started misbehaving; *“the indigenous healer approached us as a couple for counseling. I therefore have respect for the healers because their roles in the community are beyond our understanding. If it was not for the indigenous healer’s intervention, my marriage was going to be on the rocks.”* This is in agreement with the World Health Organisation (2008) conclusions that indigenous healers act as social workers, political advisers and police detectives. It is also in agreement with Shilubane (2009) who argues that issues in the indigenous life style are amicably sorted out without any complications not even with legal representations. This means that in indigenous communities, indigenous healers have a role to play in educating their people on how to culturally and socially respect one another and live together in harmony. Furthermore, indigenous healers teach the community how to look after their environment as clarified by Mrs. Chilombola Table 8 section 4.7 *“Indigenous healers keep us health and help us to look after our environmental issues such as deforestation”* while they maintain law and order.

Indigenous beneficiaries have respect and confidence in their indigenous healers even though some of the roles are secretive such chasing bad spirits and witches in the community. This was confirmed by Mr. Sipalo in Table 9, 4.8 when he clearly stated that *“I was born in a traditional healer’s house and his roles include, chasing away witches and bad spirits in the community.”*

Mr. Kavindele added that *“Such types of roles are not communicated to the whole community except those who are close to them.”* The emerging theme from the narratives is “schooling”. Beneficiaries are schooled in trusting and knowing that their healers are the best in community’s wellbeing.

#### 4.8. Integration of indigenous practitioners into western systems

Although many studies have been carried out regarding Namibian indigenous medicinal plants and the practitioners in different Namibian communities (Lumpkin, 1994; Von Koenen, 2001; LeBeau, 2003) very little has been done to find out the opinions of those who benefit from the systems, particularly regarding integration of the indigenous healing system into the mainstream modern/western medical system. Therefore a question was posed to the beneficiaries of indigenous healing practices about their opinion on the integration of indigenous healing practices into western system? Their responses are recorded in Table 9 below.

**Table 9: Integration of indigenous healing systems into western systems**

Beneficiary name	Indigenous healer used	Beneficiary Responses
Mr. Ndumba	Herbalist	“My opinion is that western doctors should understand the importance of traditional healers so that we can use both systems because we face challenges in using both at the same time. For example, my indigenous healer gave me herbs to cleanse my system while the western doctor had put me on western medication for my illness, whenever I take both of them at the same time I would feel like dizzy and overdose like and my condition would be worse. This is because maybe the elements found in traditional medicine might be the same as those in found western medicine. Therefore the government through the Ministry of Health and Social Services should integrate the healing services in the health sector.”
Mr. Manyika	Herbalist	“I heard that government wants to integrate the traditional healers into the health sector. My

		<p>opinion is that our traditional healers should be first be schooled and helped to work with western doctors since most of them are illiterate, they will not cope with the medical terms used by western doctors and nurses.</p> <p>In addition traditional healers are spirit possessed that's why they can only treat spiritual problems such as aliens, ancestor spirits, witches or sorcerers. These problems cannot be treated by western doctors. Most of us seek treatment to IH first .Therefore integration will help the traditional healers to gain knowledge and be able to help each other to treat such illnesses which cannot be treated by western doctors alone.” It can work.</p>
Mr. Kavindele	Herbalist	<p>“My opinion is that all the traditional healers be registered and attend workshops together with western doctors especially on hygiene and how to prevent and manage certain outbreaks of infectious diseases such as Cholera, HIV/AIDS and tuberculosis (TB).” I prefer to use both systems so that if traditional doctor fails to heal me I will go to the western.</p>
Miss. Namonje	Diviner	<p>“I have been using an indigenous birth attendant for many years. I have also used indigenous family planning for many years now. The government should allow these birth attendants to open their health centers so that they can be more accessible to the public. This will enable the old birth attendants to transfer their knowledge and skills to the young ones. Indigenous healers are also doctors who look after the wellbeing of the people. Therefore, my opinion is that western doctors and nurses including researchers should work closely with indigenous healers so that they can speak the same language in terms of healing certain diseases.” for now I prefer indigenous</p>



		healers because they are the ones I am used to. I have been using them for almost 40years now.
Mr. Sipalo	Diviner	“Indigenous healers are as important as western doctors. In fact they can be more than western doctors because, indigenous doctors understand our culture and the environment as a whole, when I am sick and approach an indigenous healer he will not just treat that part of the body which is paining but treatment will include emotional, spiritual, social and environmental aspects while the western doctor will quickly think of performing an operation that part of the body in order to take out the pain. It is in this regard that it’s high time that western doctors teach indigenous healers and work hand in hand and share the knowledge for the sake of their patients.” indigenous healers know me very well so I prefer going to them than western doctors.
Mr. Siki	Spiritualist	“My opinion is that indigenous healers be recognized by the government so that both parties can share ideas on how to treat certain complicated ailments without harming the patients. Indigenous healers especially need to learn more about correct doses for the herbs when prescribing to their patients because traditional medicine can also be fatal if used in large quantities. The public also need to know their areas of specialization for example; if I am looking for the diviner, herbalist, spiritualist, I should just go straight to that healer than trial and error, visitors from other places are the victims because they are usually shy to ask when looking for help and end up spending a lot of money before they can come across a specialist for their problem. This is because some of us always start with our healers in our community.”
Miss Balikezi	Spiritualist	“My opinion is that government should recognize

