

The education and training levels of the Southern African traditional healer: A present-day perspective

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RESEARCH

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ABSTRACT

Background

The traditional healer in Southern Africa received new status as a statutorily recognized health professional with the promulgation of the Traditional Health Practitioners Act No 22 (2007). Usually such recognition is only awarded after a profession's formal education in the form of established study programmes and training and places of learning has been confirmed. Lawmakers involved in the promulgation of the Traditional Health Practitioners Act No 22 failed to confirm the existence of such an education culture and foundation. Very little can be gauged from the formal literature on the kind and the quality of the training that the traditional healers receive and their abilities to diagnose and treat without risk to the lives of patients.

The prominent question at this stage is whether traditional healers' levels of education and training meet the minimum

requirements prescribed for health professionals in the healthcare sector.

Aims

The present study aimed to determine the education and training levels of practicing South African traditional healers.

Methods

This is an exploratory and descriptive study based on the modern historical approach of investigation and literature reviewing. The emphasis is on using present-day documentation, like articles and reports, books and newspapers, as primary sources to reflect on the present status and levels of traditional healers' education and training. The findings are offered in narrative form.

Results

No formally established education and training infrastructure has ever been developed for the South African traditional healing profession. Up to 2007, there was also no governmental support in this regard. A formal education and training system is still in its infancy. There is, however, a well-established informal training system that developed over many years.

Conclusion

The absence of an advanced and statutorily recognized education and training system can make the immediate change-over from traditional healing as an unregulated endeavour to a profession and acceptance of the traditional healer as part of the healthcare establishments, very difficult and problematic. Over against this, there is a functioning informal training system exists, confirming that minimum levels of education and training are present.

Key Words

Afterlife, ancestor, healthcare, levels education and training, mental impairment, novice

What this study adds:

1. What is known about this subject?

Very little has thus far been published on the education and training of the traditional healer.

2. What new information is offered in this study?

This study's focus was to collect information on the education and training of traditional healers in an effort to offer a professional profile of the South African traditional healer.

3. What are the implications for research, policy, or practice?

The absence of a sound formal healthcare education and training foundation can disqualify the traditional healer as a professional health practitioner.

Background

The Southern African traditional healer's role in healthcare has been a topic of hot debate for many years. At the centre of this debate is the traditional healers' failure to demonstrate that they are, in terms of formal healthcare requirements and standards, able to practise as healthcare professionals within the established healthcare sector. The official entry of traditional healers to healthcare through the Traditional Health Practitioners Act (Act No 22 of 2007) does not solve the issue. In fact, the Act compounds the situation. The intent of health and government authorities to bring the traditional healer, defined as *traditional health practitioner*, into the established health sector without any formal education and training, training facilities or any established patient responsibility and ethic code, is a serious matter.¹

In view of modern healthcare standards and requirements, it seems that modern traditional healers in Southern Africa lack medical knowledge and skills. There is no formal quality control of the content, duration or level of their education and training. They argue that they learn mostly through the supernatural. One gets training in traditional healing if you have been "called" by the ancestors and spirits, while mental impairment and disarrangement and psychosis also sometimes play a role in this calling. The period of training, the learning matter and examination of competence are undefined at present.^{2,3}

Initially the reaction of the established South African health sector to the traditional healer as a new partner after the promulgation of the Traditional Health Practitioners Act No 22 in 2007 was very nonchalant. This may be due to the

Traditional Health Practitioners Council (THPC) and the traditional healers' failure to get Act No 22 enacted and to steer it into implementation. Since the end of 2015, however, with governmental efforts and support to get the Act running, the future role of the traditional healer in the country's healthcare has become prominent.¹

The current lack of formal training and education for the traditional healers is a direct result of their exclusion, over many years, from a strong education and development system aimed at making practitioners effective in healthcare delivery. This meant that they missed out on support for their early training and development. The situation is different for other health profession. Such empowerment, development and support, would have offered the South African traditional healers a start with an excellent system of education and training. This, in turn, would have resulted in an excellent system of diagnosis and treatment, ending in the third and last instance with an excellent scope of practice. Such a process could have developed them into respected and trusted members of the South African healthcare fraternity years ago.^{2,3}

The traditional healers now stand before an immense challenge. The public and the formal healthcare sector want them to create a formal training and education system as fast as possible. This is something that the established healthcare professions were fortunate to create over many years, mostly with government support. The question is: are the present South African traditional healers really too untrained and uneducated to be proper healers?^{2,3}

The aim of this study is to evaluate the levels of education and training of the Southern African traditional healer.

