Documentation Strategies of Indigenous Health Knowledge of Selected *Vhomaine* in the Vhembe District Municipality, Limpopo Province, South Africa

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THESIS

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DECLARATION

I, Ndivhuwo Edward Malindi, student number: 9809847, hereby declare that the thesis entitled "Documentation Strategies of Indigenous Health Knowledge of Selected *Vhomaine* in the Vhembe district municipality, Limpopo Province, South Africa" for the Doctor of Philosophy degree at the University of Venda, hereby submitted by me, has not previously been submitted for a degree at this or any other institution, and that this is my own work in design and execution and that all reference materials contained therein have been duly acknowledged.

N E Malindi — *13/10/2021*

Ndivhuwo Edward Malindi — Date

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I would like to dedicate this study to the entire community of Vhembe District Municipality, Limpopo Province and South Africa and most importantly the family of *Ha-Malindi Thagwana Mutshutshu Tshivhangavhurena, Ndou dza Ha-Tshilenzhe, Vhakololo vha Dzanani vho vhuyaho Ha-Tshivhasa nga mutshinyalo, Vhaduhulu vha Phophi Malindi madala vhathu a vhan'we a tshi dala mavhele.*

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ABSTRACT

The strategies that are currently used by *Vhomaine* to record their healing activities, practices and their interactions with clients are still highly contested and not yet fully understood, documented and researched. The study therefore aimed to investigate the possibility of the development of a culture-congruent, indigenous practitioner-oriented documentation strategies of Indigenous Health Knowledge (IHK) of selected *Vhomaine* in the Vhembe district municipality, Limpopo Province, South Africa. Qualitative research methodology was adopted. Semi-structured interviews and participant observation were used as data collection instruments. A non-probability, purposive sampling technique was preferred to select eleven *Vhomaine* of whom eight were '*Madzolokwe,*' or '*Madzembelekete'* translated as the greatest healers and four are herbalists. Data was analyzed through the usage of thematic analysis.

The findings of the study revealed that there is still a disconnection between Western forms of documentation which entail recording, filing and storage and the healing practices of *Vhomaine* which is done without recording and filing. Such documentation would most probably be possible to some categories of *Vhomaine* such as herbalists and unlikely to others such as diviners. This disconnect is proven by the throwing of incised bone tablets (*thangu*) that, with the assistance of the ancestors or the living-dead could make predictions about the client without referring to the stored files. There is still a strong belief amongst *Vhomaine*, the diviners, that they are content with the different traditional healing practices which they use to retrieve information from their clients such as calling on ancestors for guidance, using snuff (*fola*) and *malombo* dance. In this regard, documenting clients' records and processes may mean including the interpretation of *thangu*, which according to *Vhomaine,* may come with relational challenges with the ancestors. The study therefore proposed that there should be a general consensus between biomedical and traditional health practitioners for a collaborative project to determine ways in which *Vhomaine* can be trained to document their healing strategies in a way that would be congruent to their healing activities and interactions with their clients.

Keywords: Documentation strategy, Indigenous Health Knowledge, traditional healer, *Vhomaine*, *thangu*, preservation.

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ABBREVIATIONS AND ACRONYMS

ARC: Agricultural Research Council
CAM: Complementary and Alternative Medicine
DEAT: Department of Environmental Affairs and Tourism
DTI: Department of Trade and Industry
GI: Geographical Indicators
IHK: Indigenous Health Knowledge
IHM: Indigenous Health Medicine
IHP: Indigenous Health Practitioners
IK: Indigenous Knowledge
IKS: Indigenous Knowledge Systems
ITHP: Indigenous Traditional Health Practitioners
IP: Intellectual Property
IPR: Intellectual Property Rights
NRS: National Recordal System
SADC: Southern African Development Community
T & CM: Traditional and Complimentary Medicine
THP: Traditional Health Practitioners
TK: Traditional Knowledge
TM: Traditional Medicine
TMK: Traditional Medical Knowledge
THMPs: Traditional Herbal Medicine Practitioners
UNCTAD: United Nations Conference on Trade and Development
UNESCO: United Nations Educational, Scientific and Cultural Organization
UNEP: United Nations Environment Programme
WHO: World Health Organization
WIPO: World International Property Organization

CHAPTER 1

ORIENTATION OF THE STUDY

1.1 Introduction

The purpose of the study was to investigate the possibility of the development of a culture-congruent, indigenous and practitioner-oriented documentation strategies of selected *Vhomaine* during their healing practices and interactions with the clients, that is *vhalaxwa.* According to World Intellectual Property Organization (WIPO) (2012:12) documentation is the process in which traditional knowledge is collected and recorded for transmission to future generations. In addition, according to Samuels (1986:109), documentation refers to the methodologies that guide selection and assure retention of information. With regard to the indigenous knowledge, Adebayo & Adeyemo (2017) describe documentation as the preservation of indigenous knowledge in its complete and raw form for posterity. In case of this study, it refers to Indigenous Health Knowledge.

There are various types of traditional health practitioners' categories which are the diviners, herbalists, faith healers, traditional birth attendants and traditional surgeons. This study focused only on two categories which are the diviners and herbalists as per the Traditional Health Practitioners Act, No.22 of 2007 and De Lange (2017). *Vhomaine*, the herbalists are those who mix herbal elixirs and specialize in the use of herbal medicinal portions to treat disease and illness. Robertson (2006) defines *Vhomaine* who are the diviners as those who have a calling from the ancestors or living-dead; they operate within a traditional, religious and supernatural context and act as a medium between the mortal world and the ancestral spirits or living-dead. *Vhomaine* who are the diviners, were prohibited from practicing their trade according to the Witchcraft Suppression Act No. 3 of 1957. The exclusion of other categories was justified by the heterogeneity of those categories that may reduce the generalizability of the outcomes and also guided by the objectives of the study which needed to be realized.

The study was worth pursuing because there is a diminutive evidence which presents the voices of *Vhomaine* documentation strategies. It would be difficult to document the healing practices of *Vhomaine* and their interaction with the clients during the healing process when there is no one who understands the methods they use. There would also be no standards to measure the quality of their practices. Although there has been visible Post-Colonial activism prohibiting the exploitation of *Vhomaine's* knowledge, the documentation system of *Vhomaine's* health knowledge propagated is largely colonial. Therefore, the study employs post-colonial theory and other theoretical frameworks such as the indigenous knowledge systems based, preservation and heritage, and the organizational knowledge creation theories. Chilisa (2014:15) argued that while there is recording and documenting Indigenous Knowledge and Indigenous Knowledge Systems through the IKS programme of the National Recordal System (NRS), the healing practices of *Vhomaine* had challenges of the lack of evidence for their diagnostic procedures. Therefore, the findings of the study will contribute to the fields of heritage and health studies.

The study has acknowledged that *Vhomaine* sometimes see visions, have dreams, or what can perhaps be termed as 'psychic promptings' hunches or intuitions that come into the mind unheralded according to Hammond-Tooke (1999:128) and or go on trance to come up with either a diagnosis or treatment or both and the challenge is that when such happens, is not easy to record as it occurs. Although it is common knowledge that *Vhomaine* in their practices retrieve information about their clients or *vhalaxwa* through *'mawa a thangu'* or reading of incised bone tablets, *'u tshina malombo'* or ancestral-dancing, *'u shela fola fhasi'* or sprinkling of tobacco on the ground, as a unifying thread of communication between the human beings and the spiritual powers, according to Thule (2018), such is still not easy to record as it happens. Failure to document *Vhomaine's'* activities gives an impression that their activities and practice are of penurious and inferior standard in the global arena. The absence of the documentation strategies will contribute to the lack of recognition, standardization and certification of *Vhomaine's* healing processes and thus threatening the future of traditional healing. As far as the researcher is concerned, the use of *'Thonga'* or walking stick without the use

of incised bone tablets during the information retrieval process about the client has never been documented before. A knowledge generated by the study provided an alternative that could be used for triangulation purposes with the current data from NRS. This has been justified by the rationale which warranted the significance and the novelty of this study.

The historical contexts and background of both *Vhavenda* and *VaTsonga* were also outlined to understand the cultural heritage of the practitioners of the indigenous health knowledge of *Vhomaine* who are the respondents in the study. The theoretical frameworks of this study has introduced and discussed the theories that explained why the research problem exists, to strengthen the study, allow critical evaluation and guide the researcher towards the outcomes of the study. *Vhomaine's* rights and practices are still undermined even though they are enshrined in the South African Constitution (1996). The study argues that *Vhomaine* are largely discriminated against the provision of their services and this situation makes it difficult to document their knowledge. The Indigenous Health Knowledge of *Vhomaine* is tacit and may contribute to the lack of documentation. Smith (2003) provides that tacit knowledge is difficult to transfer to other people through texts, drawings or other symbols. This justifies the application of the organizational knowledge creation theory. This substantiates the fact that the ways that *Vhomaine* use to retrieve previous information and make predictions about the clients comes with challenges and implications for documentation. This justifies the fact that the healing practices of *Vhomaine* have been sidelined, looked down and suppressed (Kudzayi & Musingafi, 2013:19). This may lead to the loss or attrition of the indigenous health knowledge possessed by *Vhomaine*.

The study concludes by presenting its findings that are congruent to that of the four main theories adopted. These theories were critically interrogated and synthesized to avoid the study being blinded by the theoretical framework. The study has made its recommendations in line with the findings, therefore *Vhomaine* and those associated with their practices and research institutions will also benefit from the study. Suggestions for further research were also proposed at the end of this study.

1.2 Background and Rationale of the Study

Geist (2013:1) maintains that the aphorism, “No records, no history”, is axiomatic, meaning that it is the general truth which is self-evident, unquestionable and undeniable that without records, there is no history. Previous practices cannot be known without records. What is questionable is how those records are obtained. The statement therefore makes an emphasis that the importance of records is to inform the following generations. The interactions of *Vhomaine* with their clients or *Vhalaxwa* is not an act to be recorded as a history. Such interactions are informed by the circumstances between the practitioner and the client. They sometimes involve the ancestors / living-dead and their spiritual realm manifestations within the process. The documentation of the whole process becomes questionable, hence the purpose of this study seeks to investigate the strategies that could be used to preserve the Indigenous Health Knowledge of *Vhomaine*. The understanding of the practices of *Vhomaine* within the context of their culture and tradition for the purpose of documentation is questionable unlike the recordings of the past events that occurred. In this study, documentation strategies become a contested terrain. The healing practices of the clients or *Vhalaxwa* and the activities of *Vhomaine* as tacit knowledge cannot be equated with the recording of past events. Such processes are dynamic. The protection and the preservation of the practices of the *Vhomaine’s* knowledge need to be saved from being diminished. This informed the proposal that the documentation of the indigenous health knowledge of *Vhomaine* in Vhembe District Municipality must be congruent with their culture and tradition. What is saved is protected and preserved for the future use and reference. This is supported by what Geist (2013:3) said “What is saved determines what will be told in the future”.

Literature has asserted that since colonization of the indigenous people, mostly in Africa, Indigenous Health Knowledge has been sidelined, looked down upon, suppressed and wiped out completely (Mji &Owusu-Ansah, 2013). This is because the practices of *Vhomaine* were viewed as diabolic and *Vhomaine* who were involved with evangelistic activities were said to have thrown their practicing tools as *Vhomaine* to the

river. The missionaries' practices were viewed as superior over the inferior practices of *Vhomaine*. Moshabela (2010) avows that there are tensions between the biomedical practitioners and the traditional health practitioners due to Euro-West dominance, colonialization, imperialism and Westernization. In this case, biomedicine is viewed as evidence-based and based on the principles of natural sciences, especially life sciences and biochemistry, while traditional medicine is viewed as the result of the diviners' diagnostics who give diagnosis and treatment through spiritual and ancestral means. According to Kudzayi and Musingafi (2013:19), the West considered Africa as a "dark continent" and its traditions, customs, beliefs systems, and indigenous knowledge systems as diabolic, barbaric and backward. This made the practices of *Vhomaine* to be difficult for documentation. The study therefore proposes that for the documentation of *Vhomaine's* practices, such should be congruent to their traditions and culture. The disinvestment of the indigenous health knowledge from the practice, which has been orally transferred from one generation to the next left *Vhomaine's* practices with no documentation and gradually, such knowledge is disappearing and diminishing. According to Okello (2010:1-9) and Weldegerima (2009:400), the orally transmitted knowledge dies as the practicing generation ages. Masango & Mbarika (2015:47-48) maintain that old people are crucial to the existence of indigenous knowledge as the passing down of customs from generation to generation is in imminent danger of disappearance due to the fact that indigenous knowledge is without records and that the elderly traditional healers are dying. There is a need that the indigenous health knowledge of *Vhomaine* should be documented in a way that would add value to the generations to come without foreign influence. The study sought to emphasize that the type of literacy of the past generations and the rural setting of most of *Vhomaine* should never be used and referred to as the reason for the disappearance of the indigenous health knowledge.

The study has cited decolonization and freedom from oppression of most of the African countries and the third world countries as some of the factors that made them realize what they have been robbed of their national pride and indigenous treasures by the colonizers and the oppressors. In the context of South Africa where most of the

indigenous knowledge and systems were gradually disappearing, the democratic government established in 1994, through its cabinet, adopted the Indigenous Knowledge Systems (IKS) Policy in November 2004. The IKS policy (2004:3) has legislated the efforts to recognize, affirm, develop, promote and protect indigenous knowledge systems in South Africa. The study therefore has tried to paint the picture that the policy is attempting to decolonize the hearts and minds of the people, particularly Africans, to accept and adopt their indigenous practices. The IKS policy (2004:13) provides an enabling framework to stimulate and strengthen the contribution of indigenous knowledge to social and economic development. It is on this basis that the study employs Indigenous Knowledge Systems (IKS) based theory. It is against this backdrop that indigenous health knowledge needs to be researched, developed and promoted. To achieve this, the indigenous health knowledge, as outlined by the study, needs to be well protected and preserved through proper documentation strategies.

The study puts it on record that according to Chilisa et al. (2014:15), there is also evidence of the recording and documentation of indigenous knowledge and indigenous knowledge systems through the IKS Programme, as provided for by the Department of Science and Innovation (DSI) and National Research Foundation (NRF) which resulted in the launch of the National Recordal System (NRS) in March 2013. The NRS was meant to record African Indigenous Knowledge (IK) in its original oral format, and provide the necessary mechanisms for both positive and defensive protection. However, the study noted that the availability of the recordal system, and the legislative protection for IKS in place, legislation and policies have not yet been developed sufficiently to protect the indigenous health knowledge that is in the possession of *Vhomaine*. This is evident in the case of the Mokgola Community in Zeerust which collaborated with DSI, Medical Research Council (MRC) and National Research Foundation in early 2000 where the research findings were published, but not shared with the community. This suggests that in cases of protecting the IKS, there is still much more to be done and more documentation strategies to be investigated as provided for in this study.

