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Transformation of the South African health care system with regard to African traditional healers: The social effects of inclusion and regulation

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The paper will examine the recent incorporation of African traditional healers into the larger government-regulated health system. The new legislation passed by government is an attempt to legally recognise the fact that African traditional healers in South Africa play a significant role as part of the health system in the country. The health system has gone through dramatic changes since 1994, including the shifting of portfolio committee member from Nkosazana Zuma in 1994 to the present minister of health Dr. Manto Tshabalala-Msimang and the endless complexities of policy implementation since the dawn of the new democracy. This paper argues that there is a conflict of interests between traditional healers and the government concerning the new legislation that aims to guard the South African public against medical malpractice among traditional healers and enable members of the public to freely consult with traditional healers as they please. The Traditional Health Practitioners Act, No 22 of 2007 provides a clear description of the various types of traditional healers operating in South Africa and how we should differentiate between them. But, while the Act sets out a number of objectives for government, it talks little about the practical regulation of spiritual healing.

Key words: African traditional healers, traditional health practitioners act, No. 22 of 2007.

INTRODUCTION

By definition a traditional healer in the South African context is someone who possesses the gifts of receiving spiritual guidance from the ancestral world. In many cases we find that the individual who has these powers is someone selected by the ancestors from a historical family background that has a powerful ancestral lineage. Historically, various laws existed in the different provinces of South Africa outlawing African traditional healing practices. In Natal for instance, the Natal Code of native Law of 1891, stipulated in section 268 that: “who so ever shall practice as an inyanga yokubula (male or female diviner), or a rain doctor, or as a lightening doctor, shall be deemed guilty of an offence.” Section 269 stated: “whoever by himself, or any other agent or messenger, consult or employs a male or female diviner, shall be deemed guilty of an offence” (Kale, 1995).

This system of ancestral calling has been carried on for centuries and it has not changed over the years, which in

South Africa is known as amatwasa or ukutwasa (www.ngk.nl/wormer/szz/scripte_veenstra.html). The research takes place in a well-situated area of Grahamstown. Grahamstown is situated in the Eastern Cape in South Africa between the ocean and the surrounding mountain landscape. The place has a historical context of rich South African history, made up of African culture and western colonial rule. Though rich in both African and western culture, it is also one of the most poverty-stricken regions in South Africa at present. There is indeed a high prevalence of economic strength but it is slowly being ignored because of the high poverty rate, the scourge of HIV/AIDS, unemployment and several social ills that have lowered living standards in the region. As a case study it has deep-rooted African traditional practices that have been upheld even into the new democracy. Although it seems to be changing with the globalised system, the people of Grahamstown do not discourage their tradi-

tional rituals. After their arrival from several months in the bush they are welcomed home with the slaughtering of an animal and the community welcoming them to embrace their new status as men. The other most popular gathering is of the Standard Bank National Arts Festival that takes place in the autumn season. It draws around a thousand actors and entertainers from across South Africa to a place that is full of traditional and cultural significances.

The concern by the South African government since the democratic transition in 1994 has been to provide for the interests of its entire people. The first draft of the constitution provides that "South Africa belongs to those who live in it" (The Republic of South Africa Constitution, 1996).

The prime policy interest of government officials was to remove social inequalities based on race and to create a social environment that secured equal benefits for all South African citizens. This paper considers one aspect of this new policy framework, which attempts to regulate and improve health care facilities for all South Africans.

The democratic transition has been a sensitive issue. At present, fourteen years into this system, the South African government has indeed reached some of its transformation targets but still there in, a lot of restitution and reformation of social policy programmes that have to be focused on. This paper looks at the health system in South Africa and the steps taken by government in formulating and implementing the Traditional Health Practitioners Act, No 22 of 2007 (THPA), which aims at including legally marginalised healing processes that have been part of healing rituals in Africa and especially in South Africa for many generations.

The THPA claims that it will be able to regulate and transform the practices of African traditional healers in South Africa. The South African government had already begun altering previous discriminatory policies, especially those pertaining to equal access to health care system. This concern with equality was at the root of government attempts to start reintroducing traditional practices that had been dismantled by the Apartheid system and labelled as 'witchcraft' or 'wizardry' and as an inefficient tool for curing the ill (Richter, 2003). The apartheid government had even drafted policies designed to neglect the health care of the African population, which came along with a more general disrespect for African culture and tradition. The apartheid government discouraged the African population from consulting with traditional healers and created discriminatory health provision measures. The effect of this was to insulate traditional practices for many years, preventing traditional healers from obtaining professional recognition among the South African people who consult with traditional health practitioners (www.doh.co.za).

After briefly setting out what traditional healers are and how their practices function, this paper considers the perceptions of those who are affected by the new

legislation: the government, traditional healers and the patients who consult with these healers. It also considers the resistance that NGOs operating as mediators between traditional healers and government have levelled at the new law. Likewise, it briefly considers private medical aid companies that mediate the access those patients have to traditional healers by considering whether these companies allow their clients to consult traditional healers.