		the indigenous healers and integrate them into primary healthcare. This will help the public to easily locate them and use them. Working together with western doctors is not enough but sensitizing the public about the indigenous healing system and the areas where they operate from to be known to the all the users including the general public. I start with indigenous healers before going western doctor” I prefer indigenous healers
Mrs. Sitali	Spiritualist	“The government should just come up with a policy which will guide the indigenous healing system in the country especially regarding their consultation fees and other charges. They should have fixed charges rather than the way it is now; some of them are robbing us.” I think indigenous healers should work on their own not with western doctors.
Mrs. Chilombola	Spiritualist	“My opinion is that all registered indigenous healers should open their consultancy rooms in urban areas and indicate their areas of specialisation just like western doctors. This will enable the public to have access to indigenous services because as at now it’s only a few of us who are benefiting more from them.” I support indigenous healers to work be independently.

Seven of the indigenous beneficiaries interviewed, namely; Mr. Ndumba, Mr. Sipalo, Mr. Kavindele, Mr. Siki, Miss Namonje, Mr. Manyika and Miss Balikezi were for the idea that indigenous healers be part of the western system. Beneficiaries’ responses were dominated with narratives such as “*indigenous healers should be recognised by the government so that both parties can share ideas on how to treat certain complicated ailments without harming the patients.*” Mrs. Chilombola still preferred indigenous healers to work independently than being integrated with western doctors. Mrs. Chilombola confirmed in her narratives when she

said: *I support the idea of indigenous healers to working independently of the western system.*

Mrs. Sitali supported the idea of indigenous healers working on their own though government has to look into policies that will guide healer's operations. She clearly pointed out when she said *"I think indigenous healers should work on their own not with western doctors"*.

Nonetheless, as can be seen from the narratives in Table 9, 4.8, all the nine beneficiaries are in support of traditional practitioners because they believe that it is part of their culture. However, some respondents were certain that even though there are ailments that cannot be treated by western doctors, integrating the system would work well as plainly stated by Mr. Manyika that *"traditional healers are spirit possessed but can still work together with western doctors and help each other on how to treat these problems which cannot be treated by western doctor"*.

Beneficiaries of indigenous healing practices also expressed concerns that given the inadequacy and inconsistency of the current western healthcare system in the area, recognition and integration of indigenous healers in the primary healthcare system was not going to be enough, hence they advocated recognition and allowing other services such traditional birth attendants to open health centres for easier access. Miss. Namonje is of the opinion that *"indigenous medicine and indigenous birth attendants have been part of their lives as a family for many years and moving away from the system will be a nightmare.* She added that, *"this will enable the old birth attendants to transfer their indigenous knowledge and skills to the young ones"*. Miss. Namonje further suggested that *"indigenous healers be integrated in the western system as this will promote the right platform for the western doctors and nurses including researchers to closely work together so that they can speak the*

*same language in terms of preventing mother to child transmission (PMCT) of HIV/AIDS and other infections as well as in treating certain incurable ailments such as AIDS and Cancer”.*

While integration was regarded as a solution to positive health in the community by seven beneficiaries a concern was raised regarding the illiteracy of the indigenous healers. Mr. Manyika in Table 9, 4.8 remarked in this regard: “ *My opinion is that our traditional healers should first be schooled and helped to work with western doctors since most of them are illiterate, they will not cope with the medical terms used by western doctors and nurses.* Indigenous healers and their beneficiaries have their own way of learning in their community and depend on each other. It is in this regard that the researcher sought to find out the availability of indigenous health education programs regarding indigenous healing systems.

#### **4.9 Indigenous health education for beneficiaries and healers**

Having interviewed indigenous healing beneficiaries in regard to integration of indigenous healing practices into western systems, the researcher found it necessary to ask both indigenous healers and their beneficiaries to explain if they have ever participated in indigenous health education programmes in the community. According to the Ministry of Health and Social Services [MOHSS] national policy (MOHSS, 2010), indigenous healers’ roles were to mobilize community and ensure active participation in health activities, raise awareness and educate healers and the users of indigenous healing systems about key issues relating to safe indigenous practices. This question was aimed at finding out any intervention programmes aimed at sensitizing the community about use of indigenous healing practices. Their responses are found in Table 10 below.

***Table 10: Indigenous health education beneficiaries and healers***

<b>Beneficiary</b>	<b>Responses</b>	<b>Indigenous healer</b>	<b>Responses</b>
Mr. Ndumba	“There are no health education programmes on indigenous healing practices in our community. There are only healers from Zambezi Traditional Healers Association.”	Mr. Katombola (Diviner)	“Yes meetings are sometimes held with the headman to discuss about our health in the community. I have a good relationship with my people so whenever something is wrong; we simply meet and see how we can find the solution. We have bad things like ghost troubling our people in the night, fields not producing, but just because of witches, we can't harvest enough. I have never seen officials from MOHSS.
Mr. Manyika	“I am not aware of any health education programs regarding indigenous healing systems what for? We know everything about our doctors.”	Mrs. Chawinga (Diviner)	“Yes we have educational meetings with the headman of Kaliyangile before we meet the community members. Such meetings are usually held when we want to develop our community, have a disease outbreak, or when we are visited by ghosts in the village we consult each other as indigenous healers and see how we can expel those ghosts. It is our duty to do so under Zambezi Traditional Healers Association”.
Mr. Kavindele	I have never seen anyone from the Ministry of Health and Social Services (MOHSS) coming here to educate us about traditional healers.”	Mr. Kalukangu (Spiritualist)	“Although I don't call for formal education meetings, I do discuss health issues with my clients when they come for treatment, that they need to come with new razor blades because, I can't use one razor blade for incisions for two people because of HIV/AIDS. I also teach them about hygiene when using the herbs. Basic family planning and first aid in case of snake bite is also communicated on meetings to our members” MOHSS only comes when there is an outbreak for malaria, diarrhea, dysentery and other infectious diseases not indigenous healing health programmes”