The available literature has provided much about the benefits and the use of indigenous health knowledge and the difficulties associated with the current recordal system of IKS but strategies for documentation are lacking. This has been accounted for by Masango & Mbarika (2015:45) who asserted that the so called 'secret knowledge' only known by *Vhomaine*, is difficult to document. The need therefore arises to investigate the 'secret knowledge' to find the available ways to document it for future use and for referencing. Although there has been agreement by many researchers on the disappearing and rapid loss of indigenous health knowledge which passed from one generation to the next through the word of mouth, Masango & Mbarika (2015:47) identified the threats and fears that may result in future. To avoid such a predicament, the study felt the need to investigate the possibility of the development of the culture-congruent, indigenous and practitioner-oriented documentation strategy of *Vhomaine*.

Elderly *Vhomaine* from the remote and rural indigenous areas who are more knowledgeable and experienced in culture, local languages and local traditions are dying (Lewis, 2009:1). As a result, it will be problematic if the knowledge is not documented and preserved in a proper way that would reveal the healing practices of *Vhomaine* and integrate such practices to the national healing system. According to Mohamedbhai (2013), on the debate of imparting knowledge systems to solve local problems, the following threats faced by IKS in Africa were identified: (i) Indigenous knowledge is always passed by word of mouth from one generation to another and many of the bearers of indigenous knowledge are from the older generation and now find it difficult to communicate their beliefs and practices to the scientifically educated younger generation. Therefore, once the older generation passes away, the knowledge disappears with them. (ii) There is still reticence in the use of IKS, which is considered anecdotal and not scientific, in the development process. (iii) There is a real danger that IKS in Africa is being wiped out as a result of the rapid changes occurring from imported economic, cultural and political development models through globalization. Mohamedbhai (2013) finally concluded by indicating that it is imperative therefore that, without delay, IKS in Africa must be protected, recorded, documented, studied, modified if necessary and then widely disseminated to promote development. That is why the

study adopted a holistic and multi-disciplinary approach towards ensuring that the practices of *Vhomaine* evolve. Face-to-face interviews and participant observation with current practicing *Vhomaine* and about their practices and the healing of their clients or *Vhalaxwa* were conducted in a collaborative way. The study therefore acts against an Old African Proverb that reads *"In Africa, when an old man dies, the entire library is burnt".*

1.3 Problem Statement

Strategies used by *Vhomaine* to record their healing activities and interaction with the clients are still not yet fully understood, researched and documented. This implies that it is difficult to preserve their undocumented knowledge and strategies. There have been efforts by government through National Recordal System to introduce the national recordal project, however, such a system is not individualized and fully researched. *Vhomaine* as well as some IKS scholars warned against employing a documentation system that disregards the holistic Indigenous Knowledge (IK) frame in which they operate. For example, sometimes *Vhomaine* see visions, have dreams, and or go on a trance to come up with either a diagnosis or treatment or both. Such is not easy to record as it occurs.

Furthermore, there is also a problem or hindrance associated with the capacity of *Vhomaine* to read and write, work with or afford to obtain an assistant and have sufficient space for filing. There are also highly contested issues of protecting their intellectual property. The recording system of *Vhomaine* is informed by their tradition and indigenous knowledge. These sets of understandings, interpretations and meanings are part and parcel of a cultural complex that encompasses language, naming and classification systems, resources used, practices, rituals, spirituality and world views. Although it is evident that there are legislations that are aimed at protecting the recordal system and the indigenous knowledge systems, there are no sufficient strategies that cover the ways, styles and forms in which *Vhomaine* record their interactions and practices of indigenous health Knowledge with their *vhalaxwa* / clients.

1.4 Aim of the Study

The aim of the study is to investigate the possibility of the development of a culture-congruent, indigenous practitioner-oriented documentation strategy of *Vhomaine* in the Vhembe District Municipality, Limpopo Province, South Africa.

1.5 Objectives of the Study

The objectives of this study are:

- To investigate the ways in which *Vhomaine* record their Indigenous Health Knowledge;
- To describe different recording styles per selected categories of traditional health practitioners *(Vhomaine*) i.e. diviners and herbalists during their healing process;
- To probe various ways in which Traditional Health Practitioners (*Vhomaine*) retrieve information about their clients;
- To determine the challenges associated with documentation of traditional health practitioners (*Vhomaine*) healing practices;
- To suggest documentation strategies for *Vhomaine* in relation to their Indigenous Health Knowledge.

1.6 Research Questions

The research questions of the study are:

- What are the ways in which *Vhomaine* record their Indigenous Health Knowledge?
- What are the different recording styles per category of traditional health practitioner (*Vhomaine*) in their healing processes per client?
- What are the various ways in which traditional health practitioners (*Vhomaine*) retrieve information when their clients consult with them?

- What are the challenges associated with the documentation of traditional health knowledge of *Vhomaine* in their healing processes per client?
- What are the suggestions on the documentation strategies that can be employed by traditional health practitioners (*Vhomaine)* during their interactions with the clients?

1.7 Significance of the Study

The study is meant to identify different ways and styles used by *Vhomaine* in documenting Indigenous Health Knowledge. An attempt has to be made to develop documentation strategies of *Vhomaine* to assist in the protection and preservation of Indigenous Health Knowledge for use by generations to come. It is evident that much has been written about the need to document indigenous knowledge, but the documentation of indigenous health knowledge and the practices of *Vhomaine* when their clients/*vhalaxwa* consult with them lack. It is generally believed that documentation strategies of *Vhomaine* exist, but they are not known and visible if they exist at all. If no one understands how *Vhomaine* document their healing processes, there would be dire implications such as the following: i) it means *Vhomaine* cannot be challenged, ii) whatever knowledge and strategies, good or bad cannot contribute to the greater good of indigenous traditional healing, indigenous medicine, etc. iii) there can be some form of stagnation in terms of relevance and utilisability, since knowledge creation evolves. The investigation was envisaged to assist *Vhomaine*, and those aspiring to be *Vhomaine*, so that their indigenous healing knowledge and the documentation thereof does not disappear when they die. In addition, people who do not utilize similar strategies can also learn from the practices of *Vhomaine.*

The study was worth pursuing because the risks of the knowledge diminishing, and or the exploitation of knowledge holders by the dominant knowledge forms is higher. The former colonized believe that colonial rulers are unreliable narrators. There is documented history of researchers from the Euro-West who accessed the knowledge and never acknowledged the sources, particularly *Vhomaine*.

The findings of this study will contribute to the field of Health and Heritage studies. Much has been researched around the topic. There is a lot of information documented about traditional medicine, however, no documentation reveals the documentation of the healing practices process per client and the interactions of *Vhomaine* with the client. Although there has been visible post-colonial activism prohibiting exploitation of indigenous health practitioners' (IHP's) knowledge, the recordal system propagated is still largely colonial. There is very little evidence showing the voices of indigenous ways of healing and documentation by *Vhomaine* if available. The outcomes of the study aligned the recording strategies with the indigenous knowledge of healing and recordings by the practitioners. As far as the researcher is aware, and due to inclination to oral history, the strategies have not particularly been documented before. Furthermore, the knowledge generated by this study provides an alternative that could be used for triangulation purpose with the current data from the recordal system of the Department of Higher Education and the Department of Science and Innovation, to increase the credibility and validity of the results. This will serve to overcome the weaknesses and intrinsic biases of the outcomes of the previous studies.

1.8 Delimitations of the Study

Based on the investigation of the documentation strategies of indigenous health Knowledge of selected *Vhomaine* in the Vhembe District municipality, Limpopo Province of South Africa, boundaries were set in order to control the range of the study. The study was delimited to *Vhomaine* who are either diviners or herbalists and practicing within the local municipalities of Vhembe district municipality.

1.9 Limitations of the Study

As the study is primarily based on the documentation strategies of indigenous health knowledge of selected *Vhomaine* in Vhembe district, Limpopo Province of South Africa, there were potential weaknesses and limiting factors, that were out of the researcher's control that might have affected the outcomes of the study. The first anticipated

limitation was time as the researcher is a full time employee. The researcher mitigated this limitation by using ten (10) days per annum allocated for study leave and other days from vacation leave including weekends and public holidays. This assisted in making appropriate arrangements with *Vhomaine.* Another limitation was the so-called 'secret knowledge' withheld by *Vhomaine*. This knowledge is believed to be royal and hidden by ancestors or the living-dead because of the truth behind the truth or the real facts behind the facts. It was difficult for *Vhomaine* to share such 'secret knowledge' with the researcher and such knowledge is unknown by the general public. The investigation of such becomes very difficult to get some of the intended information needed for the study. The communication between *Vhomaine* and their ancestors / living-dead through having dreams and seeing visions is evident to the so called secretive knowledge. Attempting to evaluate traditional healing using Euro-West documentation strategies is also a limiting factor to this study.

1.10 Definition of Operational Concepts

Below are definitions of operational concepts utilized and circumscribed to the study:

- **Client:** According to Andrews & Faulkner (2004:14), a client is a person who seeks or receives services or advice, and such a client can be classified in various dimensions such as depending on the level or diagnosis level. The people who seek or receive advice or assistance from the traditional health practitioners (THP) are also referred to as clients. The *Tshivenda* version for the clients is said to be *vhalaxwa.*

- **Documentation:** The Western definition of documentation according to Buckland (2013:4-5), is a process concerned with selection, collection, arrangements, indexing and management of documents which are proof in support of facts. In addition, **Documentation** according to Adeyemo & Adebayo (2017) is the preservation of indigenous knowledge in its complete raw form for posterity.

- **Documentation Strategy:** According to Samuels (1986:109), documentation strategy is a methodology that guides selection and assures retention of adequate information. It is undertaken by collaborating records, creators, archives and users. In case of this study, it refers to the ways and forms of documenting or recording the indigenous health knowledge by *Vhomaine*.

- **Health knowledge:** According to Fielding (2014), health knowledge or education, refers to the knowledge and understanding people have about health-related issues. Health knowledge makes people understand the causes of ill-health and recognize the extent to which they are vulnerable to, or at risk from, a health threat. Health knowledge is a thorough and concise knowledge of the prevention, causes, and treatment of disease (Corish, 2016:1).

- **Indigenous Health Knowledge:** indigenous health knowledge refers to the knowledge and understanding people have about health-related issues such as causes of illness and health, prevention and treatment (Corish, 2016:1). On the hand indigenous knowledge is the unique knowledge confined to a particular culture or society which is generated and transmitted by communities over a time (Fernandez, 1994). In this study, indigenous health knowledge refers to knowledge that concerns the causes, diagnosis, and treatment of various illness, sickness and diseases within the context of the local people who are said to have originated and stayed in that area for a long time. Such knowledge is transmitted from generation to generation.

- **Indigenous Knowledge Practitioner:** According to Kibuka-Sebitosi (2008:76), indigenous knowledge practitioners are people who create, organize, originate, develop and practice traditional knowledge in a traditional setting or context and these people are also traditional knowledge holders.

- **Indigenous Practitioners:** According to Kibuka-Sebitosi (2008:73), indigenous practitioners are the people who hold indigenous knowledge, who practice the

knowledge, and whose individual and collective intellectual property rights need protection.

- **Traditional Knowledge:** According to a report of the International Council for Science Study Group on Science and Traditional Knowledge (2002:3), traditional knowledge is defined as a cumulative body of knowledge, know-how, practices and representations maintained and developed by people with extended histories of interactions with the natural environment. These sophisticated set of understanding, interpretations and meanings are part and parcel of a cultural complex that encompasses language, naming and classification systems, resources use practices, ritual, spirituality and world view.

- **Patent:** According to the Patents Act No.57 of 1978, a patent is a government authority or license conferring a right or title for a set period, especially sole right to exclude others from making, using, selling or invention. It is a form of intellectual property. For example, an invention is not your own until it is patented.

- ***Vhomaine*:** These are indigenous / traditional health knowledge practitioners / holders. According to Section 1 of the Traditional Health Practitioners Act, Act No. 22 of 2007, traditional health practitioner is defined as a person who is registered under the Act in one or more of the categories of traditional health practitioners. As outlined in Section 47(f) (i) of the Act, such categories of traditional health practitioners include 'diviners, herbalists, traditional birth attendants and traditional surgeons. Robertson (2006:87-90), also included the category of faith healers, that is, those who have healing power from hands.

1.11 Organization of the Study

This study consists of the following six (06) chapters:

Chapter 1: Orientation of the Study

This chapter introduced the study and covered the rationale for the study. It also covered the aim and objectives of the study, research questions, significance of the study and delimitation and limitation of the study. Problem statement forms part of the chapter and outlines the problem addressed by the study. The problem statement is stated clearly with enough contextual detail to establish why the study is important. It succinctly and compendiously describes the currently existing problems of *Vhomaine* that need to be addressed. Operational definitions of the key concepts were defined and circumscribed to the study followed by the organization of the study.

Chapter 2: Literature Review

This chapter presents the critical evaluation of the literature reviewed from the books, scholarly articles and other relevant sources in relation to the documentation strategies of indigenous health knowledge of *Vhomaine*. Importance, benefits and challenges facing documentation of indigenous health knowledge were covered. Legislative framework of the study was also discussed. The protection of Indigenous Health Knowledge, rituals accompanying the performance of *Vhomaine*, divination and transcendence as a maker of African knowledge were some of the aspects discussed. The discussion on the theoretical framework of the study concludes the chapter.

Chapter 3: Research Methodology

This chapter covers research methodology and research design. The study area and the population of the study with a brief outline of the historical background of *Vhavenda* and *VaTsonga* were given. A summary of the research approach used in the study has

been presented in a table form. The study area includes a map outlining the local municipalities of Vhembe District municipality against the neighbouring states of South Africa in the Vhembe area and also depicted South Africa and Limpopo. The selection of the participants and the methods used to collect data such as face-to-face interviews and participant observation were discussed. The piloting process of the study was also discussed. The techniques used to analyze data were also outlined. Trustworthiness of the study in establishing the protocols and procedures for the study to be worthy received special attention in this chapter. This has been followed by the triangulation of the study which confirms and cross-checks the verification of the accuracy of the data collected from different sources. An outline of how ethical issues were considered is provided in this chapter.

Chapter 4: Presentation of the Findings

This chapter focuses on the presentation of the research findings according to the themes and sub-themes of the data collected. Biographical information of the participants was also discussed in a narrative form.

Chapter 5: Discussion of the Findings

This chapter discusses the findings of the study according to the themes and sub-themes.

Chapter 6: Evaluation of the Study, Contribution to the Body of Knowledge, Limitations and Conclusion

This chapter evaluates the study to establish whether the objectives of the study have been met or not. Suggestions for documentation for *Vhomaine* in relation to their indigenous health and subsequent research were recommended. The limiting conditions during investigation were also discussed. The critical conclusions of the findings from the data collected were summarized in this chapter.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The previous chapter dealt with the introduction and orientation of the study. This chapter presents literature review of current knowledge, strengths and weaknesses with regard to the documentation strategies of indigenous health knowledge. The chapter discusses documentation strategies; legislative framework; the need for indigenous health knowledge protection; rituals that accompany the performance of the practitioners; associations and organizations of traditional healers; divination of healing; reading of incised bone tablets; drumming and ancestral dancing. The chapter further presents transcendence as a maker of African knowledge. The chapter finally covers the theoretical framework which underpins this study, which includes post-colonial theory, indigenous knowledge systems based theory, preservation and heritage theory and organizational knowledge creation theory.