AFRICAN TRADITIONAL HEALING

The government's concern is the poor health status of the South African people. With the spread of many diseases that have diminished the health status of the people, it is up to government to find solutions to curb the spread of diseases that are threatening the lives of the people, especially those who cannot afford private health care. The focus in this regard will be on African traditional healers and diviners in South Africa. This category includes diviners (Sangoma), herbalists (inyanga), traditional birth attendants and traditional surgeons (Wreford, 2007). The law defines traditional health practice as;

The performance of a function, activity, process or service based on a traditional philosophy that includes the utilisation of traditional medicine or traditional practice and which has its object-

- i.) The maintenance or restoration of physical or mental health or function or
- ii.) The diagnosis, treatment or prevention of a physical or mental illness or
- iii.) The rehabilitation of a person to enable that person to resume normal functioning within the family or community or
- iv.) The physical or mental preparation of an individual for puberty, adulthood, pregnancy, childbirth and death.
- v.) But it excludes the professional activities of a person practicing any of the professions contemplated in the Pharmacy, the Health Professions, the Nursing, the Dental Technicians Acts, and any other activity not based on traditional philosophy (The Republic of South Africa, THPA Act, 2007).

An African traditional medical practitioner or healer is defined as someone who is recognized by the community in which she/he lives as competent to provide health care by using animal or mineral substances and other certain methods based on the social, cultural and religious backgrounds as well as prevailing knowledge, attitudes and beliefs regarding physical mental and social well being and the causation of disease in the community (<http://www.worldhealthorganisation.org>).

The traditional healer is called through a dream by his/her ancestors. They show him/her a place where they must go in order to be trained. The training can take

twenty years or more in some cases; according to exceptional cases it can be less, during which trainees acquire a broad training in the use of traditional medicines. In African history, it is a widespread custom that the ancestors choose someone within the family, which depends on the powers the previous ancestor had. That person becomes a mediator between the ancestors and the community and also takes up the position as a leader. The people would gather around in a hut or to slaughter an animal to give thanks to the ancestors. The powers of the ancestors are difficult to articulate (Kale, 1995) and it is difficult for the chosen person to illustrate the extent to which they would go in order to realise their calling as a sangoma. Diviners believe that if one fails to adhere to the calling the person is doomed with bad luck and with illnesses that is incurable. Traditional healing aims to include all aspect of psychological healing and go to the root of the sickness or the cause by consulting with the bones to show the client what has gone wrong and what the cause of the illness is. African medicine or practice has been rooted on searching for a holistic approach. Traditional health practitioners basically follow three principles when treating patients:

- i.) Patients must be completely satisfied that they and their symptoms are taken seriously, and that they are given enough time to express their fears.
- ii.) The healer studies the patient as a whole and does not split the body and mind into two separate entities.
- iii.) The healer never considers the patient as an isolated individual but as an integral component of a family and a community (Kale, 1995).

The training of a healer is first of all through what is named a "calling". The ancestors call on selected people (most commonly women) and these people regard themselves as servants of the ancestors. They concentrate on diagnosing the unexplained. African traditional healers or mostly diviners (sangomas) analyse the cause of a specific events through communicating with the spirits from reading cards or throwing bones and interpret messages of the ancestors. There are those who are called 'medical intuitive' in western terms. What they do is that they can see or glance at the subject to see what is happening in their bodies and minds. For others, healing is not a voluntary practice for sangoma. Certain individuals receive what they refer to as "the calling", where by the spirit of the ancestors instructs them in a vision at night to become a diviner.

If they continue to decline the calling they will continue to be ill for some time until they finally accept. The most mystical point about the resistance of the calling is that they will have chronic illnesses that western medicine is unable to diagnose (Zanemvula, 2008).

The traditional healing process follows different stages:

- i.) Identification of the cause or discovery of violation of

the established order through supernatural divination.

- ii.) The removal of the hostile source by neutralisation of the sorcerer or seeking of the ancestors' forgiveness with sacrifices and rituals to appease their anger or by prescription of certain medication (Truter, 2007).

The traditional healers (see interviews) were quite clear that their practice will not be regulated in the same fashion as western medical doctors. The government realised that it is dealing with a special kind of healing system. In relation to western customs the practices are complementary. However, where education and training are concerned, the practices are distinctly different. To become a doctor in western medical practice one needs a degree in that field of study after a minimum of six years at university to qualify as a medical practitioner. By contrast, to become a traditional healer requires an individual to go through calling and training by a qualified sangoma.