Miss. Namonje	“There are no such education health programs from Ministry of Health and Social Services. Traditional healers do educate us about our environment and we also acquire some skills about how to treat certain simple ailments.”	Mr. Chimbo (Spiritualist)	“Yes meetings are always held at any time whenever there is need to educate our people on the well being of the community and our health as a whole. For example we teach our people to avoid deforestation in order to protect the medicinal plants in certain areas. The Zambezi Traditional Healers Association is there to guide us though there is very little support from Ministry of Health and Social Services. Nonetheless, I have a good relationship with my people because it’s not only healing that I do, but also provide counseling to the people with problems in their relationships. Problems in relationships include wives poisoning their partners to suffer from chooye (impotence). Such couples are called and counseled and perhaps treat the husband from the poison if possible. Counseling is also provided to people who seem not to reconcile because of suspected witchcraft in the family. The family is either referred to the specialist who can divine and prove to them who the witch is. If they can’t take the counseling they are referred to the supreme traditional kuta (court) in Linyanti constituency”
Mr. Sipalo	“There are no education programs in our communities regarding indigenous healing practices. All I know is that we just have a good relationship with our healers and so they teach and guide us in many things.”	Mrs. Mwaekwa (Herbalist)	“There are no health educational programmes from the Ministry of Health and Social services. “I only discuss health issues with my fellow traditional healers sometimes when we meet at an entertainment place,
Mr. Siki	“There are no education programs regarding	Mrs. Kaole (Herbalist)	“Yes educational meetings are only held amongst ourselves (healers) as well as

	indigenous healing systems in the community.”		with the community members to advice them to protect the medicinal plants and also teach them how to prepare the medicine for certain simple ailments in their homesteads instead of going to the indigenous healers all the time. I also teach the community members how to preserve and store certain medicinal herbs and roots for future use”.
Miss. Balikezi	“There are no measures taken to educate us about indigenous healing systems in our community.”	Mrs. Kaole (Herbalist)	See first response
Mrs. Sitali	“I am not aware of any education programmes on indigenous healing systems in our community. I just know that the indigenous healers have an association here, though I don’t know its work. But the healers educate us about our environment and taking good care of our forest. There has never been any education meeting by the MOHSS on indigenous healing systems in our community.	Mrs. Chawinga (Diviner)	See first response
Mrs. Chilombola	“We are supposed to have health promoters and educators from MOHSS, but we don’t see them. Our traditional healers are our healthcare providers and educators.”	Mr. Chimbo (Spiritualist)	See first response

Data in Table 10 section 4.9 revealed that all the nine indigenous beneficiaries and the six healers were not aware of any health education providers in the community apart from the healers themselves. Healers were found to be the ones to educate their clients during visits on health issues such as; how to use herbs, how to preserve medicinal plants, taking care of their environment. As we have seen in Table 4 section 4.3.3 and Table 7 section 4.6 of this thesis, beneficiaries were also sensitised by indigenous healers on the need to avoid deforestation as most of the medicinal plants are found in the forest. For instance beneficiary Mrs. Sitali in Table 10 section 4.9 stated that *“there are no health education programmes offered, but healers educate us about our environment and taking good care of the forest”*. This was confirmed by all the nine respondents particularly Mr. Siki and Miss Balikezi who openly stated that *“there are no education programs regarding indigenous healing systems in the community.”* Their expressions confirmed the non-existence of the Ministry of Health and Social Services indigenous health educational programmes.

Even though there were no formal educational programmes however, there was an informal type of education in which beneficiaries of indigenous healing practices learnt every time they visited the healers for treatment. All the 9 beneficiaries' narratives in Table 10 section 4.9 believe that *“indigenous healers have the duty to see to their wellbeing in the community”*. This was confirmed by two healers Mrs. Mwaekwa and Mr. Mwandu who revealed that *“we hold meetings on issues concerning our community especially when strangers such as ghosts visit us in the village, animals dying and not producing, fields infested with snakes and many other issues. Then a meeting with one or two healers within the village is called to see how we can protect our people”*.



The Lifelong learning strategy used by indigenous healers enabled the beneficiaries to acquire knowledge and skills on treatment of simple ailments each time they visited the consulting centres, known as *lapas* in the local language. This sentiment was confirmed by Miss Namonje in Table 10 section 4.9 who indicated that *“Traditional healers do educate us about our environment and we also acquire some skills about how to treat certain simple ailments.”* Beneficiaries also acknowledged the existence of the local indigenous association called Zambezi Traditional Healers Association (ZTHA) which is mandated to look into the welfare of the indigenous healers in Zambezi Region. Zambezi Traditional Healers Association operates in collaboration with the Ministry of health and Social Services in sensitizing people about indigenous healing systems.