2.2 Strategies used to Document Indigenous Knowledge

The Western definition of documentation according to Buckland (2013:4-5), is a process concerned with selection, collection, arrangements, indexing and management of documents which are proof in support of facts, while the indigenous knowledge definition of Documentation according to Adeyemo & Adebayo (2017) is the preservation of indigenous knowledge in its complete raw form for posterity.

Buckland (2013:5) proposes the development of a “complimentary” theory of documents, arguing that documents have three simultaneous, inseparable and complementary aspects which are, technical and technological aspects; social role; and mental role which includes the intellectual and cognitive aspects of the relationship between an individual and a document. The proposal by Buckland (2013) is an indication that such a definition of documentation aligns to Euro-West perspective.

Hogan (2013:155-156) points out that written instructions govern, guide and control the user actions and these instructions must be accurate and clear because omissions and ambiguous procedures may lead to incomplete tasks or mistakes. Such mistakes might have consequences that are more serious and that the implications of poorly developed information can be catastrophic. Although such implications are correct, they lack the technique of how to define documentation in an indigenous way, but the point is that such documented information should resemble the original. Kaner (2004:194) argues that there is a potential liability in defective documentation because statements can become “express warranties, guarantees that the product will work as described”, and if the product does not perform as described in the documentation, the “vendor has breached the contract and the customer can demand compensation”. Hogan (2013:156) asserts that studies of the role and value of documentation has shown that high quality documentation can reduce after-sales costs, and in many cases, can pay for itself. The statement therefore implies that if the documented information differs from the original intention, there are serious repercussions.

The reason for the above explanations of the formal documentation and its exposition to the scientific requirements is an indication of how documented information should look like. This information will further assist when documentation strategies are proposed. The aforementioned explanations are well standardized. The question that may arise is whether the indigenous health knowledge of *Vhomaine* need to be formalized and standardized as required by the scientific documentation which is not casual, but formal in nature. The experiences and practices of *Vhomaine* in this study do not reflect this formality. How then could *Vhomaine’s* practices be documented? The Indigenous Knowledge Systems policy (2004: 30 & 34) dictates that South Africa should develop mechanisms for recording of indigenous knowledge by indigenous knowledge holders or practitioners and that there should be a development of protocols and codes of conduct on the documentation and use of IKS resources. The IKS Policy (2004:34) proposed that IK can be documented, captured electronically, and placed in the appropriate classification within the International Patent Classification (IPC) database so that it can be more easily researched, retrieved and protected. Having this dictation by

the policy prescripts, the indigenous health knowledge of *Vhomaine*, is a subsystem of the entire IKS. What mechanisms can be used to accommodate the practices and knowledge of *Vhomaine* during the documentation process? If such happens, the documentation strategies of *Vhomaine* will be a treasure to the generations to come and be of value for money. The knowledge of the formal documentation process further informs that when strategies are developed, care should be taken that the intended meaning and purpose is not lost in the process.

On the other hand, the indigenous knowledge definition of Documentation according to Adeyemo & Adebayo (2017) is the preservation of indigenous knowledge in its complete raw form for posterity. This argues that documentation should retain its original and raw form. What will happen to *Vhomaine* who use their ancestors / living-dead as repositories of the information and knowledge needed when the clients / *vhalaxwa* consult with them? Will such a knowledge and practices be preserved in their complete raw form for use by future generations? That is why it was difficult and laborious for the previous researchers to come up with the documentation strategies of the practices of indigenous *Vhomaine*, particularly of Vhembe district municipality.

2.2.1 The Establishment of Indigenous Knowledge Systems Documentation Centers

According to Van Wyk & Mlisa (2013:1), the Indigenous Knowledge Systems Documentation Centre is viewed as a pillar for the National Recordal System (NRS) project in local and indigenous communities. Van Wyk & Mlisa (2013:1) further contend that the National Recordal System (NRS) project will enable communities, guilds and other holders of indigenous knowledge to record their knowledge holdings for the purpose of future economic benefit and social good. This documentation center will serve as an IKS treasure hub through the recording, storage, management, maintenance, dissemination, and protection of indigenous knowledge. Van Wyk & Mlisa (2013:1) again pointed out the primary activities that will take place at the IKS Documentation Center and amongst them, mentioned the collection, documentation and

dissemination of information on various components of indigenous knowledge within, but not limited to the 'African traditional medicine and indigenous foods'. This indicates that despite the availability of documentation centers, the practices of *Vhomaine* is not well covered, hence the IKS Policy (2004:30) dictates that the mechanisms for recording the IK by IK holders should be developed. It can be concluded that the Indigenous Knowledge Systems Documentation Centers (IKSDC) is meant for the preservation of the indigenous knowledge but not indigenous health knowledge of *Vhomaine* who sometimes see visions, have dreams and go on trance and such cannot be documented as they happen. Therefore, the investigation of the documentation of *Vhomaine's* practices becomes of paramount importance.

2.3 The Importance of Documentation Strategies

As already alluded, it is very easy for undocumented information to get lost. Documented information also needs proper storage and protection for future use. This has been over-emphasized by the preservation and heritage theory. IKS Policy (2004:31) makes provision that indigenous knowledge holders, as custodians of the knowledge, have enormous potential for innovation and commercialization of indigenous knowledge, and this can only be achieved through proper documentation.

The indigenous knowledge systems policy (2004:35) further provides that the oral forms of indigenous knowledge that are passed from generation to generation are under threat of extinction due to Westernization and technological development; and that mechanisms should be in place to retrieve and preserve the oral form of indigenous knowledge (IK). What is not addressed by the policy is the how part of it which is critical in this study. Sometimes it cannot be correct to blame Westernization in the current epoch. What is being done to decolonize the colonized to be independent and employ the methodologies that will assist *Vhomaine* to document their practices without fear or prejudice. This policy directive therefore seeks to encourage researchers in collaboration with knowledge holders or practitioners to investigate and find strategies

and mechanisms for recording and preservation of indigenous knowledge for future use by future generations.

Kudzayi & Musingafi (2013:19) evaluated strategies that are in place to protect indigenous knowledge and discussed the role of legislation in the general protection of Science and knowledge with emphasis on the indigenous knowledge systems and indigenous health knowledge and their systems. Mapara (2009) notes that African people rely on indigenous knowledge for medicinal and herbal needs, food supply, conflict resolution and spiritual growth. If these are not recorded and well documented, there is a possibility of losing this knowledge. In support of the IKS Policy (2004:35), Kudzayi & Musingafi (2013:20), with regard to the loss of oral forms of recording, storing and preserving information, assert that indigenous knowledge is mostly stored in peoples' minds and passed on through generations by word of mouth rather than in written form, and it is therefore vulnerable to change, and hence, its documentation is imperative. Kudzayi & Musingafi (2013:20) further identified the factors that contribute to the loss of indigenous knowledge such as development process like rural / urban migration, changes to population structure and modern technology like radio and television. These factors were also identified by the IKS Policy (2004) such as technological development. The aforementioned aspects can be recorded through written form as indigenous knowledge and indigenous health knowledge. The writers are silent about the documentation process of *Vhomaine's* practices especially the diviners when they consult with their ancestors / living-dead. The strategies for documentation therefore cannot come-up without collaborating with *Vhomaine*. The application of the organizational knowledge creation theory which allows internationalization is thus important.

The need and importance of documentation was again noted by Kudzayi & Musingafi (2013:20) who maintain that the World Intellectual Property Organization (WIPO) argued that there is a need to protect indigenous or traditional knowledge from exploitation for financial gain by the third parties. The only way to save this knowledge is through recording and documentation. What is silent from their approach is which

person/s or the bodies should be responsible for documentation of the knowledge. The role that needs to be played by the knowledge holders in this process is not voiced out. These unanswered questions leave much to be desired. The argument is that if the knowledge holders do not know and understand how their knowledge should be documented for future use, it will be difficult to close the identified gap in this study.

Masango & Mbarika (2015:43-59) explore global debates concerning documenting IK about Africa's complementary and alternative medicine (e-ACAM) and further explore whether it is possible to document both the common and uncommon knowledge about e-ACAM. This stems from the notion that the ethnopharmacological information of medical plants is fast disappearing. The herbalists are in the advanced position to document herbs and animal portions used for healing. It is argued that the same symptoms do not need the same herbs for healing. The diviners argue that they need to be shown first by the ancestor / living-dead. Masango & Mbarika (2015:44) avert that the report on traditional Chinese medicine by the National Centre for Complementary and Alternative Medicine (2010) indicates that traditional Chinese medicinal practitioners use herbs and other methods to treat a wide range of conditions. However, the documentation strategies were not proposed. The IKS Policy (2004) proposes that strategies for documentation to be mined for *Vhomaine*'s health knowledge need to be developed. The development of such need not to be one-sided. The African indigenous people such as nurses working in biomedical professions, have moved from the traditional way of healing. *Vhomaine* are therefore left in isolation. This idea has been supported by Zuyderduin et al (2015:1) who maintain that training African nurses under the educational model in the Western biomedical tradition has resulted in a loss of connection with indigenous knowledge systems as well as undervaluing the merits of intuition and the spiritual paradigm. The value for money attached to biomedical practitioners such as nurses and doctors at the expense of the traditional health practitioner such as *Vhomaine* who could perform healing practices for free or at a lower cost has also been demonized. The earning of a salary by a particular sector of the practitioners also played a role in undermining the indigenous health practitioners and their knowledge.

The Indigenous Knowledge Systems Policy (2004:15), in recognizing the important de facto role of traditional medicine in South Africa, promulgated the Traditional Health Practitioners Act No. 22 of 2007 which maintains that there is a need to intensify Research and Development work, particularly in relation to the recording and support of traditional healers' safety and accessibility, amongst others. On the very same nerve, as already indicated, the need by the South African Government to explore further mechanisms towards the development of recording and documentation strategies of indigenous knowledge becomes imperative.

The World Health Organization (WHO) secretariat report on Traditional Medicine, (13 December 2013:2), EB134/24, Provisional Agenda item 9.1, states that more countries have gradually come to accept the contribution that traditional and complementary medicine can make to the health and well-being of individuals. The report further states that Member States in the South-East Asia Region are now pursuing a harmonized approach to education, practice, research, documentation and regulation of traditional medicines. This trend needs follow-up for the South Africans to tap from best practices. However, the question remains on how the indigenous health knowledge of *Vhomaine* which is informed by and mostly guided by the ancestral spirits or the 'living-dead' could be formally recorded and documented using current technology, hence the documentation is of maximum importance. Only the herbalists can use the current technology but the problem is when they wrongly tap the knowledge from the diviners.

2.4 Challenges Facing Documentation of Indigenous Health Knowledge

According to Masango & Mbarika (2015:45), it is difficult or impossible to document the uncommon aspect of Africa's Complementary and Alternative Medicine (e-ACAM) as it encompasses secret knowledge. According to Pitts (2015) secret knowledge is the truth behind the truth, the real facts behind the facts they want someone to believe. It is the information that will never be seen publicly and will never be put on public domain. The problem stems from the secretive nature of the indigenous health knowledge where *Vhomaine* are said to be informed and guided by the ancestors and ancestral spirits.

However, the possibility is opined to be available as Abbott (2014:32) provided considerations for documenting traditional medicine. He avers that traditional knowledge holders are increasingly documenting traditional medical knowledge to preserve, protect and commercialize traditional medicine and further cautioned the risks and benefits of documentation that traditional medical knowledge holders should consider prior to taking action. He warned that the strategies to document this knowledge are not fully researched. The study therefore intends to find ways of documenting such secret knowledge wherever possible. The question is whether the secret knowledge is protected by intellectual property laws such as copyright, trademark or patent laws or not.

Masango, et al. (2012:3) argue that Complementary and Alternative Medicine (CAM) lacks sufficient data on evidence based safety, efficacy and quality of its products. Masango, et al. (2012:8) further assert that CAM products are subject to scientific scrutiny of conventional medicine. Okulo (2009:11) further argues that lack of certified guidelines on herbal medicine can lead to twisted information on the availability of various herbal therapies and their cost evaluation. Masango, et al. (2012:9) aver that CAM lacks the necessary expertise on its products. In addition, Kasilo, et al. (2010:26) maintain that CAM practitioners are not certified or licensed. Lewis (2009: 21) also asserts that CAM does not carry specific warning about interactions with other medicines as well as statements on whether their effectiveness has been demonstrated in clinical trials. When such trials are done in traditional medicines, the following questions arise: who should be involved? Will the ancestors or the living-dead allow their medications to be subjected to biomedical trials? These needs further investigation.

The other challenge is that orally transmitted knowledge dies with the practicing generation ageing. The view that is held by Okello et al. (2010:1-9) and Masango & Mbarika (2015:47-48) is that old people may be crucial to the existence of indigenous knowledge as the passing down of customs from one generation to the next is in imminent danger of disappearance following that the indigenous knowledge is without

records and the old age healers are dying. The need therefore arises to ensure that the indigenous health knowledge is protected for future use through proper documentation that is aligned to their acceptable way of recording by *Vhomaine*. Issa, et al. (2018) further argue that indigenous knowledge has been playing roles in primary health care, especially in rural areas and such knowledge is prone to attrition due to non-documentation. The World Bank has warned that if the knowledge is not documented, it will be lost. This calls for the researchers to further investigate how possible the knowledge within the ownership of *Vhomaine* could be recorded and documented.

Vhomaine should be helped to overcome these challenges so that they will be encouraged to document their indigenous knowledge to prevent it from going into extinction. This is because Africans perceive everything about themselves as inferior including their knowledge and there are little efforts made to document the knowledge by the practitioners (Issa et al., 2018:2-3). Post-colonial efforts should have uplifted the colonized.

2.5 Benefits of Documentation of Indigenous Health Knowledge

According to Masango & Mbarika (2015:47), it was discovered in the United States of America in 1990 that out of 198 approved conventional drugs released for sale to the public from 1976 to 1985, 102 had serious side effects and had to be taken off the market and labelled as dangerous. Had such drugs not been documented, it would be very difficult for the authorities to take action, hence documentation is of vital importance. According to Clement et al. (2006:109), one of the reasons for consumers to turn to CAM is to avoid the side effects of some conventional medical drugs. Wong (2013) opines that it was reported that the hoodia plant used by San Bushmen of the Kalahari Desert for weight loss had limited side effects as compared to conventional diet pills. Other herbal products need further investigation. Had there been no recording and documentation, such knowledge would have been unknown to the general public and the users. This adds value to the benefits of documentation once the health knowledge of *Vhomaine* is documented. This supports the IKS Policy (2004) that has been

prescribed by the government in ensuring that documentation and recording is the only possible solution for the preservation of indigenous health knowledge, while on the other hand protecting the vulnerable and the poorest of the poor who rely on the practices of *Vhomaine* for their health purposes and needs.