INCORPORATION

Mrs. Penny Bernard (a western woman who has trained as a sangoma; traditional healer in Grahamstown) does not dispute the fact that traditional medicines may complement western medicine. Drawing on her practical experience, she said that traditional healing processes offer insights into an individual's world and future beyond western "rationality" which rational western approaches to medicine has not as yet been able to engage with. As an anthropologist, Mrs. Bernard accepts the existence and relevance of the spiritual world for the healing of an individual. She said that, she supports this whole process by the government of recognition of traditional practitioners and that by inclusion of their practices, the government is trying to engage with "unresolved social aspects of manifestation of the destruction by the apartheid system that broke-up their cultural beliefs". On that matter she stated: "Allowing our practice into a western, bureaucratic, institutional system means to regulate them and control them, which is something that could not be achieved at present and it may be impossible even in the long term". Her standpoint is that, in criminalising a traditional healer who wrongfully diagnosed a patient or those who practice witchcraft, it will be very difficult to determine what the correct form of punishment should be. She asked: "How is government going to punish such behaviour?" There have been incidents where employees threaten other employees with witchcraft. Now how will a public workplace or an institution be able to protect their employees from such threats? She believes that a political body cannot have control over traditional healers. The challenge resides in standardising the training of traditional healers. It is a system that is unique because of the way in which the healers can enter into the healing process of the ancestors to reveal the diagnosis of their clients. For this reason, however, the system could be open to abuse of power. There could be too many

worries, such as the opportunism of a few powerful individuals and the exploitation of traditional remedies, and it is doomed to be a “social crisis”. Being able to monitor African traditional healers is also going to be an increasingly difficult problem as it appears that there is a constant rise in the number of practicing traditional healers in the country. This creates difficulties for monitoring the training they receive and the way in which government will give professional qualification of recognition. She stated that, unlike western doctors, there is no set curriculum for the training of traditional healers. Qualifying as an African traditional healer is a very vague system of practice and even if government wants to license it, it could be open to abuse. The question she posed to me was, how can you standardise the practice of a healing system whose healing methods or remedies reside in rituals such as dancing (so that the spirits can take over the body), hearing voices and dreams?

THE GOVERNMENT

The Traditional Health Practitioners Act (THPA) was passed in 2004 and was later amended in 2007. The stated aim of the Act is to transform and regulate African traditional healing practices in South Africa. The bill was first debated in early 1998 by the portfolio minister of the National Department of Health to try to regulate what has been described as a health practice which was unhealthy. The law aims to establish a regular’s body that shall regulate some 200,000 or more African Traditional healers in South Africa (Statistics South Africa, 2008). They practice round the country and up to 70% of South African people consult with them on a regular basis. The THPA aims to give government recognition to traditional health practices. It symbolises the respect that the government has for the practice and the medicine that it uses, and wishes for these to be standardised. The Act declares that it aims to create a statutory body of traditional healers comprising of twenty-two members who will develop mechanisms and initiatives that would register the healers and record their practices, with the full support of the government.

These doctors receive their calling through dreams and their diagnosis of illnesses from dead ancestors and the throwing of bones for divine revelation. Because of the metaphysical nature of these claims, a tricky political and social issue arises concerning the manner in which government will seek to bureaucratise a system that demands of its practitioners special “powers” in order to successfully practice as a doctor. This is one of several contentious issues that have arisen.

The conclusion reached by government concerning the inclusion and regulation of traditional practitioners was that government must aim to preserve and protect the traditional knowledge that has been neglected by the previous regime. Its standpoint is to respect and uphold the tradition that had been in existence for centuries in

South Africa. During the official debate in parliament in 2004, government officials advocating the law found it to be a necessity in order to preserve traditional knowledge, protect the public and channel the skills of traditional healers. African medicine or practice has been rooted on searching for a holistic approach to curing diseases.

The Portfolio Committee submitted the Traditional Health Practitioners bill in 2003. The parliamentary debate concerning the inclusion and regulation of traditional health practices formally started in 2004 at parliament during the National Assembly (Hansard, 2004). All political parties were present to present their views regarding the issue. The Democratic Alliance (DA) supported the regulation process, as they stipulated and argued that the Act proposed confirms and formally recognises the central role that traditional healers play in seeing to the health needs of our people. The DA presented three reasons for its support of the Act: the Act, firstly, sets out a formal legal regulation process/procedure such as registration of healers by the South African government. Secondly, the law will seek to provide the patients of traditional health practitioners with protection from mistreatment and malpractice. Thirdly, the Act will reaffirm constitutional commitments to the promotion of cultural diversity and tolerance of difference (Hansard, 2004).

The discussion in parliamentary sittings also involved traditional organisations from across the country. There was no clear formulation of an implementation date for the government’s plans to come into effect. Between 1998 and 2008 little progress has been made with implementation.