However, the responsibilities of this association are not well defined as clearly stated by all the nine beneficiaries because healers provide indigenous health services without the Ministry of Health and Social Services’ intervention. This was confirmed by beneficiary Mrs. Sitali in Table 10 section 4.9 who indicated that *“I just know that the indigenous healers have an association here in Zambezi Region called Zambezi Traditional Healers Association (ZTHA) though I don’t know its work.”* This contradicts with MOHSS policy (2010, p. 9) which states that *“all community healthcare providers including traditional healers be recognised, empowered and engaged in providing healthcare services in their communities”*.

The failure to provide education programmes by the Ministry of Health and Social Services contradicts the WHO (2008) who advocate for the provision of such services.

The lack of educational programmes can also be interpreted to mean that the indigenous healing practitioners of Kaliyangile community are not well informed about the policies and regulations in the practice of indigenous healing systems. It is in this regard that there is need

to identify the existence of the healers in the country particularly in Zambezi Region where many people benefit from them and provide educational programmes for such healers. This is perhaps the reason why there has been misunderstandings especially on the issue of operating costs charged to patients. Indigenous healers and beneficiaries of traditional healing systems lack health education programs on indigenous healing practices from the Ministry of Health and Social Services (MOHSS) particularly under the department of community health services.

#### **4.12 Conclusion**

This chapter presented, and analyzed the data. The engagement with the data revealed that both indigenous healers and beneficiaries of the indigenous healing systems possess rich information and knowledge about indigenous medicines and healing systems. In the following chapter, summary, conclusions and recommendations for the study are provided.

## CHAPTER FIVE: DISCUSSIONS OF FINDINGS AND CONCLUSIONS

### 5.1 Introduction

This chapter discussed the findings of the study and provided conclusions regarding the perceptions and experiences of indigenous healing beneficiaries. The chapter confirmed how the study addressed the research objectives and demonstrated how the findings are linked to the existing theory. In this study, the focus throughout has been to:

- determine the experiences and perceptions of indigenous healing beneficiaries in the Kaliyangile community of the Zambezi Region;
- investigate how indigenous healers communicate treatment procedures and health information to beneficiaries;
- determine the health education services that are available to beneficiaries of indigenous healing services in the Kaliyangile community of the Zambezi Region.

### 5.2 Discussion of findings of the study

#### *5.2.1 Positive perceptions of indigenous healing among beneficiaries*

One of the key findings of the study was an overwhelming positive perception of indigenous healers as panacea to all the social and health ills within the Kaliyangile community. Beneficiaries that participated in the study saw the indigenous healer as the first common stop for all community members before taking their ailments to a western doctor. The indigenous healer was largely perceived as: *“a great problem solver”, “someone in charge of people’s well-being”, “someone possessing supernatural powers to cast out bad spirits and afflictions”*. Indigenous healers were seen to be: *more knowledgeable, having a good memory, always available when needed, and possessing an understanding of the needs of*

*their beneficiaries in all corners of their lives, as well as being able to treat certain diseases that western doctors cannot treat.* For some beneficiaries, indigenous healers were perceived to be occupying multiple roles such as doubling up as the doctor and the pharmacist at the same time – as indigenous healers not only developed and produced their own medicines in their consulting centers but they also took up the role of dispensing these medicines to their patients contrary to modern day practices where the roles of doctor and pharmacist are separated.

Indigenous healers were also seen as community counselors who provided counseling services to their patients on various social problems. It also emerged from the data that indigenous healers are more trusted, admired and highly revered by the beneficiaries of their services. Beneficiaries held positive perceptions of indigenous healing services. This finding is supported by the fact that data generated through interviews with indigenous healing beneficiaries and indigenous healing practitioners revealed the deep-rootedness of indigenous healing practices among the inhabitants of the Kaliyangile community of the Zambezi Region. The data showed that not only are indigenous healing services widely used across the various age groups in the community, from as young as twenty-four years of age, but such services are also available from a diverse range of practitioners, spanning: herbalists, diviners, spiritualists, environmentalists and birth attendants.

### ***5.2.2 Beneficiaries' experiences of indigenous healing services***

Despite harboring positive perceptions of indigenous healing services, beneficiaries narrated a mixed bag of experiences in their dealing with providers of indigenous healing services. The following findings present the mixed experiences of beneficiaries:

### **5.2.2.1 Positive experiences of indigenous healing services**

Some of the beneficiaries who participated in the study held positive experiences of indigenous healing services. This was mainly due to the fact that, in most cases, ailments or diseases that were taken to indigenous healers were resolved or healed. For instance, beneficiaries narrated how their marital issues were resolved through the intervention of an indigenous healer or how issues of barrenness were resolved or bad spirits chased away. Therefore, on the positive side, indigenous healers were seen to be able to cure or heal diseases that were taken to them by their beneficiaries. Another positive experience, as seen from the interview narratives, is that like their western counter-parts, indigenous healers had a good referral system which ensured that available services among the indigenous healing community were used optimally for the benefit of the Kaliyangile residents. In addition, positive experiences of beneficiaries were derived from the fact that they were able to acquire some basic knowledge and skills through observation when they were being treated and that they now are able to use this same knowledge and skills to treat basic illnesses in their families.