According to Phondani, et al. (2010:195), aged individuals, especially in remote areas who have more knowledge of and experience about CAM, only transmit such knowledge from one generation to another by word of mouth as stated by the IKS Policy (2004). Lewis (2009:1) maintains that knowledge and experience of old people in remote areas on CAM is fortified because these people are knowledgeable of the culture, the local languages and local tradition. This may suggest that when such knowledge and practices of *Vhomaine* are documented, their culture and tradition need to be taken into account. This augments the reason for documenting health knowledge of the knowledge holders and practitioners. Okello et al. (2010:1-9) posit that the oral transmission of CAM by old people may be detrimental to its existence as the passing down of customs from generation to generation is in imminent danger of disappearance as this knowledge is without written records, and the old age healers are dying, hence, the passing away of these old people with their knowledge may be problematic if the knowledge is not documented or recorded.

The aforementioned view is supported by Weldegerima (2009:400) who opines that old people are the keepers of CAM of generations as the plants they utilize in their practice are the storeroom of potential medicines. Old and indigenous health practitioners were both healers and pharmacists. With no written instructions, they were in the position to dispense medication after diagnosis for treatment. The mechanisms for recording and documentation need to be researched and documented for future use. Although the benefits of documentation of the practices of *Vhomaine* cannot be undermined, the question is how possible does the information that is said to be from the ancestors and ancestral spirits could be documented. This becomes more difficult when such knowledge is acquired through dreams and seeing visions while *Vhomaine* are in trance –like state. This may suggest that only *Vhomaine* could advice as to how this

knowledge could be documented for future use. Without collaboration of the Euro-West and *Vhomaine* based on mutual understanding, the preservation of the practices of *Vhomaine* will never be possible. If Vhomaine are still undermined it will not be possible. There is a need to understand the concept of preservation. The researcher thinks therefore that such does not necessarily mean written down. The practices were there since time immemorial, how were they preserved?

According to Phondani, et al. (2010:195), most CAM are unique and are often known to a few persons and communities and some CAM products are on the brink of extinction due to over exploitation. Okello et al. (2010:1) aver that overgrazing and exploitation of plant resources have already led to a decline of medicinal plants available. Okigbo et al. (2008:128) maintain that due to deforestation, several medicinal plants and other generic materials were destroyed before they could be documented. This suggests that all available strategies that will assist in arousing interest for the indigenous health knowledge holders and practitioners need to be explored and investigated. This may also bring the advocacy of green economy and the dangers of global warming to protect our natural resources.

According to Kasilo & Trapsida (2010:25), CAM should be documented because it is a major source of health care for about 80% of the population in rural settings because of its cultural acceptability, affordability and accessibility as proposed by the IKS Policy (2004). This notion is supported by Odhiambo et al. (2010:53) who concur that about 80% of rural masses in Africa use traditional medicine, mostly plant preparations for their primary health care. Lewis (2009:1) maintains that mostly, rural people rely on traditional healers as they are the health labour resource. These findings are further supported by Galabuzu et al. (2010:12) who opine that majority of African people in rural settings rely on herbal medicines for treating a variety of diseases due to a high cost of conventional medicines and the inaccessibility of modern health care facilities in most areas. Because the study area is Vhembe which is entirely rural, the methods and practices of the indigenous health knowledge practitioners (*Vhomaine)* need to be documented for future use and referrals. As the rural people are also migrating to the

suburbs and the townships, their reliability to traditional medicine cannot be underestimated. In Africa, the migrants who move to the townships still need help from their parents who rely on traditional medicine and traditional healers or *Vhomaine.*

Masango & Mbarika (2015:48) avow that another reason that calls for the documentation and promotion of CAM is its ability to cure chronic health problems. They purport that CAM can be promoted through recording and documentation as it will make more people aware of it and enable them to exercise more control over their care other than what conventional medicines allow. There is no problem for documenting the use of herbs as practiced by *Vhomaine* who are herbalists, the problem is encountered when it comes to *Vhomaine* who are the diviners. How do *Vhomaine* who are the diviners document the secret health knowledge from the ancestors. This needs further investigation from *Vhomaine* who are practitioners in this field. Gilbert (2004:547) and Okigbo et al. (2008:218) affirm that the demand for and recognition of CAM by majority of the populace of Africa and beyond is another reason why CAM should be documented. Yes, CAM can be documented, but what about the practitioners who are *Vhomaine,* the diviners? How to document their CAM knowledge relating to their practices? Are they willing to share what they have dreamed and the visions they saw? These are the challenges that need to be resolved maybe before an attempt for documentation is undertaken.

Masango, et al. (2012:3) argue that another reason for documenting CAM is its cost effectiveness. According to Ventegodt et al. (2009:243), CAM was found to be 100 times cost effective than pharmaceutical drugs for most clinical conditions. Aburahma et al. (2010:117) argue that CAM is generally perceived as less invasive and safer than conventional medicine. Furthermore, according to Weldegerima (2009:401), another reason for documenting CAM is to generate income for local communities. From the knowledge that comes from the ancestors to a chosen individual, how possible would then the community benefit? Magoro (2008:45) maintains that THPs are unable to find medicinal plants within their surroundings and many traditional medicinal plants are under threat of over exploitation and extinction where they used to be found, and this

compounds the reason for further investigation on documentation strategies of *Vhomaine.* It also compounds the avoidance of deforestation of medicinal plants.

2.6 Legislative Framework on Indigenous Health Knowledge

The section below will discuss the legislative or legal framework related to indigenous health knowledge and circumscribed to the practices of *Vhomaine* during the healing process and their interactions with the clients / *vhalaxwa*:

2.6.1 Patents Act No. 57 of 1978

According to the Patents Act No. 57 of 1978, a provision is made for the registration and granting of patents for invention. Section 2 of the Act defines a patent as a certificate in the prescribed form to the effect that a patent for an invention has been granted in the Republic of South Africa. It is a government license that gives the holders exclusive rights to a process, design or new invention for a designated period of time. It has a set period to exclude others from making, using or selling an invention. It should however, be noted that one needs to obtain a patent for an invention, and such an invention is not owned until it is patented. An invention is therefore a solution to a specific technological problem and could be a product or a process. Patents are a form of intellectual property. The reason for the researcher to use the Patents Act No. 57 of 1978, as one of the legislative frameworks, is that amongst the domains covered by South Africa Intellectual Property Rights are the patents, trademarks and copyrights as provided for by the IKS Policy (2004:28). The indigenous health knowledge of *Vhomaine* needs protection within a *sui generis* / of its own kind legislation in respect of the rights of knowledge holders and practitioners. The IKS Policy (2004) dictates that if the IK is documented, it can be classified within the International Patent Classification (IPC) for accessibility during retrieval, researching and also for its protection.

The quest that may arise is how *Vhomaine* from the rural area who are mostly illiterate could voluntarily go for patenting their indigenous health knowledge? If they are not well

schooled in the process of patenting their health knowledge, will they be able to do that? How best could their knowledge be protected from the scavengers who access the knowledge and never acknowledge it? As *Vhomaine* believe in getting such knowledge from the ancestors, will the ancestors be comfortable when such knowledge is patented? These are some of the questions that need to be addressed before patenting. If not attended to, it would not be easy to undergo the process of documenting the indigenous knowledge and practices of *Vhomaine* and how they heal their clients or *Vhalaxwa*.

2.6.2 National Environment Management: Biodiversity Act No. 10 of 2004

According to the Biodiversity Act No.10 of 2004 on National Environment Management, Section 2, Subsection (a) (ii) and (ii), indigenous biological resources should be used in a sustainable manner; and that benefits arising from bio-prospecting should be shared fairly and equally among the stakeholders. Section 3, Subsection (a) of the Act, provides that in fulfilling the rights contained in Section 24 of the Constitution of the Republic of South Africa (1996), the state, through its organs, should implement legislation applicable to biodiversity and its components and genetic resources. It is against this backdrop that whenever a strategy to document indigenous health knowledge is developed, care and maintenance of the environment should take a center stage. As already alluded to, the practices of *Vhomaine* during the healing processes rely on both fauna and flora species. Those who are herbalists are more inclined to flora. The negligence towards the maintenance of the ecosystem is both toxic and detrimental to the system. There is no documentation of indigenous medicinal plants and herbs and the practices of the knowledge holders, including the practitioners (*Vhomaine*), without the management of the environment.

The Convention on Biological Diversity which was signed in 1992 in Rio de Janeiro and has been ratified by more than 180 parties grounded itself on the following three major goals which are the conservation of biodiversity; sustainable use of the components of biodiversity; and sharing the benefits arising from the commercial and other utilization of

genetic resources in a fair and equitable way. Zdanowicz et.al. (2005), propose 12 principles of biological biodiversity which are complimentary and interlinked and some of them are i) the objectives of management of land, water and living resources which are a matter of societal choices; ii) such management should be decentralized to the lowest appropriate level in order to lead to greater efficiency, effectiveness and equity. All stakeholders should be involved for ownership, accountability and local participation which need to be promoted; iii) ecosystem managers should consider the effects of their activity on adjacent and other ecosystems; iv) recognizing potential gains from management and there is usually a need to understand and manage the ecosystem in an economic context. Any such ecosystem management programme should reduce those market distortions that adversely affect biological diversity, align incentives to promote biodiversity, conservation and sustainable use, and internalize costs and benefits in the given ecosystem; v) ecosystem must be managed within the limits of their functioning; vi) the ecosystem approach should be undertaken at the appropriate spatial and temporal scales ; vii) management must recognize that a change is inevitable; viii) the ecosystem approach should consider all forms of relevant information including scientific and indigenous and local knowledge, innovations and practices; ix) the ecosystem approach should involve all relevant sectors of society and scientific discipline.

It is because of the aforementioned record that Section 50, Subsection (1) directs the Minister to promote research done by the South African National Biodiversity Institute, established by Section 10, Subsection (1) of the Biodiversity Act No.10 of 2004, and other institutions on biodiversity conservation, including sustainable use, protection and conservation of indigenous biological resources. *Vhomaine* therefore need to keep the variety of all medicinal plants and animals at a desirable habitat and keep a high level of environmental conditions considered to be important. The maintenance of the biodiversity will actually boost the ecosystem productivity and thus ensure the sustainability of all life forms within the environment in which *Vhomaine* operate. The implementation of the act is of greater significance to all *Vhomaine* as biodiversity provides the functioning of the ecosystems that supply oxygen, help in pollination of

various medicinal plants in case of *Vhomaine,* clean air and water. This this helps in maintaining the functioning of the ecosystem at an optimal level. To *Vhomaine*, the maintenance of the ecosystem through the implementation of the biodiversity act will advance their cultural services such as spirituality when servicing their ancestors or the living-dead. The species, including wetlands, that are found within Vhembe district municipality will be saved for current and future use. And as such, this is the way of preserving the environment as propagated by preservation and heritage theory.

2.6.3 Intellectual Property Rights (IPR)

According to the World Intellectual Property Organization (WIPO), which has been established in and signed at Stockholm in 1967 and entered into force in 1970, the Policy Handbook (2004:3), article 1.1, Intellectual Property Rights (IPR) refers to the legal rights which result from intellectual activity in the industrial, scientific, literary and artistic fields. It further indicates that various countries have laws to protect intellectual property for two main reasons which are: to give statutory expression to the moral and economic rights of creators in their creations and the rights of the public in access to those creations; and to promote creativity, dissemination and application of its results and to encourage fair trading which would contribute to economic and social development.

From the aforementioned explanation of the IPR, the indigenous health knowledge and the IK holders are not explicitly covered. Such an exclusion leaves much to be desired in terms of IP protection. This is evidenced by the Policy Framework (2013:6) which states that the traditional knowledge is not generally protected using the intellectual property system as it has been protecting traditional knowledge using geographical indications in the area of wines and spirits. In 2017, the then Minister of Science and Innovation, Ms. Naledi Pandor, presented an IKS Bill in parliament with an intent to put an end to the exploitation of IK and IKS. This exploitation left the traditional knowledge holders and practitioners of the knowledge disadvantaged both economically and socially, and without their immediate protection, their knowledge will become extinct. As

such, *Vhomaine* could not be encouraged by the IPR to document their indigenous health knowledge. There is an argument presently against the Minister of the Department of Science and Innovation with all its agencies like CSIR, NRF, HSRC, MRC, etc. Indeed, there is has been an exploitation of IK and IKS.

Although the Policy Handbook, article (1.2), aims at safeguarding creators and other producers of intellectual goods and services including exploitation of traditional knowledge by other nations, the indigenous / traditional health knowledge and the practitioners of the knowledge seem to be excluded. According to the IKS Policy (2004:29), the operation of the African Regional Intellectual Property Office (ARIPO) caters for former British colonies, and the African Intellectual Property Organization (OAPI) caters for former French colonies, protects community rights and aims to build capacity for IP protection in member states. The protection of IKS has not yet informed the structure and function of ARIPO and OAPI. It is for this reason that the IKS Policy (2004:29) dictates that South Africa, in partnership with other African countries, needs to investigate the feasibility of establishing unifying continental or regional bodies which not only address the protection and rights of an Intellectual Property System, but move beyond this to develop other appropriate instruments for IK protection. The legislators and policy makers need to address the protection of the indigenous health knowledge holders such as *Vhomaine*, before the extinction of the knowledge they have.

2.6.4 World Health Organization (WHO) Traditional Medicine Strategy (2014-2023)

According to the World Health Organization (WHO), the Traditional Medicine Strategy 2014 – 2023 (2013:11) was developed in response to the World Health Assembly (WHA) resolution on traditional medicine (WHA 62.13) (1). The goals of the strategy are to support member states in harnessing the potential contribution of traditional medicine to health, wellness and people-centered health care, promoting safe and effective use of traditional medicine by regulating, researching and integrating traditional medicine products, practitioners and practice into health systems where appropriate. What lacks from the strategy is the active involvement of the IK holders and IK practitioners in all

areas addressed by the strategy. This strategy aims to support member states in developing proactive policies and implementing action plans that will strengthen the role that traditional medicine plays in keeping communities healthy. This strategy seeks to build upon the WHO Traditional Medicine Strategy of 2002 – 2005, which reviewed the status of traditional medicine globally and in member states, and sets out the four key objectives which are based on policy; safety, efficacy and quality; access; and rational use. If the knowledge holders and the practitioners of the indigenous health knowledge are not part in the realization of the set objectives, the strategy will remain un-operational and a dead wood.

It is imperative that most rural *Vhomaine* involved when such a strategy is developed. Experience has taught us that whenever the strategy is developed without the participation of the targeted population and implementers, such a strategy remains in the desks and cupboards of the technocrats and law makers. This is evident by the Limpopo Provincial Rural Development Strategy of 2010 which has been developed by the then Limpopo Department of Agriculture and it never surfaced to the general public and even to the other departments. Gone are the days wherein practitioners such as *Vhomaine* remain silent while policies that affect their practices are made. The mechanism needs to be developed in cases such as South Africa where the vast majority of the African population are in rural areas where most of the *Vhomaine* reside to be involved.