The government’s position in the debate surrounding the new law has been informed by the need to professionalize the practice of traditional healing, to standardise the knowledge base and to place traditional healers under the control of the government through the formation of an official statutory council, promulgated by legislation and enforced by law. The Interim Traditional Health Practitioners council (ITHPC) will be responsible for issuing licences to practice, the approval of training, disciplining and suspending offending members of the profession. The council will also constitute legal proceedings against members accused of malpractice. The document further states that the council will institute legal proceedings against anyone not registered or licensed with her who practices illegally. This professional association exists to further the interests of the profession and its members by paying salaries, ensuring conditions of employment, holding annual conferences and organising meetings for members. Their mandate will include providing legal council for individual members who are brought before a disciplinary hearing. Members are expected to pay fees for both the council and the association, which will go towards paying the salaries of the officials and to cover administrative costs involved. These bodies tend by their nature to be bureaucratic.

The Act now makes it illegal for anyone who is not

officially registered by the council (fee renewable annually) to practice as a traditional healer. The council will aim to make recommendations about the composition and the constitution of the permanent council, its scope of practice and the education and training required to be a traditional healer, as well as setting norms and standards for the practice. The aim is to increase the value of traditional medicine, enforce regulations and investigate into complaints and allegations concerning the conduct of registered practitioners. Like western medical doctors, who have to go through disciplinary hearings and be condemned for their mistaken diagnosis when there has been an incorrect diagnosis of a patient, traditional healers will have to go through a similar punitive process.

The regulation of the traditional healers is part of a broader government initiative to transform South Africa into a more inclusive and culturally tolerant society. It appears through the analysis of the debate in parliament over the new law that the political parties involved accepted the whole regulation to preserve the African culture and to protect the interests of the people in South Africa. However, an important issue that still needs to be properly addressed in parliament is the time-span that the government will adhere to in debating and implementing its policies. The following are questions that I feel the parliamentary debate failed to address.

1.) Who is to benefit from the creation of the council? This question is concerning which group is to benefit from the legal framework created by the Act. A regulated traditional health profession ensures that South Africans can now make use of health care services with confidence. The Act will provide certain benefits for traditional healers, as with legal regulation also comes financial security to be placed. A member of the Independent Democrats (ID) Ms. M. N. S. Manana, addressing the parliament of the Republic of South Africa on 9 September 2004, stated that indeed the Act does set out minimum standards for the qualification of traditional healers, though the issue of experience still needs to be addressed. Many traditional healers have years of experience, but no formal training.

2.) But what is formal training in the eyes of a traditional healer? There is an unclear description of this in the Act, which suggests that there was not enough attention paid to the training procedures that traditional healers undergo during the decision-making process that led to the formation of the final Act to be proclaimed as a legal document.

During the national debate of September 2004, parliamentarians stressed the effort to let the interim council punish those who are found guilty of malpractice. That duty, to find a remedy will be placed under the ITHPC. This could create havoc as the punishment of any traditional healer is unknown. The issue of punishment for malpractice is still unclear and it has been left to the ITHPC to look at. Some parties fear that leaving tradition-

al healers to determine the punishments for their peers could be seen as unconstitutional or harsh (Hansard, 2004). Moreover the assumption that offenders will be sent to the same prison cells as other criminals is regarded as problematic. There is a widespread fear of bad spirits or witchcraft, which is an issue that has thrown great light in the use of body parts for muti-rituals.

Witchcraft has increasingly become a weapon of political power over the years. As a result few would be willing to report negative experiences with traditional healers.

One of the most important democratic values that exist is toleration of different cultural beliefs and ways of life within a single state. This means creating institutions that will protect the interests of as many citizens as possible. Inclusion of traditional healing practices into a larger institutional health network requires recognition of institutions for their training and licensing. This means there should be a specified budget allocation to the Department of Health in order to implement the new policies but none as yet exists.

The argument is that traditional healing is a very complex system of health care and entails collaboration with ancestral spirits. Thus being able to include these healing methods into a bureaucratic system is going to bring conflict amongst the groups involved that is, traditional healers and the government and also the patients who use these services. The South African government needs to be clear about the measure it will undertake on how they are going to recognise traditional healers' practices without undermining their spiritual healing methods. Furthermore, there are visible and practical structures in order and the enthusiasm shown by the South African government to recognise this practice that has been part of the culture for years. Although the government does not deny fact that the process of regulation and incorporation will be challenging, it will leave the identification of healers to the ITHPC and also to see through the regulation of their practices.

BETWEEN GOVERNMENT AND THE HEALERS

The regulation of South African traditional healers has not gone unchallenged as there are several non-governmental organisations which are totally opposed to the Act and the creation of the ITHPC that will issue licenses to healers. The most important of these bodies is the South African branch of Doctors for Life International (DFL). Attempts at regulation have implications for medical aid schemes which require a client to consult with a medical practitioner who must be registered by the Council for Medical Aid Schemes and have a relevant registration number. Traditional healers have not yet succeeded in having their practices recognised as legitimate in this system of regulation.