### **5.2.2.2 Negative experiences of indigenous healing services**

On the flip side of the same coin, however, it was found that beneficiaries' experiences of indigenous healing were not all that positive. Instead, some beneficiaries' experiences with indigenous healers typified a doctor-patient relationship that bordered on tendencies of being manipulative, exploitative and oppressive. For instance, in some cases, some indigenous healers were said to resort to fear evoking tricks such as *“yawning, beckoning and speaking in tongues loudly for a few minutes while shivering like in order to establish a problem”*. This kind of manifestation on the part of the indigenous healer can be interpreted to be

manipulative, casting the beneficiary into a position of hopelessness and thus surrender to the ‘powers’ of the healer for fear of one’s own death from the affliction under consideration.

In addition to fear, beneficiaries also experienced, during diagnosis or divination, indigenous healers resorting to secretive practices where they apparently engaged with the ancestral world in a discourse of tongues understood only by the healers themselves. Diagnostic tools such as: horns, handles of axe, screens, mirrors, cups, beads, pieces of wood, etc. were used to establish the nature and causes of the illness. However, the text or narrative transmitted by these diagnostic tools remained secretive, understood only by the indigenous healer. While it may be rightly argued that even in the modern-day western medical setting patients are not meant to understand the diagnostic process and that it should be left entirely in the hands of the medical doctor, the argument is that such an approach does not only serve to exclude the patient in an exercise that concerns his or her life but it is also non-participatory and reductionist in that the patient is reduced to an object that is to be worked on by the healer or medical doctor. The object is put in a position where it has no knowledge of what is being done to it and is turned into a receiver of whatever the master will say.

Furthermore, it should be noted that such a practice of reducing beneficiaries to objects calls into question issues of social justice, humaneness, and is underpinned by unequal and hierarchical relations of power, control and domination. As an object, the beneficiary is relegated to a position of passivity and being a mere recipient of the machinations of the traditional healer. The issue of powerlessness created among beneficiaries was evident in the narratives where some healers manipulated and engaged in unethical practices such as marrying their own patients. Apart from the mystique that surrounded the diagnostic process, beneficiaries’ negative experiences included the exploitative and exorbitant fees that were

being charged and the inhuman treatment that family members had to endure in the event that the patient failed to settle the fees as demanded by the indigenous healer.

### **5.3 Lack of educational programmes and integration into the mainstream Government health system**

Also evident in the data is that beneficiaries' negative experiences with indigenous healing were being exacerbated by the lack of proper integration and control of indigenous healing into the mainstream government system of health services. Narratives sourced from beneficiaries were very explicit in this regard. However, the lack of official integration of indigenous healers into the mainstream health system that would regulate their services led yet to another problem that compounded the whole situation, namely: the lack of or absence of health education programmes targeting specifically indigenous healing services. Almost all beneficiaries who participated in the study narrated that *"there are no education programmes in our community regarding indigenous healing practices"*. Against this backdrop, the key question is: How do we empower indigenous healing beneficiaries in the absence of education programmes from the key MOHSS so that they can optimally benefit from the available indigenous healing services in the Kaliyangile community? What should be the nature of such programmes if they are to leverage for empowerment of beneficiaries by way of developing their critical abilities in the face of a manipulative and exploitative healing system?

### **5.4 Conclusion**

Overall, this study has filled the knowledge gap concerning the perceptions and experiences of beneficiaries of indigenous healing system. It thus strengthened the conceptualisation of indigenous healing theories and increased the available literature on indigenous healing. The

study revealed that beneficiaries held positive perceptions of indigenous healing services as panacea to most of the ills of the community. Despite positive perceptions, beneficiaries also registered negative experiences in their dealings with indigenous healers.



## **CHAPTER 6: RECOMMENDATIONS**

### **6.1 Introduction**

Based on the discussion of findings and conclusions, the recommendations below emanated from the study. It is hoped that these recommendations will be used to lead to new knowledge, the advancement of the indigenous knowledge preservation and the improvement of the health system for Namibia.

### **6.2 Recommendations**

#### ***6.2.1 Formalize and integrate indigenous healing into mainstream health system***

As seen from the preceding presentation of data, one of the critical areas that require attention in indigenous healing has to do with policy. This study recommends that indigenous healing services be formalized and properly integrated into the mainstream government health system. This recognition and integration will serve to protect beneficiaries and ensure that they receive a service that is regulated and controlled by Government. In the same vein, healers will also be protected as they will now operate in a more formalized environment than what was seen in the data. The integration and the subsequent regulation of indigenous healing services will enhance the positive perceptions and positive experiences of users of indigenous healing services while at the same time reduce the negative experiences.

#### ***6.2.2 Adopt a multi-sectoral approach in sensitizing the public about the use of indigenous medicine***

A strategy in promoting indigenous healing practices is needed for instance involving a multi-sectoral collaboration of MICT to work hand in hand with the MOHSS in creating intervention programs on indigenous healing services. This will sensitize the public about the use of indigenous medicines as an alternative primary healthcare system. It will also

encourage the Namibian people to continue embracing and enjoying their cultural norms in one way or other.