The academic institutions mostly in rural areas need to play a major role to achieve this. The question is whether the policy makers have a data base that has registered all *Vhomaine*, say for example within Vhembe District Municipality or even at a local municipality? If such is not attended to, the lack of *Vhomaine's* participation in cases such as the development of the traditional medicine strategy, will be a waste of time and never yield the intended results. Even in conferences that involve the indigenous health knowledge practitioners such as *Vhomaine*, their involvement needs not be at the attendance stage, but from the planning. The question therefore could arise if *Vhomaine* find themselves covered by the strategy. What has informed the World Health

Organization to come up with the traditional medicine strategy? How did South Africa as a member state participate representing the vast majority of the South African *Vhomaine* mostly from the rural areas who were never informed of the concept World Health Organization and that of strategy? Who were in attendance? Was the attendance based on academic qualifications or of being a government official? There are a lot of questions that can be asked that may need specific answers to the practitioners such as *Vhomaine.*

2.6.5 Witchcraft Suppression Act No. 3 of 1957

The Witchcraft Suppression Act No. 3 of 1957 as amended by Witchcraft Suppression Amendment Act 50 of 1970 is an act of Parliament of South Africa that prohibits various activities related to witchcraft, witch smelling or witch-hunting. It was based on Witchcraft Suppression Act No. 2 of 1895 of the Cape Colony, which was in turn based on the Witchcraft Act of 1735 of Great Britain. The purpose of the act was to provide for the suppression of the practice of witchcraft and similar practices. The Ralushai Commission of Enquiry recommended that the act should be repealed by a Witchcraft Control Act which would criminalize the actual practice of witchcraft.

In 2007, the Traditional Healers Organization representing African traditional healers approached the South African Law Reform Commission for a review of the Mpumalanga Witchcraft Suppression Bill and the Witchcraft Suppression Act of 1957. African traditional medicine was equated with witchcraft practices and deemed as immoral, illegal, superstitious, witchcraft and magic (Ogana & Ojong, 2015). Ogana & Ojong (2015) quoted Western anthropologists like Taylor (1958) and Frazer (1922) who condemned magic as superstitious and Fraser wrote that superstitious belief was like some latent volcano, a menace to civilization that needed to be eradicated. Redcliffe-Brown (1965) also regarded African beliefs as bodies of erroneous beliefs and illusory practices. The influence from these anthropologists might have stemmed from the Witchcraft Suppression Acts as passed by the British and the Cape Colony. The Post-Colonialists' writers were in opposition of diabolizing diviners as advocated by the act.

Hammond-Tooke (1998:11) in Ogana and Ojong (2015), provides that all diviners are healers. They used Kokot (1982) to describe the tasks of *isangoma* or *Vhomaine* to consist of diagnosing the causes of disease and illness, finding lost objects or determining the guilty party in sorcery or voodoo cases. This has been supported by Broster (1981) who observed that *isangoma* or *Vhomaine* capacities include being a diviner, priest, physician, pharmacist, psychologist, judge and custodian of morals and controller of evil.

As of 2006, witchcraft has been a legally protected practice by religious belief system in South Africa. The law protects the right of witches to practice their faith. Section 9 of the Constitution (1996), provides equality in terms of religion, belief, culture, etc. Section 15 provides freedom of religion, belief and opinion and section 31 provides that persons belonging to a religious community may not be denied the right to practice their religion.

The Witchcraft Suppression Act of 1957 marginalizes the African diviners who are *Vhomaine* in the colonial construction of a religious field in South Africa (Wallace, 2012:48). This raised a question why divinatory practices of *Vhomaine* were subsumed under the singular category of witchcraft. Wallace (2012), further argues why witchcraft practices were criminalized in the Witchcraft Suppression Act (3) of 1957. The witchcraft practices are embedded in the religion-spiritual engagements of *Vhomaine* and are increasingly finding expression in the South African society today (Wallace, 2012). In the post-colonial and post-apartheid South Africa, South Africa is a secular state with diverse religious population where freedom of religion is guaranteed (RSA Constitution, 1996).

2.6.6 Traditional Health Practitioners Act, Act No. 22 of 2007

The Traditional Health Practitioners Act (the Act) was legislated in 2007. Section 1 of the Act defines a traditional health practitioner as a person who is 'registered under this Act in one or more of the categories of traditional health practitioners'. According to (Section 47 (f) (i)), of the Act, the categories of traditional health practitioners include

'diviners, herbalists, traditional birth attendants and traditional surgeons'. In Tshivenda, all these are *Vhomaine,* both in singular and plural. From the wording of the Act, it is evident that the Council has the responsibility of determining who is to be registered as a traditional health practitioner, and section 47 of the Act gives the Minister of Health the powers to issue regulations that deal with issues of qualification for registration. It is clear that the definition of a traditional health practitioner is wide enough to include almost anyone who has some ability to heal using traditional methods. Any person who engages in traditional health practice without first registering commits an offence. Subsequent to this Act, the regulation published in 2015 allows the practitioners to be registered and the categories to be registered further include a student or apprentice *(Lithwasana*) who is training to be traditional healer and a traditional tutor (*Vhomaine*) who is a trainer.

Section 4 of the Act, established the Interim Traditional Health Practitioners Council (the Council), duly established and inaugurated in February 2013, and has the status of a professional body. Chapter 2 of the Act stipulates the functions of the Council, which has the powers to register practitioners who qualify, investigate complaints laid against them, remove such practitioners from the register, and perform many other related functions in the field of traditional health practice. The Council, as a professional body established by parliament, gives traditional health practitioners registered with it, the authority to issue medical certificates in line with the provisions of the Basic Conditions of Employment Act of 1997. By virtue of the Council being a professional body established in terms of an Act of Parliament, an employer is obliged to accept a certificate from a registered traditional practitioner. At least this Act makes recognition of the traditional health practitioners and their healing activities.

Despite the problems encountered through the application of the Traditional Health Practitioners Act No.22 of 2007, which compels all *Vhomaine* to be registered as practitioners on an individual base, training and accreditation remain a challenge. There is a dearth of evidence to guide the implementation of the act to recognize, regulate and institutionalize the practices of *Vhomaine* during their healing activities.

2.6.7 National Policy on Traditional Medicine and Regulation of Herbal Medicines, May 2005

According to the report of a World Health Organization (WHO) Global Survey (2005: iii), it was noted that there is an increasing use of Complementary and Alternative Medicines in many developed and developing countries. The report states that the safety and efficacy of Traditional Medicine and Complementary and Alternative Medicines as well as quality control, have become important concerns for both health authorities and the public, and identified challenges related to regulatory status of herbal medicines, assessment of safety and efficacy, quality and control of herbal medicines, safety monitoring and lack of knowledge about TM/CAM within national drug authorities. This has led to the development of herbal medicines policy and regulation.

The National Policy and Regulation (2005:11) states that a national policy on TM/CAM involves the provision for the creation of laws and regulations, and consideration of intellectual property issues. The WHO Global Survey Report (2005:12) outlines that a law should establish the legal conditions under which TM/CAM should be organized in line with a national TM/CAM policy or other relevant policies. Having noted the rurality and the low literacy levels of the vast majority of *Vhomaine* who are practicing and those who are knowledge holders, a lot still needs to be done to make such laws and regulations to be accessible and comprehensible to both IHK holders and practitioners.
According to Abbott (2014:13), the Beijing Declaration that provides an endorsement of traditional medicine in the improvement of public health should encourage governments to create or improve national policies. The declaration promotes improved education, research and clinical inquiry into traditional medicine, as well as improved communication between health care providers. The improvement of such cannot be done outside the scope of the direct participation of the knowledge holders and practitioners.

2.7 Categories of Indigenous Health Practitioners

Robertson (2006:87-90) and Lange (2017) identified the following four (04) categories of traditional health practitioners:

- **Diviners >** They have a calling from the ancestral spirits. They operate within a traditional religious supernatural context, most importantly acting as medium between the mortal world and the ancestral spirits. They diagnose illness by interpreting messages from the ancestors and ancestral spirits, and make prescription as a way of treatment of the identified conditions of the client. When making diagnosis, diviners throw incised bone tablets and make readings and interpretations while they themselves are in trance. They can heal a client without having direct contact, but communicating through the medium of the spirits. Diviners do not choose their profession, but rather receive calling direct from their ancestors.

- **Herbalists >** These are the practitioners practicing herbalism. They engage in traditional health practice and are registered as herbalists. They are the mixers of herbal elixirs or concoctions. They use herbal medicinal portions to treat diseases and illness. They do not have divine powers and their profession is not a calling from the ancestors. They spend few years studying their trade of herbalism. They possess extensive knowledge of curative herbs, natural treatments and medicinal mixture of animal origin. They are specialists in their field and renowned for their knowledge and skills. They require contacts with their clients and background knowledge of their ailments so that they are able to make follow-ups. The background of the ailments assists them in determining the cause of the ailments and deciding on the dose when dispensing medication.

- **Faith healers >** They have the healing power from hands. They are usually Christians who belong to missionary or independent African churches. They heal largely through prayers and believe in their healing powers which they receive in

a trance-like state. Their healing power is said to be from the living God. They believe in 'laying on of hands' and sometimes combine holy water with herbal remedies in their treatments for the healing of the clients. Mokgobi (2015) attests that Sanusi can be both a diviner and herbalist, or as is the case in the African independent Christian churches, in the form of a prophet or what the Zion Christian Church calls *'lebone'*. This is someone who is possessed by the Holy Spirit and is able to foretell the future and advice on how to avert an undesirable event. For healing purposes, some of the prophets, as is the case with the prophets in the Aladura church in Nigeria, use water in addition to prayers. They often combine the Christian Holy Spirit with the ancestral spirit which falls within the realm of traditional healing (Truter, 2007).

- **Traditional birth attendants >** These are the midwives. They engage in traditional health practice and registered as traditional birth attendants. They welcome new lives into the world. They undergo 15 to 20 years' apprenticeship before earning their title of being midwives. They are usually elders who should have given birth to at least two children. They are highly respected for their obstetric and ritual expertise. They focus on problems associated with pregnancy and assist with deliveries. They bath mothers before giving birth and dispose placentas after giving birth. They supply healing medicine and perform ritual massage after giving birth.

The Traditional Health Practitioners Act, No. 22 of 2007 added another category of practitioner called 'Traditional surgeon' who is responsible of circumcision practice. This type of a traditional surgeon has also been referred to by Mokgobi (2015).

According to Campbell (1998:38), traditional healers of South Africa are practitioners of traditional African medicine in South Africa, and there are two main types of traditional healers within Nguni, Sotho, Tswana and Tsonga societies in Southern Africa namely, diviners and herbalists. They are both highly respected in a society where illness is sought to be caused by witchcraft, pollution or through neglect of ancestors. Truter

(2007:56-60) contends that African traditional healing is intertwined with cultural and religious beliefs and is holistic in nature on the physical, psychological, spiritual and social aspects of individuals and communities. Cumes (2004:10) avers that traditional healers believe that the ancestors must be shown respect through rituals and animal sacrifices. Liebhammer (2007:196) asserts that traditional healers tend to practice both as diviners and herbalists wherein herbalists diagnose common illness, sell and dispense remedies for medical complaints while diviners provide solutions to spiritually or socially centered complaints. Liebhammer (2007:71-74) maintains that each culture has its own terminology for its own traditional healers and in *Tshivenda,* they are called '*Mungome*' and in *XiTsonga*, they are called '*Nànga*' or '*Mungome'.* In this study the common name used for all traditional health practitioners is referred to as *Vhomaine* in *Tshivenda*.

2.8 Traditional Health Practitioners and the Animal Sacrifice

Traditional health practitioners play a role in interpreting communications with the ancestors / living-dead and thus contribute to the health and spiritual wellbeing of the communities. Animal sacrifice still plays an important role in the spiritual wellbeing of the community today. Some *Vhomaine* use animal sacrifice to request for healing, protection or rain. It is also a common ceremonial practice in some traditional households where rituals mark births, deaths and weddings. During the process of animal sacrifice, they sing traditional songs to praise the ancestors and ancestral spirits.

To slaughter an animal for traditional sacrifices, there should be a skilled traditional healer who had undergone training to be equipped with skills of killing an animal. With regard to the legislating of rituals sacrifices, black people were not allowed to own houses in suburbs during the apartheid era to isolate their cultural practices which were not recognized by the policies of apartheid. Currently, there are by-laws that oversee and regulate the practices of animal sacrifices. According to Thomson (2017), a reason has been provided today for why our *Vhomaine* still use animal sacrifices because

these methods were regarded as grossly inhuman and full of cruelty. Such inhumanity and cruelty are in the eyes of the beholder.

Maybe this is because *Vhomaine*, the diviners apart from using the herbs, the believe in the use of some potions of animals. During the interview process and participant observation when collecting data, the researcher observed some of animal skins used as a mat, some animal skins were used making drums, some of the incised bone tablets were made up of animal bones, the ribs of an elephant were also observed, shells of tortoise. The bag / bundle / pouch called *thevhele* which carries the incised bone tablets / *thangu* is also made up of an animal skin / leather. After killing the animal for sacrifices, the bones and skins are used to make all of these.

2.9 Traditional Medicines and Medical Records

Traditional medicines comprise of medical aspects of traditional knowledge developed for many centuries. These medicines were used in the maintenance of health, prevention, diagnosis, and treatment of physical and mental illness (World Health Organization, 2008). The administration of medicines needs medical records. According to the World Health Organization (2008), the maintenance of accurate medical records as retrieved in 2014, is a prerequisite for the licensing or certification of health care providers. Records were in the form of paper notes. Physical and digital records are required for each individual patient. Traditionally, medical records were compiled and maintained by the health care providers and currently they use Personal Health Records (PHR) which are kept and maintained by the clients themselves. Health care providers determine and examine the patients' medical history to provide informed care.

The documentation strategies and guidelines of the study need to be uplifted to the set minimum requirements by the World Health Organization. This will ensure that the documentation of the traditional health medicines is in compliance with government regulations. The observation from *Vhomaine*, the diviners, is that such records are not important as the previous information about the client is revealed by the incised bone

tablets (*thangu*). On the other hand, *Vhomaine*, the herbalists, do make follow-ups telephonically and they only write down the medication for the purpose of assisting the next client if such a client consults with the same symptoms.

2.10 The Need for Protection of Indigenous Health Knowledge

The protection of the indigenous health knowledge is based on the preservation and heritage theory which seeks to stress that the inherited knowledge should be maintained by the existing generation for the benefit of the future generations. Kibuka-Sebitosi (2008:72) examined the extent to which Indigenous Knowledge Systems as a body of knowledge is protected and identified the needs and interests of indigenous health knowledge practitioners. Kibuka-Sebitosi (2008:76) defines indigenous health knowledge practitioners as people who create, originate, innovate, develop and practice traditional knowledge related to medicine in a traditional setting or context and these people are also traditional health knowledge holders, or gate keepers of medicinal knowledge. The need to protect their knowledge in a well recorded and documented form for future use is worthy to be noted.

According to Ebijuwa (2015:44), indigenous knowledge is mostly stored in people's minds and passed on through generations by word of mouth rather than in written form and it is vulnerable to rapid change. This is further confirmed by Sithole (2006). To avoid such vulnerability to rapid change, the documentation of the indigenous health knowledge of *Vhomaine* needs the involvement of *Vhomaine* themselves. The World Bank (1998) states that indigenous knowledge faces extinction unless it is properly documented and disseminated. The correctly and satisfactorily documentation of the healing knowledge of *Vhomaine* need their participation throughout the process. It is for this reason that the IKS Policy (2004:34) dictates that indigenous knowledge needs to be researched, recorded and documented for future retrieval. Recordal system for the purpose of protecting the knowledge has been endorsed by the United Nations Commission on Biodiversity as outlined by the IKS Policy (2004:12).