Doctors for Life have gone to great lengths to oppose the ITHPC. Doctors for Life (DFL) is a non-governmental

organisation established in 1991 that totally opposes the incorporation of traditional practices into a bureaucratised health system. Doctors for Life consist of members that are medical doctors, specialist, veterinary surgeons dentist and professors of medicine from various medical faculties across South Africa and abroad in private practice and government institutions (www.doctorsforlifeinternational.com). This organisation successfully took the government of South Africa to court in 2007 in order to challenge the validity of the THPA. In their written response to this project, they claim that the South African government did not fully consult with the public in passing the bill. Doctors for Life took government to court on the grounds that government failed to follow constitutional procedures in implementing the law, which includes the provision that the public must have a say in the decision-making process that informs the policies that govern them. Doctors for Life claimed that;

- i.) The THPA permits any individual who claims to be a traditional healer to register and practice as a health practitioner without any credible or objective assessment of their "qualification"
- ii.) Registration which provides a significant measure of government endorsement precedes any attempt to institute any training or standards supposedly a main objective of the THPA
- iii.) According to the THPA the main governing body for traditional healers will be the Interim Traditional Health Practitioners Council. However the council consists of mostly traditional healers who themselves do not appear to have been subjected to any credible or subjective assessment of their qualifications
- v.) Registration grants supposed traditional healers an open license to legally attempt to prevent, diagnose and treat any physical or mental illness using "methods" and "medicine" that have never been identified nor tested. In effect, the government would be legalising an unregulated and non standardised practice. A good example is the publicised use of *ubhejane*, which is widely promoted for the treatment of HIV/AIDS and sold at exorbitant prices without any meaningful test demonstrating its effectiveness (www.iolhiv aids.index.com).

Doctors for Life claims that the healing methods being promoted by the THPA and that are in common use are inherently non-transparent. Their report states that a portion of the healing methods used by traditional healers are derived from "consultation of ancestral spirits" (DFL: Question and Answer, 2006). Ancestral spirits cannot be monitored, controlled or regulated and neither can they be held accountable for malpractice.

In August 2006, the organisation managed to take the government of South Africa to court on the basis that the THPA was unconstitutional because there was no public participation in passing the bill by the National Council of Provinces (NCOP). The South African constitution

obliges parliament to facilitate public participation in the legislative process, both in the national assembly and the NCOP. When a bill affects the provinces, the NCOP must send such a bill to the provincial legislature where public participation must take place. The constitution lists various kinds of bills that are deemed to affect the provinces and this includes health bills. The passing of the THPA required public participation at both national and provincial levels of legislation and the government failed to institute the procedures required to achieve this end.

Doctors for Life also argue that the government is promoting malpractice and is giving traditional healers a free ride if it equates sangoma methods, whose efficacy has not been empirically proven, with the scientifically proven practices of western doctors (DFL, 2004).

The governmental debate simply addresses the functions that the ITHPC has to perform. It seems as though the government is per say not necessarily focusing on the proper planning and implementation of a solid structure of institutionalising traditional practices, but just dumping the THPA in the hands of an unskilled and mostly uneducated traditional council.

The Interim Traditional Health Practitioners Council (ITHPC) of South Africa will ensure that it issues guidelines concerning the practice of traditional health, make further inquiries and conduct investigations into complaints and allegations concerning the conduct of registered practitioners. The council is deemed to serve the interests of the patients that consult traditional healers and also as a communication bearer between traditional organised bodies and the government. The government does not deny the fact that it will be difficult for them to recognise traditional healers (Hansard, 2004) rather; they will let the traditional healers identify themselves through various organisations that represent them in regional locations.

There has recently been a call by a group of traditional healers in Kwazulu-Natal for the government to speed up the process of legalisation and registration of traditional healers. This desperate appeal comes after the recent horrific story of a thirteen-member family that died from the consumption of a traditional herb in Dingleton Township, Port Shepstone, in Kwazulu-Natal. According to the report by the SAPS, the family members had been carrying out a ritual that involved taking herbal medicine when they began collapsing. The medicine was administered by a 17-year old trainee traditional healer, who also died from the concoction. However, the formal makeup of ITHPC has not yet been finalised by the South African government; neither are there permanent members on the council as election of members has not yet taken place.

After a critical analysis of the debate surrounding the regulation of traditional healers in South Africa, I managed to speak to Phillip Kubukeli (telephone interview, 11 September, 2008) in order to gain clarity on the issue. He has been practicing as a traditional healer for the past

thirty-five years and has been acclaimed a professor by his peers for his dedication to his healing. He is also part of the Council of Traditional Healers Association in the Western Cape and a sitting member of the ITHPC that is identified by the THPA. My concern and the question that I asked him was: How would government be able to regulate traditional healers? He replied confidently by saying that it is indeed going to be possible for the government to regulate them and that he agrees with the DFL on the notion that only traditional healers will be able to identify one another, "spiritually" off course. He further said that, being a part of the ITHPC, he is part of a team that is working with the Minister of Health to come up with proper initiatives that will have an effect on the transitional process of the registration and licensing of traditional healers. He added that he is happy that the government came up with the THPA because it will unite the people of South Africa. Kubukeli argues that the legislation will enable those who are spiritually gifted to benefit from legal protections and participate in decision-making processes that effect their rights and obligations in the health care of the people of the country.