Method

This research was done by means of a literature review. The method builds a viewpoint based on evidence as developed in the literature. This method is used in modern historical research where there is a lack of information. The databases used were EBSCOHost, Sabinet online and various contemporary sources, like articles for the period 1993 to 2016, books from 1990 to 2013, newspapers and reports for the period 1984 to 2014 and governmental documents covering the period 2007 to 2015. These sources were examined to reflect on the levels of training and education of the traditional healers.^{4,5} The research information is presented in narrative form.

Results

The absence of formal registered programmes for traditional healing as part of the National Qualifications

Framework (NQF) and the absence of registrations of qualifications with the South African Qualification Authorities (SAQA), do not mean there are no existing alternative forms of training for traditional healers in South Africa. To the contrary, it is clear from a literature overview that there is an informal traditional health culture of practice and training that is unique to South Africa. In this regard, it is important that South African traditional healing is not confused or compared with the training and educational systems, cultures and histories of traditional Chinese medicine, homeopathy, naturopathy or Ayurveda that are also practised in South Africa. Traditional leaders clearly broke away from these disciplines in the 1970s with the exclusive statutory recognition of the allied health professions in South Africa. This recognition left traditional leaders out.

A literature review shows that there are three avenues to explore, evaluate and describe the levels of education and training of the present-day traditional healers in South Africa, namely:

- 1) The Traditional Health Practitioners Act No 22 (2007).
- 2) Literature and publications of traditional healers.
- 3) Research on traditional healing.

These avenues are explored in the Discussion.

Discussion

Act No 22's description of the education and training levels of traditional health practitioners

The Traditional Health Practitioners Act No 22 puts certain definitions in place about the education and training levels of the incoming traditional health practitioner. It basically describes how the training of the traditional healer should be directed in the future. The Traditional Health Practitioners Act (No 22, 2007) and the Traditional Health Practitioners Regulations of 2015 (No 1052) do not describe the contents of traditional healing training, the examination of the learner-healer at the end of his training or by whom this should be done.^{1,6}

Regulations No 1052 (2015) prescribes the educational level needed to enrol for training, namely an ABET Level 1-qualification (School Grade 1-3) or an equivalent. Also, Regulations No 1052 (2015) prescribes a minimum duration of study for the various subtypes of healers: a 12-month internship for students in divination, herbalist and birth attendants respectively and five years for the traditional surgeon. The traditional Health Practitioners Act No 22 (2007) does not describe the structures involved or the

training itself, nor does it offer any detailed description of institutions to train the new healers.^{1,6}

Publications and declarations by traditional healing organizations on the current education and training levels of the traditional healer

Traditional healer organizations had taken it on themselves to educate and train individuals and groups as traditional healers in an effort to make up for having been side-lined for decades by the established healthcare sector and the formal training sectors. The literature on training produced by these organizations makes clear that to be registered with one these many traditional healing organizations, the healer, whether herbalist, sangoma or inyanga, has to have had five years of training as an apprentice healer. The applicant furthermore has to pass an oral and written examination to be awarded the certificate of practice and allowed to take the Healer's Oath of Ethics. Practicing unethically, dabbling in politics and having a bad reputation in the area can cause his expulsion from the organization. These organizations also require that all herbal shops must obtain a municipal license and be registered with the necessary authorities to ensure standards and ethnics.^{7,8}

Literature also states that the traditional healers have knowledge of traditions and of healing by means of different traditional health practices. This knowledge is transferred to student healers through their training programmes. Some of their short courses were accredited by the Health and Welfare SETA. It seems that they also offer certified training on 10 different traditional health specialist practices.^{7,8}