The IKS Policy (2004:16) states that there is a need to document the practices of the indigenous knowledge Intellectual Property (IP) in order to prevent the IK that is already in the public domain from being patented as a new invention in other countries. This can only be done through the provision of written documentation of such practices so that the community can challenge the IP Rights being granted to other practices that are traditionally not their own. This policy prescript of IKS, as adopted by the Cabinet in 2004, over-emphasizes the need to record and document the indigenous knowledge practices. The question still arises as to whether it is possible to record and document the indigenous health knowledge of *Vhomaine* which comes to them while they are in trance-like state. If not, what would be the best strategies to solve this? The need therefore arises to comprehend well the concept of documentation. As averred to in the definitions of the concepts in chapter one of this study, indigenously, documentation implies preservation of the indigenous knowledge in its own original form. Preservation therefore does not mean writing down.

According to Ebijuwa (2015:44), primary health care is community health which incorporates indigenous knowledge into the scheme of primary health care, which takes into consideration the belief system of the people. Primary health care is likely to use herbs and plants extracted through an ancestral procedure, which constitutes its technology over time. In this case, herbal medicines are a good example of indigenous health knowledge. There is a need to protect this knowledge using the amended IP which should take into consideration the inputs from the African people and *Vhomaine* themselves and within the world view of their own space and time.

2.11 Rituals Accompanying the Performance of *Vhomaine*.

According to Cumes (2004:10), for harmony between the living and the dead which is vital for a trouble-free life, traditional healers believe that the ancestors / living-dead must be shown respect through rituals and animal sacrifice. They perform summoning rituals by burning plants like *imphepho* (*Helichrysum petiolare*), dancing, chanting, channelling or playing drums. Traditional healers will often give their patients *muti* or

medication (*mushonga in Tshivenda*) made from plant, animal and minerals imbued with spiritual significance. Hence, the practices of rituals enable *Vhomaine* to stay with the knowledge rather than recording it like what the Westerns do. They rather prefer to transmit the knowledge through the word of mouth.

Articles 08 (1) and (2); 11 (1) and (2); 12 (1) and (2); 18; 25 and 34, of the United Nations Declarations on the Rights of Indigenous Peoples (UNDRIP) relate to the rights associated with practicing indigenous spirituality, such as the right to manifest, practice, promote, maintain, strengthen, develop and teach their spiritual and religious traditions, customs, and ceremonies and such ceremonies are expression of culture. These ceremonial rituals connect the traditional practitioners such as *Vhomaine* with the ancestral spirits.

According to Bone (2016), the act of performing rituals is a common thread that has linked humanity throughout the ages of ethnicity, culture or religion. Generally, rituals are performed for a specific purpose. In case of documentation strategies of indigenous health practitioners or *Vhomaine*, the performance of rituals does not need recordings and documentation, but it is only through practice that they can be transferred from one generation to the next. The organizational knowledge creation theory through socialization and internationalization supports this. Bone (2016) further avows that the oldest known acts of human rituals date back to 70,000 years to a cave in the '*Tsodilo Hills',* in Botswana known as "Mountains of Gods". It is in this place where the archeologists, in 2006, discovered evidence of 'Stone Age' human beings making sacrificial offering of spear heads to a stone python which supports the creation myths of *San* people who believed that man descended from a python.

2.12 Traditional Health Associations / Organizations

According to Flint (2008), African healing associations were in existence and started to decline in 1948 when apartheid government came into power. From 1948, these associations started to struggle for legal recognition within the Natal and Zululand. Both Natal and Zululand licensed *inyangas* i.e. traditional herbalists, until the 1980s.

Apartheid has also brought about a much greater sense of separation between the South African population groups, making it easier for the traditional healers to forget the cultural fluidity and contestations of their earlier times. Apartheid was the extension of the colonies in a modified form. After the end of the Anglo-Boer war of 1899 to 1901, not only blacks were oppressed, even the Afrikaans speaking people were the victims. After 1948, only blacks remained as victims. The post-colonial system in South Africa was not in use until 1994. To change and decolonize the minds of the oppressed is still a long way to go.

Truter (2007) estimated that there were more than 200 000 traditional healers in South Africa in 1999 and there were over 20 Traditional healing associations or organizations and many other practicing *Vhomaine* who are not registered. To mention a few, some of the traditional healing associations are South African National Traditional Healers Association; South African Healers Association; Traditional Healers Organization; African National Healers Association and others. An attempt to unite them all seems to bear no positive results. To mention the aims and objectives of only two healers' associations, the South African National Traditional Healers Association aims to protect and promote the use of traditional artifacts of natural healing, health and illness interpretations by using non-intrusive and non-invasive healing practices. Its goals are to support healers in the facilitation of healing, including self-healing; encouraging cooperation among healing practitioners and organizations; promote a form of open and respectful exploration of healing, in its personal, transpersonal and spiritual dimensions. This association has developed a set of common denominators for standards for practice and ethics, and engaged in ongoing education of traditional healers and herbalists in South Africa.

African National Healers Association founded in 1989 is spearheaded by a group of traditional practitioners. Having registered as a non-profit organization, it has over 2000 members, including a number of allopathic doctors with interest in traditional healing methods. Amongst its objectives are the setting and maintaining of mandatory standards of traditional healing in South Africa through cultural heritage; and

establishing a working relationship with private organizations and companies with the like-minded objectives of promoting traditional medicine and traditional healing in South Africa.

As avowed by Mashabela (2010), the formation of these associations did not come with a solution to the tensions between the bio-medical practitioners and traditional health practitioners / *Vhomaine* due to Euro-West dominance. Colonization, imperialism and westernization brought about inequality and injustice. The lack of mutual respect and recognition of the traditional health care led to the disrespect of the traditional health care system due to cultural insensitivity and whenever is practiced, the approach is one sided. Hassim, et al. (2007:204-205), attest that the historical lack of recognition of traditional health practitioners has created a gap in standards between indigenous medical tradition and colonialism, cultural imperialism and apartheid in South Africa which have held back development of African traditional health care and medicines. The traditional medical tradition in South Africa which is a tradition that predated modern biomedicine has been diabolized due to diviner-diagnostics or diviner mediums who are said to give diagnosis through spiritual means. These have further been perpetuated by the European healing systems introduced by colonial masters, whilst the pre-existing African healing systems were marginalized and stigmatized. Until such mentality is uprooted from the African minds, any attempt to associate and organize the South African Healers community, will not bear any fruitful results. The introduction of the Traditional Healers Practitioners Act, No. 22 of 2007, is a testimony to this as it is still difficult for the council of traditional healers to operate as expected. There is a dearth of evidence to guide the implementation of traditional health practitioners act, number 22 of 2007 to recognize, regulate and institutionalize the activities of traditional health practitioners. This could be because the collaboration between two systems are happening against the backdrop of mistrust, tensions and unresolved issues (Moshabela 2010:84).

2.13 Divination and Healing

Hammond-Tooke (1998:11) upholds that all diviners are healers. Hammond-Tooke (2002:278) further avows that mediumistic divination is unique to the *Nguni* people and a diviner is said to have been sent by ancestors / living-dead. Such ancestors were people who had been known personally in one's life. Davenport & Sounders (2000) points out that *Nguni* people are a group of black African (The researcher prefers to use African rather than *Bantu* as portrayed in the article) people who speak *Nguni* languages and reside predominantly in Southern Africa and they are *Zulu, Xhosa, Ndebele* and *Swazi*. Snedegar (1998) adds that *Nguni* people migrated before sixteen centuries, from East-Central Africa to their homelands in what today constitutes Mozambique, South Africa, Swaziland and Zimbabwe. Other African ethnic groups in South Africa include *Bapedi (*North *Sotho*), *Basotho* (South *Sotho*), *Batswana, Vhavenda* and *VaTsonga*. The study is confined to only *Vhavenda* and *VaTsonga.* Only one participant is a *Tsonga* speaking *Vhomaine* who was relocated to *Malamulele* from *Venda* during the times of forced relocations by Apartheid regime at around 1968 / 1969.

Hammond-Tooke (2002:278) upholds that divination system involves a set of four incised bone tablets, or an assortment of astragals, shells and other objects or a combination of both. To *Vhavenda* speaking people these healers are called *Vhomaine* and the incised bone tablets are called *Thangu*. Whilst the *Nguni* diviners are predominantly women, amongst the *Vhavenda* speaking people diviners are both men and women. These diviners are called to the profession through a life-transforming, ancestor-sent illness characterized by psychological and physical symptoms and such is called psychosomatic syndrome. When describing how the process of divination unveils itself, Hammond-Tooke (2002: 278-284) avers that it starts from involving the apprentice / *lithwasana*, who occasionally finds herself in a trance-like state in the initiate, induced by a special galvanic, stamping dance, performed to the accompaniment of singing and beating of a rolled cowhide drum called *ngoma* in *Tshivenda*, and leading to a state of dissociation resembling trance. Such a dancer or

apprenticeship is called *Lithwasana* in *Tshivenda*, who then disassociates and falls to the ground in a galvanic seizure. It was believed that the spirit has left his or her body to the battle with the spirits of the malevolent or malicious dead. It was this soul loss rather than possession. The initiation of the *Lithwasana* takes place after preliminary training with an established doctor or *Vhomaine* when the novice acquires extensive knowledge of medicinal plants. During this period, dreams and seeing visions play a major role. As for the *Nguni* diviner, a person is called to the profession by the ancestral spirits. Manganyi & Buitendag (2012) support this through an indication that this as an upholding of African traditional religion which was practiced throughout Africa before the arrival of the western missionaries and its core premise was the maintenance of African culture. Its main feature is loyalty to the ancestors / living-dead and the accompanying rituals that express this loyalty such as slaughtering of goats and cows.

The San are said to have influenced the mediumistic divinatory practices of the *Nguni.* Hammond-Tooke (1999:128) asserts that Cape *Nguni* diviners borrowed the trance-like dance from the *San* in an attempt to express their unique experiences in their mediumistic type of divination. They also borrowed the importance of wild animals which are prominent in the dreams of the diviners and the divination process. For example, a bush pig or warthog as a diviner animal among *Lele*; and, a ground-dwelling spider used for divination by the *Kaka Tikor* in Cameroon. Hammond-Tooke (1999:128) further used Kuper (1942:167-168) to explain the mediumistic divination when it takes the form of dreams, waking visions, or what can perhaps be termed ‘psychic promptings’, hunches or intuitions that come into the mind unheralded. These types of divinations are the ones having difficulties with regard to documentation and or preservation in their complete raw form for posterity.

Among the information that is bestowed by the ancestors is the diagnosis and treatment of disease which are the part of the healing process. According to Mokgobi (2015), the definition of traditional healing varies and cites the World Health Organization (1976:8) which describes medicine or healing as “the sum total of all knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating a physical,

mental or social disequilibrium. These rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing" *and* "health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercise, applied singular or in combination, to treat, diagnose and prevent illnesses or maintain well-being*"*. Mokgobi (2015) further dictates that traditional healing is holistic in its approach and embodies the collective wisdom of indigenous knowledge handed down over many generations.

Flint (2008) attests that much specialized knowledge of herbs, gathering techniques and medicinal practices of the nineteenth century changed greatly with the risk of urbanization, migrant labour and consumer culture that offered general remedies for a general public. Such has done injustice to the preservation of indigenous health knowledge. African healers were perceived as both direct and indirect threat to the British colonial rule and Christian missionary endeavours. The healers' political role criminalizes the *isangoma,* the diviners while legalizes and licensing *inyangas,* the herbalists. Such confusion led to the criminalization of witchcraft practices which were sought to have been protected by the colonialists. The argument of Flint (2008) that whites' colonialists influenced African medicines and protecting Africans to practice their healing system seems to have taken another perspective which is not upheld by the researcher.

Although Indians, according to Flint (2008), adopted the ailments of their African counterparts and become practitioners and purveyors of African medicine itself, such could not mean that the British colonialists were in support of the African healing system as opposed to their Euro-West biomedical system. Yes, Indians might have helped to introduce to the African population the Indian herbs and substances that later become incorporated into the African pharmacopoeia, but for them it was easier to practice as they were part of the tricameral system during the apartheid system of South Africa. These are the reasons why the healers in the post-apartheid South Africa faced many issues such as gaining recognition, establishing traditional health associations and

authorities and protecting traditional health practitioners' profession from biomedical prospecting. The researcher in this case argues that every society develops its own cultural ways of dealing with illness and that there is no single healing perspective which can be regarded as universal and absolute. Mokgobi (2015) used an example of schizophrenia from which a Western biomedical practitioner may look at the biological or chemical causes while the African traditional healer may look at the witchcraft and ancestors / living-dead as possible causes.

2.14 Ancestors and the Use of Incised Bone Tablets

Africans believe in the eternal and ubiquitous spirit of the ancestors / living-dead and the Almighty God (Mokgobi, 2015). Ezenweke (2008) supports this by adding that Africans believe in the Supreme Being who is believed to be the creator of the universe and in other spiritual forces that are believed to have powers, often times, for specific purposes and amongst them are the ancestors. These ancestors, according to Mokgobi (2015) are called by different names depending on one's African origin such as *Badimo* by *Bapedi*, *Batswana* and *Basotho* and *Midzimu* by *Vhavenda*. Ezenweke (2008) argues that the *Suku* of Congo have no concept that can be translated as ancestors. They use the *bambuta* or singular *mbuta* which means big ones or old ones referring to any adult or older siblings as well as those of the generations above.

According to Mokgobi (2015) ancestors are the living-dead, compassionate spirits who are blood-related to the people who believe in them. They show an interest in the daily lives of the relatives that are still alive. According to Ezenweke (2008) ancestors or the living-dead, are believed to be disembodied spirits of the people who lived upright lives here on earth, died good and natural death, that is at ripe old age, and received the acknowledged funeral rites. Those who die premature death cannot be placed under the category of the ancestors because the ancestor is expected to must have lived a morally worthy and virtuous life. Ezenweke (2008) further argues that the goal of life to the living beings is to become an ancestor after death. This brings to the preparations of the dignified funerals which is said to make one an ancestor whereas the undignified

funerals make a dead person to become a wondering ghost and becomes danger to those who remain alive. This is because the dead are said to have been vested with mystical powers and authority over the living ones. They are superiors to the living beings and include amongst others deceased parents, grandparents, great-grand-parents, aunts and uncles. They act as mediators between the living and the dead (Mokgobi, 2015). This has been qualified by Mbata (1990:82) who illustrated that:

"The living-dead are bilingual; they speak the language of men, with whom they lived until 'recently', and they speak the language of the spirits and of God ...They are the 'spirits' with which African peoples are most concerned: it is through the living-dead that the spirit world becomes personal to men. They are still part of their human families, and people have personal memories of them".