The THPA will further benefit traditional healing practices and dispel any misconceptions about the practice to those who have doubts about the knowledge embedded within these practices. Kubukeli is very enthusiastic when expressing his belief that there is a possibility of freely giving or exchanging knowledge with western practices and communicating with them with regards to finding cures or preventive measures for diseases that can be treated by traditional medicines. It is clear that throughout South African history, most traditional doctors have been taught through dreams and have not necessarily possessed the skills of reading or writing without their illiteracy negatively affecting their practices. Illiteracy will, however, plainly be a drawback for going through the formalities of registration and one of the roles envisaged for the council is the education and development of its members.

The THPA provides for the establishment of a council that will: Provide for a regulatory framework to ensure the efficiency, safety and quality of traditional health care services, provide for the management and control over the registration, training and conduct of practitioners, students and specified categories in the traditional health practitioner's profession (The Republic of South Africa, the Traditional Health Practitioners Act, 2007).

There are a number of practical problems that government-appointed officials might face in enforcing the standards of the act. The registration process will ensure that to become a traditional healer registered with the council and for your practice to be recognised, there must be an annual fee that the person must pay to the council. This will be used to keep the council functioning and for financing meetings that will be held and conferences to be conducted on a yearly basis. Mr. Mgxoteni (interviewed 12th September, 2008), a trained herbalist and sangoma at the same time stressed to me that he looks

for herbs himself and sells them in his shop. To him the legislation is just a piece of paper that he cannot even read or analyse or understand; surprisingly, he had a copy of the THPA in his herbalist shop. He said that he has been healing people since he was young. Although he refused to disclose his age, it appeared that people in the locality trusted in his divination and his remedies. I asked him how people know that he is a real sangoma. He stated that "they know because, as a sangoma, one should be wearing beads with colours (though he wasn't wearing any himself at the time) that show the knowledge of medicines you know and which you want given to you by the ancestors." He stated that he did not have to recruit patients but that patients knew of him and visited him of their own accord. When asked how his practice was succeeding he said that he was wondering if the government will give him a monthly grant to keep his business going as he can struggle sometimes when people don't come because of bad luck. But he stated that the legislation is just a "joke" to humiliate traditional healing practices. He does have sick notes although he stated that they are useless as his patients come back to him to say that their formal working environment does not recognise his sick notes. Mr Mgxoteni, expressing a position that is common among his professional colleagues, said that he just gets confused by the new regulations and that the government should just let them be the way they are. Pointing to the Act, he said that if they are going to write a law like this "they must give us grants and respect our practice." Around the shop there were prominently displayed traditional healing certificates stating his name. He said that he is not registered because he feels that this council is out to eat his money and that, in any case, he fears that there might be corruption amongst the traditional healers themselves. He stated that "most members of the practice are un-aware of the new law. This is because many healers are illiterate." The other issue that he mentioned was that in his practice, he can and has issued medical sick notes to his patients but they are not recognised by several public and private institutions, which creates a problem for him and his clients. This suggests that the Act will only work on paper but practically it is not protecting those it needs to protect. This could have a negative effect on the economy of the country as traditional healers cannot prescribe an exact time frame within which the healing process will be complete. Even if the traditional doctor, consulting with his/her ancestor, gives out a sick-note stating that a patient must be away from the workplace for months because of an illness, who would accept such recommendation?

In the recent literature review leading to the discussion of this topic, Paul Stoller (1995) addresses the physical and spiritual dimensions of traditional healing. He notes that spiritual possession by an individual is important in the healing process. Stoller explores the phenomena of how the body is taken over by a spirit in the diagnosis of

the patient. This involves dance and the performance of rituals and that the possessed individual is not aware of his/her surroundings but the spirit takes over the personality.

The analysis of the literature written on this topic stretches back to the beginning of the debate in 1994, as part of the Reconstruction and Development Programme initiative by the ANC in preparation for the functioning of the new government (Department of National Health and Population Development, 1994; Department of National Health and Population Development, 1994; Protasia, 2000). A statutory regulation of traditional medicine to ensure that it is practised in as safe and competent manner is now a reality in South Africa.

The struggle with South Africa was to draw closer together with Western medicine and traditional healing based on African health knowledge. Under apartheid, the later was officially banned from the national health. The legislation had legitimised antipathy towards African healing. The key to transformation of traditional health practitioners should be seen to reside in the primary health care approach. It places emphasis on the integration of preventative, curative and rehabilitation services in a climate which promotes community participation and empowerment in order to provide efficient and cost effective health care.