### ***6.2.3 Preserve indigenous knowledge systems***

There is need to preserve the knowledge which is at risk of being lost when the reservoirs of the knowledge are no more. Indigenous knowledge should be valued and extended in order to continue educating the public on natural healing remedies (Kurian, 2014). Indigenous healing knowledge is transferred from one generation to another mainly by word of mouth. Letting other people know about indigenous healing systems will help improve the general healthcare knowledge, boost quality of indigenous healing practices and promote the healer's businesses as many people will begin to recognise and benefit from systems. Moreover, every person should have an indigenous knowledge of nature's remedy agencies and how to apply them.

### ***6.2.4 Provide educational programmes for indigenous healing services***

In order to enable beneficiaries to optimally benefit from indigenous healing services there is a need to provide educational programmes that draw on insights from the indigenous knowledge systems theory together with models of best practices available in the domain of life-long learning and community education. In particular, the Brazilian Educator, Paulo Freire (1996) provides useful insights in his work on adult critical literacy. Taking into account the experiences narrated by the beneficiaries, it is important that education programs on indigenous healing consider following on Freire's continuum from a pedagogy of the oppressed that reduces beneficiaries into voiceless and passive objects feasting on a false consciousness of indigenous healers as panacea to all problems to a pedagogy of critical conscientisation where they begin to connect certain indigenous healing practices to moral and

ethical issues that question manipulation, exploitation and poverty. This is echoed by Lilemba (1990) that the poor are schooled to accept service instead of value. Considering narratives from both beneficiaries and healers, beneficiaries are regarded as objects in the healing practices.

Thus, educational programmes would aim at empowering adults on issues that oppress them and turn them into autonomous subjects. Empowering communities about healing practices particularly those who benefit from such practices will enable them to seek dialogue with relevant authorities. Dialoguing will invite beneficiaries to reflect on their world views that inform their practices in order to criticize and reconcile with values of humanness.

It is in this regard that the indigenous knowledge systems theory together with other models such as radical and humanistic models be put into practice in order to reflect and act on such discrepancies. Humanistic view of education according to Maslow and Rogers (1976) is seen as a means of fostering self-actualising and fully-functioning individuals. It is a goal to helping a person to become the best that he is able to become while radical is about social change in every adult. Educating the beneficiaries about indigenous healing practices will help build in them a sense of autonomous, independent, high sense of ethics and able to understand indigenous healing practices at all levels.

Apart from adult literacy programmes drawing on Paulo Freire, Maslow and Rogers, the Ministry of Education, Arts and Culture could consider implementing indigenous knowledge on medicinal plants in the curriculum from early childhood to university level or consider indigenous knowledge as life-long learning. Besides, the MEAC is committed to a policy of cultivating culture as a unifying and national building force in encouraging initiatives aimed

at developing a true indigenous health Namibian culture, enriched unity and diversity (Towards Education for All, 1997).

#### ***6.2.5 Implications for future research***

In addition, the popularity of indigenous healers in the Kaliyangile community, and the Zambezi Region in general, calls for the recognition of indigenous healing practices as a national health resource. It is therefore crucial to have more studies done on indigenous healing in Namibia and elsewhere. This is why there is an urgent need for specialists from various disciplines to put their heads together, map out that field and begin to explore it. Finally, research is also needed to understand why many beneficiaries of indigenous healing practices still opt for traditional healers as the first point of contact than western doctors.

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## APPENDIX 1: CLOSED ENDED INTERVIEW GUIDE

Interview guide for indigenous healing practitioners (Instruction: the researcher will tick the appropriate box during the interviews)

1. Age

Age	
Less than 30	
30-40	
41-50	
51-60	
61 and above	

2. Gender

Gende	
Male	
Female	

3. How did you become an indigenous healer?

Went through training	
By observing somebody	
Through dream	
Other please specify	

4. What type of an indigenous healer are you?

Herbalist	
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Spiritualist	
Diviner	
Other please specify	

5. How many years have you been practicing as an indigenous healer?

1 – 10yrs	
11 – 20yrs	
21 – 30yrs	
31 – 40yrs	
41 and above	

6. How many patients do you normally attend to per day?

1 -5	
6 - 10	
11 - 15	
Above 15	

7. What form of payment do you ask from your patients?

Gift form	
Monetary form	
Other please specify	

8. How do you diagnose a patient?

Through Dream	
By throwing stones and bones	
Ask the patient what	

the problem is	
Other please specify	

9. Apart from healing which of the following services do you provide to your patients?

Counseling	
Referral	
Admission	
Other please specify	

10. Do you receive any referrals from the hospital? If yes how many?

Answer	Tick	No. of patients referred	Tick
Yes	Less than 5		
Yo	5-10		
	More than 10		

11. Do you have assistants to help you with your work? If yes how many?

Answer	Tick	No. of assistants	Tick
Yes		1- 5	
No		5 - 10	
		More than 10	

12. Are you aware of Namibia Eagle Traditional Healers Association (NETHA)?

Yes	
No	

13. How often are you visited by NETHA?

Monthly	
sometimes	
Twice in a year	
Never	

Thank you very much for your time and participation.