Ancestors are appropriated with sacrifices. They dispense favors and misfortune. They continue to interact with the living beings through dreams, appearances, visions, sounds and incarnations through animals such as birds, butterflies, snakes, lions, bees and many others. Sometimes messages are received from ancestors through diviners, mediums, medicine persons or priests (EATWOT Members, 2000). Gumede (1990) asserts that communication between the living-dead or God and the living beings could be done through ritual slaughtering of an animal such as chickens, goats or cattle depending on the instructions from the ancestors. As the living beings communicate with the dead-living by regular sacrifice and invocation, the ancestors in return reveal themselves to the living beings through dreams by stating their names or through calamity, illness or bad luck. Had it happened that the living beings fail to comprehend the messages of the ancestors, such ancestors employ the services of the diviner who then serves as a link between the ancestors and the living beings. The diviner is able to interpret the messages of the ancestors for the living. Lukhaimane (1980) corroborated with this view and said that:

"The ZCC 'did not restrict its members from making sacrifices to their ancestors'. This comment was valid for some of the ZCC members we encountered, who felt that it was important to make ritual killings".

With regard to the use of bones, Mokgobi (2015) uses Hammond-Tooke (1989) to explain that diviners use incised bone tablets and spirits to diagnose and prescribe medication for different physiological, psychiatric and spiritual conditions. This practice deals with *malombo* or *midzimu* to heal those possessed with the spirits of their ancestors but without becoming traditional healers themselves. Incised bone tablets throwing is part of the rituals the traditional health practitioners, *Vhomaine* diviners, perform. The incised bone tablets are scattered in a circle by hand and then read. From the position in which the incised bone tablets fall, the diviners deduce the meaning. Those who throw incised bone tablets are mostly called diviners.

As opined by Hammond-Tooke (2002: 278), the *Nguni* divinatory system uses a set of four incised bone tablets or assortment of astragals, shells and other objects. These incised bone tablets are called *thangu* in *Tshivenda*. Cumes (2004) provides that incised bone tablets may include amongst others animal vertebrae, dominoes, dice, coins, shells and stones, each with a special importance to the life of a human being. For the functioning and interpretation of the meaning of the incised bone tablet, the type of an incised bone plays a major role such that a hyena bone signifies a thief and will provide the information about the stolen goods. This is because hyena is a nocturnal animal and it is active in darkness or during the night. To the diviner this may imply that those stolen goods could be seen or become visible when such an incised bone tablet or *thangu* made from a hyena bone has fallen in a particular position. Restaurant (2015) argues that throwing of incised bone tablets is part of the rituals by the diviners during the healing process.

Incised bone tablets are thrown to access the advice of the ancestors or the living-dead. These incised bone tablets are interpreted after being thrown to determine the reason why the client has consulted with the diviner. Normally, the diviner asks the full names

and surname of the client before the incised bone tablets are thrown on the floor so as to enable the diviner to call the ancestors of the client by their names. It is believed that the way or position in which the incised bone tablets fall is under the control, guidance and influence of the living-dead, the ancestors. Interpretation of the incised bone tablets is made by the diviner as revealed by the ancestors in relation to the afflictions of the client. In this case the diviner serves as a go between the client and the ancestors / living-dead and will tell what the ancestors require to resolve the problem or sickness (Cumes, 2004:43). When the agreement between the diviner and the client is reached that the predictions of the incised bone tablet are correct, regarding to what the client has consulted for, incised bone tablets or *thangu* are thrown again to request the ancestors to help the client on the required treatment. Depending on the feedback from the ancestors through incised bone tablets interpretation, an instruction could be made on what would be included of the diagnosed problem or sickness. Campbell, (1998:71) argues that through the use of incised bone tablets, the traditional health practitioner who is a diviner has the ability to see beyond the physical world.

2.15 Drumming and Ancestral Dancing

As attested by Hammond-Tooke (1999:128), Cape *Nguni* diviners borrowed a trance-like ecstatic dance from the *San*. Bryant (1970:13) provides that the word *ngoma* has been derived from *Sangoma* which is a Zulu word meaning a person of the drum or the drumming person. These drums are called *ngoma* in *Tshivenda.* Magubane (2018) opines that drums are part of the *Venda* music used during the rituals and traditional ceremonies. He named the different types of drums used by *Vhavenda* as *mirumba* (treble drums), *ngoma* (bass drums), and *thungwa* (drum-like ngoma but smaller). These drums are used to summon the ancestors when the client or the diviner is to be possessed by the ancestors. They are also used during the initiation of the apprentice. During the *ngoma* dance, the traditional health practitioner, the diviner or *Sangoma* falls into a trance-like state and becomes unconscious. Janzen (1995:142) provides that during this time the possessed diviners or clients are not even cautious of what is happening around them and they are under the control and guidance of the ancestors /

living-dead who possess them. The convulsive and vigorous movements when dancing becomes uncontrollable followed by singing of the ancestral songs (Cumes, 2004:9). The use of *ngoma* are accompanied by the use of gourd or calabash which is a rattle made from gourd with loose seeds inside and a stick runs through for holding during playing and this is called *tshele* in *Tshivenda*. Such drumming and dancing is said to be *malombo* dance in *Tshivenda*.

2.16 Transcendence as a Maker of African Knowledge

In religion, transcendence refers to the aspect of God's nature and power which is wholly independent of the material universe and beyond all physical laws. Transcendence is beyond human knowledge. Mondin (1991:196) avows that transcendence is derived from Latin "transcendere" which means to ascend on or elevate oneself above. Conradie (2013) provides that transcendence influences how one thinks, speaks, and acts, how people form habits and culture and how people shape civilization. Rakotsoane (2010) indicates that transcendence is not only used to refer to God, but also to man as self-transcendence when there is a push to go beyond, to go further, and when there is a will to reach the most advanced level. The purpose of the theory of self-transcendence is to provide a framework for inquiry and practice regarding the promotion of well-being in the midst of difficult life situations, particularly where individuals and families are facing loss or life limiting illnesses. In this case people run to consult *Vhomaine* and hope that God will provide answers to their problems.

Asante (1984:167-168), asserts that transcendence is not merely a phenomenon of the East and the West, but even African religion expresses a one God ideology. The book of the dead held the key to African transcendence. Asante (1984) further provides that the dispersal of the indigenous societies to various other places on the African continent made it possible for the re-emergence of the secrets in the *Yoruba Ifa* divination poetry, such as *Shona Mbira* and these traditions are mainly oral, yet they have demonstrated the integration of African medicine, theology, and agriculture. Asante (1984:168) argues

further that there is a unique experience of transcendence amongst Africans in the West, whether they are *Cubans*, *Brazilians* or *Jamaicans*, they share forms of the same experience in *Samba*, the *Brazilians* dance, *Sango*, the *Cuban* folk religion, *Umbanda*, the *Brazilian* folk religion or *Mya*, a *Jamaican* folk religion. Asante (1984) again believes that there is bias of categorization in such a way that people of God received the grace which was distributed selectively and they find themselves in the conflict between good and evil, sinners and saved, black and white, inferiors and superiors, weak and strong, rich and poor and so on and so forth.

Hinson (2000) opines that the praise initiates the supernatural conversations thus opening the mind's door to transcendence. The example given was to talk about singing until one feels it. The saints often say that singing can lead one to transcendence. Religious experience grants a special kind of knowing. It imparts a knowledge said to resonate with the soul, a knowledge carrying so much certainty that it denies the need for objective verification and makes all calls for public validation seem petty and irrelevant. Hinson (2000:11-12) further provides the poetry of faith among sanctified believers that experience grants knowledge, knowledge informs belief, belief invites further experience, at the same time experience confirms belief, belief invites a frame for knowledge and knowledge explains experience. Chilisa, et al. (2017: 327-328) argue that the use of proverbs and songs as indigenous literature and community voices to deconstruct stereotypes, deficit theorizing and community constructed ideologies of dominance can be used as a form of decolonization. They describe decolonization as a critique of the dominance of Euro-Western language and thought, culture and academic imperialism.

Conradie (2013) attests that signs may carry a rich set of connotations that are not fully captured by the material signifier, but which the signifier connotes and that signs do not always participate in what they signify and by contrast, symbols do participate in that which they symbolize. Conradie (2013) uses metaphors as signs that are employed to create and highlight connotations by seeing something in the light of something else. Conradie (2013) avers that through imagination signs may also refer to a vision for the

future, to the society that does not exist yet, but which may come about through dreaming that a different world is possible. This may suggest that any image without a word attached to it remains dead and meaningless. Africans therefore may use poetry or meanings attached to symbols to express their knowledge, and such cannot be comprehended by a novice African in such a given and particular environment. In all materiality, a word accompanies the image to give meaning and such word also guides the direction pointed by the sign to gather the full meaning of the symbol. In this way transcendence serves as a maker of the African knowledge. When the practices of *Vhomaine* need to be documented, such should be done in accordance to what is understood within the African context and those from Vhembe District Municipality need also to be understood from their local contexts.

Rakotsoane (2010) states that for Africans are only beings who are endowed with self-transcendence and can disturb harmony. An example given was that when an accident happens when a car knocks down a cow, the question is not how the accident happened, but who caused the accident. The diviner or *Vhomaine* is consulted to identify the culprit who will be branded as a witch. Where the cause is identified as spiritual, rituals are recommended to be performed to restore and maintain ontological harmony to bring reconciliation. Rakotsoane (2010) further provides that traditional African communities do not actively worship and direct their prayers directly to Supreme Being, but instead direct them to ancestors and divine powers first. The Supreme Being appears to be ontological transcendent and He himself does not involve himself in daily communal affairs. The gods, divinities, spirits and ancestors are seen as mediators acting with the sanction and knowledge of God himself although at other times acting as independent agents. Finally, Hinson (2000:25) provides that transcendence influences peoples' lives according to the will of the spirit rather than the choice of the believers. This therefore explains the existence of the ancestors / living-dead through whose *Vhomaine* serve as a mediator with the clients / *vhalaxwa*.

2.17 Theoretical Framework

According to Kivunja (2018:46), a theoretical framework comprises of the theories expressed by experts in the field into which one plans to research in order to provide a theoretical coat hanger for data analysis and interpretation of the results. Mallick & Verma (1999:6) and Blumberg, et al. (2011:36) maintain that the main role of a theory is to help guide the researcher. In this study, four main theories were used in the investigation of the documentation strategies of indigenous health knowledge of *Vhomaine* in the Vhembe District Municipality, Limpopo Province of South Africa. Swanson (2013:122) accounts that a theoretical framework is a structure that supports a theory of a research study. In addition, Best & Kahn (2006:10) purport that a theory could best be described as an attempt to develop a general explanation for some phenomenon under investigation. John (2005:15) summed up by stating that a theory is thus, an essential tool of research for stimulating the advancement of knowledge. These theories, the way they are used in this study have proved the researcher's understanding of the data collected from *Vhomaine* that the outcomes align with the theories.

Considering the complexity of the practices of *Vhomaine* regarding their tacit knowledge on the documentation of indigenous health knowledge, the following theories which are relevant to the research topic, research questions and problem statement are presented in support of the reviewed theoretical literature. Out of many relevant theories, the researcher chose the post-colonial theory; indigenous knowledge systems (IKS) based theory; preservation and heritage theory as well as organizational knowledge creation theory.

2.17.1 Post-Colonial Theory

There are many theorists of post-colonial theory including Frantz Fanon, Edward Said, Gayatri Chakravorty Spivak, Homi K Bhabha, Siva R Kumar, Dipesh Shakrabarty,

Young R.C to mention a few. Post-colonial theory postulates that decolonized people develop a post-colonial identity that is based on cultural interactions between different identities, which are assigned varying degrees of social power by the colonial society. *Vhomaine* is a culture in itself with its own identity but made by the colonial authority to be undermined. Colonizers manufactured the cultural knowledge about the colonized and the post-colonial theory refers to the resistance to the culture of the colonized such as the third world continents Africa, Asia, Latin America and Oceania (Sharp, 2008).

Post-colonialism is said to be a critical study of the cultural legacy of colonialism and imperialism and it analyses the history, culture, literature and discourse of Euro-West imperial power (Sharp, 2008). It is argued that the post-colonialism does not mean the time after colonialism has ceased, it is rather an engagement with, and contestation of colonialism and social hierarchies (Magee & Galinsky (2008). Therefore, a post-colonial theory must then respond to more than a just discursive experience of imperialism.

According to Asante & Yaw (2021), the term post-colonial first appeared in the writings of Bill Ashcroft, Gareth Griffiths and Helen Tiffinin. Elam (2015) regards Edward Said as the father of postcolonial theory which emerged from and deeply indebted to anti-colonial thought from South Asia and Africa. He postulated that the theory attempts to focus on the oppression of those who were ruled under colonialization and that it holds the notion that decolonized people develop a postcolonial identity that is based on cultural interactions. Asante and Yaw (2021) argue that the postcolonial theory is a war by the formerly colonised, minorities and the marginalised people on earth who are uncomfortable with the European and Western prejudiced, subjective, and derogatory representations of their identities and histories. It is argued that the aforementioned explanation of the post-colonial theory fits well to the identified participants or *Vhomaine* in this study. *Vhomaine* are also the subjects of the triple challenges which constitute poverty, unemployment and inequality. The British and the apartheid system in South Africa subjected *Vhomaine* as black people to poverty and unemployment by taking their land and left with only 13% and they were not equated with human beings.

According to Bhabha (1994:112-116), postcolonial theory developed from anti-colonial philosophy. Bhabha (2007:1190) argues that postcolonial theory engages the psychology of both the colonised and the colonizer in the process of decolonization and that it raises self-consciousness which revolutionizes their minds to build a new society where liberty and equity prevail. To reclaim what *Vhomaine* have been robbed of, the need therefore arise as to in which ways *Vhomaine* can preserve their indigenous health knowledge (*ndivho ya tshithu ya u alafha*). From an optimistic view point, Rukundwa & Van Aarde (2007:1171) argue that post-colonial theory provides a means of defiance by which any exploitative and discriminative practice regardless of time and space can be challenged while from pessimistic view point the theory is regarded as ambiguous, ironic and superstitious. This simply suggests that the indigenous poor and often rural people are the mostly exploited and discriminated against, and such are *Vhomaine*. According to Young (2001:383), the origin of post-colonial theory through history and also as a political discourse emerged mainly from experiences of oppression and struggle for freedom after the tri-continents which are Africa, Asia and Latin America were associated with poverty and conflict. These poverty and conflict were brought about by unemployment and inequality. Colonizers ensured that all the resources, including indigenous resources, such as land and live-stock including ability to practice as *Vhomaine* are also captured with them. Hence, the theory strives to reclaim the past imbalances. *Vhomaine*, as Africans, were also the victims. They were discriminated from the general society because of their practices.

Using Fanon (1963:250) and Said (1978:208), in the service of the colonial type of imperialism, the “us and them” orientalist paradigm allowed the European scholars to represent the oriental world as inferior and backward, irrational and wild, as opposed to the Western world that was superior, rational and civilized. The practices of *Vhomaine* thus represent the oriental world. This paradigm shift represents European dominance over the colonized. Rukundwa & Van Aarde (2007:1178-1179) asserted that postcolonial theory goes hand in hand with liberation theology which emerged from the lives of the poor and the oppressed. This has been supported by the politics of Che Guevara which motivated the strategy of working with the peasants, who are the poor.