In an effort to overcome their exclusion from the formal systems and to guarantee the standard of their education and training, the various traditional healers' organizations also started early on to issue their own certificates of registration and of competence to their students after graduation. With these warrants, they assure every patient that a trained practitioner has completed training of a good standard, has passed assessment successfully and is capable of giving services to the patient in an ethical, efficient, safe and hygienic way.⁹

Traditional organizations also put rules in place. To qualify and to register with them as a traditional healer, the candidate has to serve an apprenticeship of between one and five years and the person must be well known within the community served and among the other traditional healers. Some of these local traditional healers' organizations have training and working agreements with

traditional healers' organizations of countries in Africa, Asia, Latin America, Europe, and Australia and these organizations recognize their qualifications. Locally many of the traditional healers' organizations also recognize each other's qualifications.¹⁰

From the literature it is also clear that the student healer receives in-house-training under the guidance of another traditional healer, known as a master or tutor healer. This system is more or less in line with the old guild system in Britain where the apprentice or novice trained or articulated under a master or tutor for a certain period.^{2,3,11,12}

Researchers' and writers' reflections on the educational levels of the present-day traditional healer

The literature offers various thorough descriptions regarding the education and training of the traditional healer. These studies confirm that the contemporary traditional healer of South Africa is someone who has been through a period of initiation under another traditional healer and who has undergone rigorous and complex training and has completed external courses.^{13–23}

Gumede²⁴ confirms the apprenticeship training, but adds that the levels of learning are very elementary: the novice has to do physical and mental exercises. He writes:²⁴ "Every morning she stirs and churns her clay pot of ubulawu, drinks it, and then washes her face. The froth enables her to see clearly when she divines. The novice spends a lot of time in the veldt studying nature. She follows many paths being led by the spirits. She studies herbs as well under the guidance of her tutor. Dancing the diviner's dance is one of the most important exercises. This is her *tedium*" (p. 75).

Gumede²⁴ further describes the education and training of the novice by mentioning that her tutor gives her divining exercises where she has to find hidden objects. She is given many mental exercises, learns meditation, goes into séances, travels to far-away lands in dreams and enters into communion with her ancestral spirits. When the tutor is satisfied with the changes, the novice goes through the Ukunqwambisa ceremony for graduation.

Various other writers emphasize that learning to be a traditional healer is to be trained formally under another sangoma for anywhere from a number of months to many years and that the training content involve the learning of humility before the ancestors, purification through steaming, washing in the blood of sacrificed animals and the use of muti (medicines) with spiritual significance. During the training period, the learner is forbidden to see his or her

family, must abstain from sexual contact and often lives under harsh and strict conditions. This intense experience of training is part of the cleansing process to prepare the healers for a life of dedication to healing. Their formal education and learning also includes the analysis of dreams.²¹

Truter²⁵, in reporting on the formal education and training of the different categories of healers, mentions that the training of a *sangoma* requires training under a qualified diviner for several months. During this learning period, the mentee learns to throw the bones and experiences trance-like states where communication with the spirits takes place. On completion of training, he or she undergoes the process of ancestral spirit possession when he or she is called by ancestors to become a healer. There is no fixed period of training; it may take anything from six months to ten years. An inyanga intern spends a few years as apprentice, the birth attendant apprenticeship entails 15 to 20 years of training, while the student umthandazi's period of training is not described. Qualifying depends on two factors: first, the teaching sangoma only allows a pupil to qualify once a final fee has been paid, and second, the sangoma retains territorial exclusivity, where the pupil pays allegiance to the teacher.²⁵

Mbiti²⁶ writes about the education and training of the learner medicine man. Such a person associates with a skilled medicine man for training. This can last up to ten years or even longer. Learning consists of learning the names and nature of herbs, trees, roots, seeds, bones, birds and animal droppings (excreta) and many other things that are used for making medicines. It also consists of learning how to diagnose diseases and troubles of every sort, how to handle the patients, how and what to prescribe as the cure, and in general how to perform one's duty as a medicine man. All this may be called the "Science of Medicine", according to Mbiti.²⁶