## APPENDIX 2: CLOSED ENDED INTERVIEW GUIDE

### Beneficiaries of Indigenous Healing Systems

1. Age

30-40	
41-50	
51-60	
61and above	

2. Gender

Male	
Female	

3. How did you come to know about the indigenous healer you used?

Referred by another healer	
Heard from a friend	
Family member	
Other specify	

4. What type of indigenous healers do you have in your community?

Herbalist	
Spiritualist	
Diviner	
Other specify	

5. What kind of payment does the indigenous healer ask when you visit him/her?

Gift form	
Monetary form	
Other specify	

7. Is there anything you have learnt from the healer that you are able to use without consulting the indigenous healer?

Yes	
No	

8. Do you think indigenous healers contribute to the wellbeing of the people?

Yes	
No	

9. Do the indigenous healers explain to you the steps to be taken before diagnosing and giving treatment?

Yes	
No	

10. How often do you receive health education about indigenous healers in your community?

Once in a year	
Twice	
Not all	

11. Do you also get use of western doctors?

Yes	
-----	--

No	
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12. Which of the two doctors below do you prefer?

Western Doctor	
Indigenous healer	

Thank you very much for your time and participation



## APPENDIX 3: OPEN ENDED INTERVIEW GUIDE

Indigenous healing practitioners

(The questions will be rephrased in line with closed ended questions)

1. Explain how you became an indigenous healer

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2. In your practice as a healer do you have assistants? If yes explain their work, can they administer treatment in your absence? What training do they have? Do the patients accept them?

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3. Explain how you diagnose an illness in a patient?

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4. Are you specialized in certain ailments?

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5. What procedure do you follow when treating your patients?

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6. How much do you charge per consultation?

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7. Do you have any referral system for the diseases you cannot treat?

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8. Do you keep the record of your patients?

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9. Do you know of other indigenous healers in your area?

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10. Have you ever been visited by Namibia Eagle Traditional Healers Association? If yes elaborate what services they offer, do they offer training for instance on hygiene? Explain a bit the role of NETHA.

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11. Do you have any educational programs or meetings with your community regarding indigenous healing? What type of meetings do you have? Tell me the relationship with the people that you treat, what is the response from the community? Do they openly and freely appreciate your healing or is it a secret?

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Thank you very much for your time and participation

## APPENDIX 4: OPEN ENDED INTERVIEW GUIDE

Beneficiaries of indigenous healing systems

1. Who is a traditional healer? What is your understanding about the indigenous healer?

Explain a bit.

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2. How did you come to know about the indigenous healing system?

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3. What type of indigenous healers do you know?

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4. What type of diseases have you been treated for by an indigenous healer?

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5. How often do you visit the indigenous healer when you are sick? Do you only visit once or is there some kind of review after your first visit? What happens when you don't respond to the treatment given? Do you go back? Does he/she charge you again? Please explain.

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6. What is your experience with indigenous healing services? Now that you have been using indigenous healers for some time, what have you learnt from them? Do you really understand their language in healing? Would you recommend someone? What is the perception of the community on indigenous healers?

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7. Do you think indigenous healers contribute to your wellbeing? Explain how useful indigenous healers are to you and the community. What is the role of the indigenous healer in your community, apart from healing what else does he/she do to your wellbeing?

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8. What is your opinion about the use of indigenous healers and the western doctor?

What would you say about indigenous healer and the western doctor do you see any difference, when you visit western doctors are you satisfied with their treatment?

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9. Why do you prefer herbalist, spiritualist, and diviner to western doctor? Explain why?

What do you know about the western treatment or western doctor? Please explain a bit.

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10. Do you learn anything from the indigenous healing processes?

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11. Explain the steps taken when the indigenous healer is administering treatment to you?

Explain how the healer communicates to you about the treatment, do you understand how he/she arrives at mentioning your problem? How does he/she examine you? Just explain a bit how the process starts and how the healer administers the medicine. Is there any admission to the indigenous healer? If so what facilities does he/she have? Does she/he have assistants? Are you happy with how he/she does it when treating you? Explain.

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12. Do you have any education programs regarding indigenous healing practices in your community? What types of educational programs are offered? Who provides such programs? How useful are those programs/ what do you think is the best way to communicate treatment to you when you visit an indigenous healer? What skills do you think these indigenous healers have? Are they easily approachable or are they scaring? What is your relationship with them? What would you recommend about indigenous healers?

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Thank you very much for your time and participation

## APPENDIX 5

  
UNIVERSITY OF NAMIBIA

340 Mandume Ndemufayo Avenue  
Private bag 13301  
Windhoek  
NAMIBIA

(+264 61) 206 3111  
Website: www.unam.na

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Inspiring minds & shaping the future

The School of Postgraduate Studies  
P.Bag13301  
Windhoek, Namibia  
Tel: 2063523

**E-mail:** cshaimemanya@unam.na

Date: 27 November 2013

**TO WHOM IT MAY CONCERN**

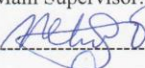
**RE: RESEARCH PERMISSION LETTER**

1. This letter serves to inform that student: **Victoria N. Lilemba** (Student number: **200436724**) is a registered student in the Department of **Lifelong Learning and Community Education** at the University of Namibia. His/her research proposal was reviewed and successfully met the University of Namibia requirements.
2. The purpose of this letter is to kindly notify you that the student has been granted permission to carry out postgraduate studies research. The School of Postgraduate Studies has approved the research to be carried out by the student for purposes of fulfilling the requirements of the degree being pursued.
3. The proposal adheres to ethical principles.