Van Rensburg (1992) notes that the integration of traditional healers in the official medical sector is an inexpensive way in increasing the availability of efficacious medical services. It also entails the recruiting of traditional practitioners in a newly institutionalised framework of community health workers, after which they are trained in a new repertoire of tasks. In any linking action – be it by means of cooperation or integration – the aim is to improve the collaboration of specific groups in South Africa.

Health care in South Africa has to meet the needs of all the people living in South Africa. In terms of the definition given for African traditional medicines, “they are the sum total of all knowledge and practices, whether explicable or not, used in the diagnosis, prevention and elimination of physical, mental or societal imbalances and relying exclusively on practical experiences and observation handed down from generation to generation verbally or in writing” (www.who.org). In order to ensure that traditional health practice continues to have currency and value and that it can make a meaningful contribution to the national health system, it is necessary to systematise and regularise it. Government regulation of health practitioners will ensure that standards are laid down for each of the different kinds of traditional health practitioners governed by the Act. The council will formulate rules and assist the minister in drawing up regulations to ensure the health and well being of those members of the public who make use of the services of traditional health practitioners.

The regulation of healers and herbalists is indeed going to be a challenging process. One thing that has to be looked at is the differences between a western and a

traditional pharmacy by considering the way in which clients are treated and the way in which medicines are placed on shelves and the regard that traditional healers have for hygiene. Some traditional healers in South Africa pretend to be real healers and cause further harm by claiming that they can cure HIV/AIDS. There are several claims made by traditional healers that contradict all biochemical interpretations of HIV/AIDS and those making these claims are determined that they can cure the disease without western medicine (Wreford, 2008). These are issues that government needs to take a firm stand on and formulate a clear definition of permissible treatment and prevention of diseases that do not include HIV. At present, it is not clear if the traditional healers will be able to receive credit cards from their clients as it is considered a private practice and instead of petty cash, money is given to the “doctor” after consultation as has been done for centuries.

Many South African citizens believe that they will still visit traditional healers as it is something that has been done in their families for generations. Some people, mostly women, actually do not believe in the healing process of African customs as they frequently possess Christian or other religious beliefs. Ma Khumalo (interviewed, 11th September, 2008), a working woman with four kids said that “in my view, the inclusion of traditional healers and their regulation is just a disgrace to humiliate them from their practice”. She felt that what makes traditional and acupunctural healing different from the “traditional method” is that the method of African healing is treated unfairly. Several independent people do not go or even think of consulting with traditional healers as they believe that worshipping ancestors is a sin. They solemnly define themselves as Christians who follow the healing faith of their religion.

THE PUBLIC AND PRIVATE SECTORS

Medical Aid Schemes form part of the national health policy of South Africa. Most allow their clients to consult with traditional healers. However, they subsidise these consultations only on the basis that the healer is registered, has a registration number claimed from the council and is fully aware of the procedures that they have to follow with the medical aid, which demands that they are able to read and analyse contracts. Several medical aid companies expressed regret that traditional healers are not covered in their policies, which include professional doctors, dentists, general practitioners, surgeons, optometrists and other such professional groups operating within the western system of medicinal practice.

I wanted to find out the position of the medical aid companies on whether or not they would allow their clients to consult with African traditional doctors. So far, a number of the companies that I have interviewed (Fed Health Medical Scheme and Brokers Medical Aid Company), thought that the process of inclusion will not

be happening soon as they had not been approached with such a suggestion from their clients. The transformation of medical aid policies to include traditional healers because of the law will not be taking place at preset, as they feel that traditional healers are not recognised as professional doctors.

The medical fraternity in South Africa has expressed concerns that legitimising traditional healing practices in the eyes of the lay public could serve to legitimate harsh practices. For instance, many South African families consult with a traditional healer before turning to a Western doctor and this might lead to delay in receiving effective medical treatment. As a result, patients may die of curable disease. Dr. Zietsman (practices as a professional western medical doctor in Grahamstown; interviewed 12th September, 2008), from his account appears to be speaking from an informed perspective and that he had also tested certain remedies himself and found them to be effective. He did, however, argue that treatment through traditional healing takes far more time and patience because the healers need to find the spiritual aspect of the illness. Because of the extended time frame, patients sometimes get impatient and unfortunately they are not allowed to mix or take western and traditional herbs simultaneously. Traditional medicine cannot be tested scientifically to confirm its findings; rather, it is bound up with belief and it is holistic. "Unlike dealing with western doctors, it will be impossible, or unusual, to even punish a traditional healer who has wrongfully diagnosed a patient" says Dr. Zietsman. In western practice, there are statutory bodies that try doctors if the quality of their service fails to meet professional standards set by other professional doctors. In traditional practice, however, it is still unclear how regulators will be able to conclude that a healer fails to meet an authoritative set of standards and how regulators will determine fitting punishments for offenders. In the case of traditional healers, it is imperative to acknowledge and observe both their consultation environments and the methods that they use to attract people who are sick to their practices, as well as considering the qualifications that they possess.