The healers of the Zulu people, the *inyanga* who specialize in herbal medicine and potions, and the *isangoma* who use divination, mediumship and psychic healing, acquire their knowledge through "long apprenticeships" under a master healer.²⁷

In Lesotho most traditional healers is said to have received the calling from their ancestors while asleep (34 per cent). The ancestors reveal to the novice who will train them further on traditional healing. A further 34 per cent acquire their knowledge from their elders, usually as employees of traditional healers. They gain knowledge when they are sent

out to fetch herbs or medicinal plants and animals. There is another category (28 per cent) that never goes through any form of training, but claims to have been shown various medicinal plants and animals by their ancestors while asleep.²⁸

A study involving Bapedi traditional healers (n=34) in Limpopo reflects that most of the males (48 per cent) acquired their healing knowledge from fellow traditional healers, 38 per cent learned it from their parents and 14 per cent from grandparents. Among the females, 62 per cent received training from their parents, 38 per cent from fellow traditional healers and 8 per cent from grandparents.²⁹

Southern African traditional healers' formal scholastic and tertiary education

Another way to gain insight into the healer's level of educational and training is to evaluate the person's formal scholastic and tertiary education from case studies.

In an effort to examine traditional healers' formal scholastic and tertiary status in terms of case studies, various South African articles, books and other forms of publications on traditional healers were consulted. Four studies were identified.^{29–32}

A KwaZulu-Natal study with Zulu traditional healers reports that all the healers had attended school in some form, as many as 20 per cent had obtained tertiary qualifications.³¹ A study with Xhosa traditional healers reflects that 35 per cent attended primary school, 50 per cent secondary school and 3 per cent tertiary institutions.³² The third study, involving 34 Bapedi healers from Limpopo, reports that 76 per cent of the males and 46 per cent of the females had no formal education (average=61 per cent), 19 per cent males and 31 per cent females attended primary school (average=25 per cent) and 5 per cent males and 23 per cent females secondary school (average=14 per cent).²⁹ The three studies show that very few traditional healers have had tertiary education.

A comprehensive investigation in Lesotho²⁸ used a sample of 91 traditional healers [and 108 users or beneficiaries of traditional medicine]. This study by the African Technology Policy Studies (ATPS)²⁸ found that out of these so-called "traditional doctors", 56 per cent had schooling at a primary level and that 23 per cent had not been to a formal school. Some 14.3 per cent had only attended traditional schools, meaning that they possess only indigenous knowledge, gained from initiation school and their elders and while tending livestock. Of the traditional healers, only 4.4 per

cent attended high school (grade 8 to grade 12), while as little as 2.2 per cent obtained some form of tertiary education (NQF 5-level and higher, but not necessarily a tertiary qualification).^{28–33}

Strength and limitations

This study lays bare the low levels in education and training among present-day South African traditional healers.

The absence of written curricula, study-guides, proper qualifications and training institutions to visit and to evaluate, limits the depth of the evaluation.

Conclusion

Although there seems to be no formal programmes, qualifications and learning institutions for the traditional healer, there undoubtedly is an age-old, but still well-functioning informal traditional healing educational and training system in place. Literature confirms the existence of specific levels of education and training, strong enough and independent enough to support the viability and sustainability of the South African traditional healer.

Despite its informal nature and lower scholastic standard compared to the training of the regulated healthcare professions, the traditional healers' education and training system seems to be strong enough to overcome resistance to statutory recognition and to help the group to transition to a health profession.

The Traditional Health Practitioners Act No 22 can be enacted fully and quickly if the traditional healer's unique and informal traditional healthcare culture of education and training is recognized by the South African education and learning authorities. This knowledge must be de-stigmatized and integrated into the Traditional Health Practitioners Act No 22's various descriptions and definitions. A culture of customary training can become internalized in the minds of traditional healers, the public and the established healthcare sector if the unwritten education and training system of the traditional healer is comprehensively described. This can serve as a guideline to steer the intentions of the Traditional Health Practitioners Act No 22 on the future education and training of traditional healers.

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