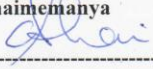
Thank you so much in advance and many regards.

Yours truly,

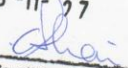
Name of Main Supervisor: **Dr. Haaveshe Nekongo-Nielsen**

Signed: 

**Dr. C. N.S. Shaimemanya**

Signed: 

**Director: School of Postgraduate Studies**

**THE SCHOOL OF  
POSTGRADUATE STUDIES**  
Office of the Director  
2013-11-27  
Signature   
University of Namibia P/Bag 13301



## APPENDIX 6: ETHICAL CLEARANCE CERTIFICATE



### ETHICAL CLEARANCE CERTIFICATE

**Ethical Clearance Reference Number: SEC/FOE/8/2014**

**Date: 5 March, 2014**

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

**Title of Project:** Investigating Experiences and Perceptions of Indigenous Healing Beneficiaries in Kaliyangle District of the Zambezi Region

**Nature/Level of Project:** Masters

**Principal Researcher:** Victoria N. Lilemba (Student No. 200436724)

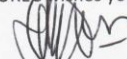
**Host Department & Faculty:** Department of Lifelong Learning and Community Development , Faculty of Education

**Supervisor (s):** H. Nekongo-Nielsen (Main), J. Nyambe (Co-)

Take note of the following:

- (a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
- (b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
- (c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
- (d) The UREC retains the right to:
  - (i). withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
  - (ii). request for an ethical compliance report at any point during the course of the research.

UREC wishes you the best in your research.

  
Prof. I. Mapaure  
UNAM Research Coordinator  
ON BEHALF OF UREC

## **APPENDIX 7: MODEL OF REQUEST LETTERS**

29 November 2013  
Headman  
Kaliyangile Community  
Katima Mulilo

Dear Sir/Madam,

RE: Request to undertake Educational Research among indigenous (traditional) healing practitioners and beneficiaries in the Kaliyangile community in Zambezi Region.

I am a Masters Degree student enrolled in the department of Lifelong Learning and Community Education at the University of Namibia.

I am requesting to undertake Educational Research among indigenous healing practitioners and beneficiaries in Kaliyangile community. The thesis topic is: Investigating the experiences and perceptions of indigenous healing beneficiaries in the Kaliyangile community. This study is carried out in partial fulfillment of the requirements for the degree of Master of Education of University of Namibia.

Due to the nature of the study I need to interview some indigenous healers and the beneficiaries in the Kaliyangile community for data collection. I will remain in the field until I gather all the necessary data.

Yours sincerely,

Victoria N. Lilemba  
M. Ed student  
Department of lifelong Learning and Community Education  
Faculty of Education  
University of Namibia

## APPENDIX 8: APPROVAL LETTER FROM TRADITIONAL AUTHORITY



Kaliyangile Sub-Khuta

Katima Mulilo

Zambezi Region

Namibia

25 September 2015

### TO WHOM IT MAY CONCERN

This is to certify that the Kaliyangile Sub-Khuta has granted permission to Mrs. Victoria Lilemba a student at the University of Namibia to undertake indigenous and educational research in the community of Kaliyangile.

The thesis is, "Perceptions and Experiences of Indigenous Healing Beneficiaries: The Case of Kaliyangile District in the Zambezi Region." The research seeks to explore the perceptions and experiences of people who consult indigenous healers and the benefits derived thereof.

The Kaliyangile Sub-Khuta has no problem in allowing Ms. Lilemba to undertake such research among its community members.

Yours truly

Senior Induna : *Kaliyangile* .....

Ngambela : *Mashete* .. *Mawaya* .....

Secretary : *Sabata* .. *Lucius* .....

## APPENDIX 9: REQUEST FOR INFORMED CONSENT

29<sup>th</sup> November 2013

Dear Participant,

My name is Victoria Lilemba. I am a Masters Student who is currently conducting an educational research on the experiences and perceptions of indigenous healing beneficiaries. I would therefore like you to participate in this research study.

Due to the nature of the research study, your participation in this research is voluntary and confidential. As a participant you will be expected to provide information on experiences and perceptions of indigenous healing systems emphasizing on the treatment and procedures followed when treating various ailments. The interview will be recorded to allow the researcher to transcribe the data collected.

The study intends to broaden the understanding of the indigenous healing world and also inform sensitization and mobilization activities that are intended to benefit and support beneficiaries of indigenous healing practices. The findings of the study will also assist the Ministry of Health and Social Services in its efforts of integrating indigenous healers in the primary healthcare system.

If you are willing to participate in this study sign or thumb print as declaration that you will voluntarily participate and that you will only be referred to using pseudonyms as a way of concealing your identity and ensuring anonymity.

Participant's signature or thumb print-----Date-----

Researcher's signature-----Date-----

Yours Sincerely,

Mrs. Victoria N. Lilemba  
M. Ed student  
Department of lifelong Learning and Community Education  
Faculty of Education  
University of Namibia