The people who were interviewed were randomly selected individuals who chose to consult with a traditional healer. They were asked to express their opinions concerning the regulation and inclusion by the government towards traditional health practitioners. Their questions were based partially on open-ended questions and clear questions; closed questions to get descriptive answers as possible to their encounters with both western and traditional practitioners. Regarding medical aid companies, their questions were constructed to get clear answers about their attitudes on the law passed by parliament and how it will affect their registration procedures and client services. A key feature of in-depth interviews is the depth of focus on the individual. "They provide an opportunity for detailed investigation of personal

context, for in-depth understanding of the personal context in which the research phenomenon is located, and for very detailed subject coverage...they are the only way to collect data where it is important to set the perspectives heard within the context of personal history or experience; where it is important to relate different issues to individual personal circumstances".

The interviews with the herbalists and western doctors were conducted face to face in order to capture descriptive information from all parties involved. Although it was difficult to get hold of Doctors for Life International (DFL) because of geographical distance, the interview was conducted over the telephone with Mr. Philipp Kubukeli. The interview was an intense experience for all parties involved and a physical encounter is an essential context for an interview which is flexible, interactive and generative, and in which meaning and language is explored in depth.

The findings presented in this article highlight certain failures related to the recent THPA and the debate surrounding the licensing of traditional healers in South Africa that have not been fully identified. Exploring the implications of the new regulations revealed certain difficulties in the encounter between western and traditional African systems and, indirectly, between the world-views informing them. Furthermore, to shed light on the practical implications of the new laws for traditional healers and the many South African citizens that consult with them, the project aimed at looking into the process of facilitating the creating institutions by the South African government in order to oversee the proper training and certifying of traditional healers.

The position of the citizens about the way in which the South African government is trying to protect their interest was important in order not to exclude their comments as part of the project because government efforts to regulate traditional healing practices are aimed at protecting them from charlatans and from being ripped off by those who pretend to be healers. It also implies that the Medical Aid Schemes also play a role in the whole inclusion of healers, as their system requires a client to consult with a medical practitioner who must be registered by the Medical Aid Scheme council and have a relevant registration number.

Traditional healers have not yet succeeded in having their practice recognised as legitimate in this system of regulation. Indeed this process is an attempt by the South African government to try to represent the citizens and to implement rights equally without any discrimination, but the reality is that the challenges that lie ahead are becoming daunting. The arguments against inclusion range from outright rejection of traditional healing to practical problems of registration (Freeman and Motesi, 1992). The debate surrounding the issue starts off in the transformation process that South Africa undertook in 1994 into a democratic system. The euphoria greeted South African citizens with a breakthrough of non-

discriminatory laws and the respect of human rights that the African National Congress vowed during the elections to uphold and represent all people of colour in the new democracy. Of course, that meant the respect of individual cultures, social background and the proper implantations of policies to protect those interests.

One of the many destructive effects of the apartheid-era government policies was the neglect of health care for the African population, which came along with a more general disrespect for African culture and tradition. The apartheid government discouraged the African population from consulting with traditional healers and created discriminatory laws and insulted the practice for many years. That is why we see that the South African government is trying to rectify that misleading and derogatory information about the practices of traditional healers in the eyes of the people. It is a fact that 80% of the South African population consult traditional healers and it has been practiced for centuries by being delivered from one generation to another and it gives respect to the ancestors and the cultures of the people (Statistics South Africa). The ability to influence traditional healers regarding their knowledge of remedies is an important resource that modern medicine can draw information from and in so doing positively contribute to the health care system in South Africa. This part of the primary health care team has potentials in treating many prevailing illness, educating people in aspects of preventative conditions and bridging the cultural gap in the concept of health and disease.

Conclusion

A democratic system does not only mean the inclusion and representation of everyone in the country, but should also facilitate accountability and participation by all citizens in decision-making. There can be no doubt that in the eyes of opposing NGOs, the government did not fully consult the public regarding the passing of the law. It is in the interest of South African citizens to guard against being manipulated by government officials into following a law that is opposed to their interests. We are yet to find the relevant procedures that will enable us to regulate our traditional healers into what is to become a worldwide medical system. Traditional healers from this part of our society are unique in that they have spiritual gifts to heal society and to guard against evil spirits that afflict the community. They are, on the whole, a great asset to the future of South Africa and the government not only needs to give them proper recognition but also to respect their line of healing as it is integral to African culture. We cannot escape the fact that South Africa is part of the African continent. Thus this implies that rituals of healing and African cultural practices are something that is embedded in the communal life of many tribes that from part of this country. The South African government views the

inclusion of traditional healers as a necessary step towards upholding a medical system that has been a part of African cultural life for centuries. Traditional healers use medicines prescribed by "spirits", and there needs to be more debate on how these practices could play a role in the health care system of South Africa.

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