They stated that the prophet Simon Kimbangu (1889-1952) who led the war against Belgian colonialism in the Democratic Republic of Congo (DRC) had a revelation in which God was going to liberate the Congo and Black people from colonialism. Kimbangu was accused of preaching heresy and inciting people to be against the colonial power and was arrested and sentenced to death in November 1921. In the context of South Africa, prior to the arrival of European settlers in the Cape Colony in 1652, formal and informal educational practices had long been in existence among the *Khoi*, the *San* and the *Bantu*-speaking people of Southern Africa. The curriculum of indigenous education during the pre-colonial period consisted of traditions, legends, tales, the procedures and knowledge associated with rituals which were handed down orally from generation to generation within each tribe. According to Murombedzi (2003:1), very little is known and has been written about pre-colonial indigenous practices. This has been supported by Mapara (2009: 141 – 142) who opines that colonizers promoted their superiority over the inferior African people. There was no mutual respect between Western and the traditional Africans inclusive of *Vhomaine*. The traditional African health care system was disrespected due to the cultural insensitivity and whenever it was practiced the approach was one-sided. Even the medicine from the traditional African practitioner is considered to be toxic and poisonous when ingested by the patients as it is regarded as lacking scientific and evidence-based research today. This theory recognizes the inequalities and injustices of the past. The theory argues that the historical lack of official recognition, research and focused development created a gap in standards between indigenous medical tradition and biomedical colonialism, cultural imperialism. Furthermore, Apartheid South Africa has held back the development of African traditional health care and medicines.

Using Moshabela, et al. (2016:85), it is argued that the post-colonial theory views the scientific knowledge lens as different from the indigenous knowledge lens. The world view of the biomedical paradigm is very different from that of the traditional healing paradigm. This is because, historically, biomedical structures have been used by missionaries as a vehicle to convert African people who held traditional world view to Christian world view. The reality is that given this understanding, *Vhomaine* would have

difficulty in understanding the lack of appreciation from the biomedical practitioners. It can be argued that these past inequalities and imbalances made it difficult for collaboration between traditional healing and biomedical healing systems. Otherwise, if the collaboration between the two systems are to succeed, there should be some degree of mutual understanding based on respect and equal footing. This will try to be in the vicinity of the possibility of the development of culture-congruent, indigenous practitioner-oriented documentation strategy of *Vhomaine* in the Vhembe District Municipality and this is the aim of the study.

Moshabela, et al. (2016), support the aforementioned argument citing the impossibility of the collaboration because the two different paradigms cannot work together using a one-sided biomedical paradigm. The biomedical paradigm tends to work along the quasi-missionary lines which are based on religious lines. From this theory, any attempt to collaborate the two opposing forces using a one-sided biomedical issues of qualifications, standardization and training that are clear-cut towards undermining the practices of *Vhomaine* would be impossible and render the notion of establishing equivalence largely meaningless. Biomedical practitioners regard the practices of *Vhomaine* as not meeting the standards of biomedicine as their prescriptions are based on dreams and the advises of the living-dead, the ancestors. The atmosphere of animosity between the traditional and biomedical practitioners have far reaching effects and impact. But it should be remembered that if a researcher allows to be guided too closely by the theory, the researcher will end up being blinded by the theory (Schimke, 2021).

The point that African indigenous people have been successful in the field of health and medicine was ignored as averred by Mapara (2009:146 - 152) who posits that the advent of white imperialism was a medical and health disaster for the colonized who had a wealth of medical knowledge, that not only sustained their populations prior to colonization, but that also continued to be relied on long after the colonies had been set up. Mapara (2009:153) concluded that information is within the proverbs, myths and some religious rituals, and those who understand the languages. This suggests

therefore, that through the performance of rituals, learning becomes a life-long process amongst the indigenous people. The pre-colonial history could serve as a foundation for post-colonial theory that the documentation strategies of indigenous health knowledge of *Vhomaine* could be well applied.

Through the application of the post-colonial theory, the study therefore proposed that there should be a collaborative project for the infusion of bio-medical and indigenous health practices. The collaborative projects will determine the ways in which *Vhomaine* can be trained to document their practices in a way that would be congruent to their retrieval and the healing process. This should be informed by the tradition and culture of the indigenous knowledge that forms part of the cultural complex that encompasses *Vhomaine* practices in terms of their rituals, spirituality and world view. Doing more research based on Afrocentric research methodologies which propose cultural and social immersion as opposed to scientific approaches to understand the African phenomena is another proposed finding of the study that could assist towards further investigation of the documentation strategies used by *Vhomaine* and their interactions with *vhalaxwa* or the clients.

2.17.2 Indigenous Knowledge Systems (IKS) Based Theory

There are many proponents of IKS based theory such as Martinez Cobo, Wade Davis, Rebecca Adamson, and Mark Plotkin. They believe that an indigenous person is one who belongs to the indigenous people through self-identification and is recognized and accepted by the group as one of its members. The community has the sovereign rights and powers to decide who belongs to them without external interference. This implies that there are no imposed people from outside to be regarded as indigenous people without being part and participating in the activities of the rest. This theory is also known as indigenous ways of knowing, rural knowledge, traditional knowledge, and ethno-science, and manifests itself in agriculture, botany, medicine, etc.

Based on the research topic that seeks to investigate the documentation strategies of indigenous health knowledge of selected *Vhomaine* in the Vhembe District Municipalities, the founders of this theory are consistent with the set objectives of the study which attempt to solicit the description of the different recording styles per selected categories of *Vhomaine* who are the diviners and herbalists and which desire to pursue and probe various ways in which *Vhomaine* retrieve information about their clients / *vhalaxwa*. The questions derived from these objectives were well responded to during the interviews and participant observation during data collection process.

The problem statement of the study disclosed that *Vhomaine* as well as some IKS scholars warned against employing a documentation system that disregards the holistic indigenous knowledge frame in which *Vhomaine* operate. The example is that *Vhomaine* sometimes see visions, have dreams, and or go on a trance to come up with either a diagnosis or treatment or both and such is not easy to record as it occurs. According to what has been asserted by the problem statement of this study, the theorists related to this theory go along and concur with the conception that the recording system of *Vhomaine* is informed by their tradition and indigenous health knowledge. As evidently from the statement of the problem that these are part and parcel of a cultural complex that encompasses *Vhomaine's* practices, rituals, spirituality and worldviews. It was based on this theory when the policy on IKS was developed and adopted in 2004 by the cabinet of the South African government.

With reference to the study, the IKS based theory assists in defining the indigenous health people who are *Vhomaine* and in understanding their beliefs, customs, culture, tradition and language. Through face to face interviews and participant observation, the researcher ultimately understood the beliefs, customs, culture and the tradition of *Vhomaine* better. It is therefore difficult, if not impossible, to propose and impose a documentation strategy / strategies to a set of a community that the researcher lacks its background, practices, traditions and experiences. The researcher loved the application and the use of this theory because it rests on ethno-science that classifies indigenous cultural knowledge systems such as the taxonomy of plants and animals which are

basics in and sources of medicines and the healing practices by *Vhomaine*. *Vhomaine* use medicinal plants and animal portions to prepare their medicines for healing purposes. Such flora and fauna species serve as the pharmacy of *Vhomaine*. The maintenance and protection of the environment to balance the ecosystem becomes the primary responsibilities of *Vhomaine*. This has been confirmed from the data collection activities of the study.

In support of the indigenous knowledge systems based theory, the study revealed that *Vhomaine* are informed by the ancestors or the living-dead when throwing and reading their incised bone tablets known as *thangu,* when their clients or *vhalaxwa* consult with them. Indigenously, the outcomes from the reading of the incised bone tablets are not documented as opposed to the biomedical counterparts. *Vhomaine* communicate with their ancestors or the living-dead through dreams and seeing visions. Again, the outcomes of such are not documented when revealed to the clients. Due to the inclination to oral history by *Vhomaine*, the high level of their memory distinguishes them from the ordinary people within their community. The knowledge and experience possessed by *Vhomaine* enable them to make observations to the clients when they consult with them. From the observations *Vhomaine* make from the clients or *Vhalaxwa*, diagnosis and treatment follows. *Vhomaine* are able to apply the question and answer method which is difficult to be used by the ordinary people. The questions asked by *Vhomaine* to make diagnosis and treatment are not ambiguous, they follow a systematic approach which is an African based not even taught at school. This is therefore a demonstration of an indigenous knowledge systems based theory. The study, under the utilization of this theory finds out that sometimes *Vhomaine* use *mitupo* i.e. customs and clan names, to retrieve the stored information within their memory. Those *Vhomaine* who are *dzinombe* or herbalists walk with the diviners or *madzembelekete* or *madzolokwe* to tap the knowledge from them for future use. These are the findings which are associated with and demonstrated by the application of the IKS-based theory.

2.17.3 Preservation and Heritage Theory

Preservation and heritage theory forms part of the theoretical framework in this study. According to Pavlodar (2015:14), the term “Cultural heritage” dates back to Henri-Baptiste Grégoire (1787-1831), a bishop of Blois in France. It is aligned with the last objective of the study which aims to suggest documentation strategies of *Vhomaine* in relation to their indigenous health knowledge. Because the documentation of the practices of *Vhomaine* is faced with many challenges, the fourth objective of the study which relates to the determination of the challenges associated with the documentation of traditional health practitioners’ / *Vhomaine’s* healing practices addresses the problems faced in the application of this theory.

According to Pavlodar (2015), preservation or conservation is the deliberate act of keeping cultural heritage for future use and such a cultural heritage is the legacy, physical science artifacts and intangible attributes of a group or society that are inherited from the past generations, maintained in the present and bestowed for the benefit of future generations. It is against this conception that *Vhomaine’s* practices during the healing process of their *vhalaxwa* should be maintained as it happened in the past, happening now and when documented correctly, shall be practiced in the future. Cultural heritage supports an expression of the forms and ways of living developed by a community and such is passed from one generation to the next. Soeroso & Susilo (2014:45) avow that culture is the characteristics of a particular group of people defined by everything from language, religion, cuisine, social habits, music and arts. Cultural heritage of the theory in case of the documentation strategies of *Vhomaine* about their indigenous health knowledge and their interaction with *vhalaxwa* applies and expresses human creative skills and imagination, typically in a virtual form like painting or sculpture, music or dance. Such skills are depicted when one observes the incised bone tablets or *thangu*. The way they are designed carry meanings to *Vhomaine* who are the diviners which cannot be interpreted by an ordinary person who is not inducted to the trade through initiation to the world of the ancestors or the living-dead as an apprentice

As expressed by Nilson & Thorell (2018:9-10), heritage represents a fact or situation that is observed to exist or to have happened within a traditional historical discourse and that cultural heritage refers to the modern or contemporary society's use to the past which are transmitted mostly orally. It is argued that the key issue in preservation is to ensure that what had happened in the past and the current developments are stored for future reference. Onyaoku, et al. (2015) argue that there is a gradual extinction of indigenous knowledge including indigenous medical knowledge. It is against this reason that indigenous health practices have protected and defended the health of indigenous communities for generations and as such need to be preserved. *Vhomaine's* collective indigenous health knowledge heritage and their practices should be treated as more important than others.

The aforementioned explanations of the preservation and cultural heritage are general assumptions of the theory. To be specific, Georgios (2017) argues that the traditional health practitioners who are *Vhomaine* in this study and their healing activities, cultural tradition and heritage pass them down from generation to generation orally. The need to preserve all these then arises. The practices of *Vhomaine* substantially contribute to the reinforcement of their cultural identity and as such plays an important role in the cultural development of the society. The emphasis that such practices of *Vhomaine* need to be preserved for future generations is a key in this study. The history and culture of *Vhomaine* and their practices need to be learnt for self-identity and creation of a better future as supported by Georgios (2017).

The preservation and heritage theory forms the basis for the preservation of indigenous health knowledge. Just like the sacred sites where *Vhomaine* practice their rituals while communicating with the ancestors / living-dead, if that is not preserved, there would be an extreme loss of such knowledge and practices. The preserved knowledge by *Vhomaine* is said to be a local Knowledge. *Vhomaine* in this study are from Vhembe District Municipality comprised of four local municipalities. Since they were born and bred within the district, is the confirmation that their knowledge is predominantly local. According to Hanberger et al. (2015:32), local knowledge refers to knowledge usable

within a specific contextual environment. Gajardo et al. (2015:354) added that local knowledge contributes to the conservation and preservation and according to Sun (2015:132), such knowledge is situational and local. Nilson & Thorell (2018:39) summed up that such knowledge is transferred through generations. The oral tradition dictates that instead of documentation, the knowledge within *Vhomaine* is transferred orally from one generation to the next.

Vhomaine, the diviners in this study said that their tacit knowledge of healing practices is preserved by their ancestors or the living-dead. This statement asserts that there is a need to preserve this knowledge. The difficulty is the preservation by the ancestors or the living-dead. The repository of the preserved practices and the indigenous health knowledge is only accessed by the few particularly *Vhomaine*. This addresses the challenges of preservation. Theories have challenges and without challenges, they cannot be dynamic. Theories only give us a framework, and thus a need to find ways how such practices could be preserved should prevail at the end. The how part of it makes the preservation and heritage theory to be dynamic. Schimke (2021) shows that Chimamanda Ngozi Adichie contends that “theory gives us a framework to think about the world, but we should not give it primacy when we do, otherwise we shall start to walk backwards”. But we must preserve the sanctity of the theory. The study suggested that the preservation of the indigenous health knowledge and the practices of *Vhomaine*, the diviners should be the continuous practice of using the drums / *ngoma* when calling for the ancestors within the communities they live in and allowing the apprenticeships / *mathwasana* to walk in public wearing their ancestral attire or costumes called *matongo* in Tshivenda.

Onyaoku, et al. (2015:35), contributed the reasons for the preservation of traditional medical medicines and amongst them are that there is a general consensus on the gradual extinction of indigenous knowledge systems as a result of colonization; adoption of Western cultural practices which led to the detriment of indigenous culture and that government favoured Western medicine with its highly developed evidence base care approach to treatment; etc. The question is why during this period of post-

colonization there is still a fear that the indigenous health knowledge and the practices of *Vhomaine* will be extinct. Maybe it is because after colonization, people inclusive of *Vhomaine* remained psychologically and mentally colonized. If this is a reason, there is a problem and there is a need for the African people to decolonize themselves. If *Vhomaine* and the indigenous people discard and get rid of the indigenous African cultural practices in favour of the Western cultural practices, this implies that they are still colonized. There is therefore a need to re-examine the school curriculum and as such the academic or institutions of higher learning should play leading role. The recommendations of the study have also attested to this. There is also a problem to the government if it advocates the Western medicine instead of working with research institutions to promote and use the indigenous health medicine with the help of *Vhomaine*. The need therefore arises to investigate the preservation and documentation strategies for *Vhomaine* who are currently the repository of indigenous health knowledge.

Preservation and conservation of the indigenous health knowledge and the practices of *vhunanga* is a concern not only to the local *Vhomaine*, but globally, hence this theory was developed. Onyaoku, et al. (2015) report by using the World Health Organization Traditional Medical Conference held in Beijing in November 2008. It was in this conference where the necessity for the preservation of indigenous health knowledge was accentuated to in the first article of declaration where it dictated that:

"The knowledge of traditional medicines treatment and practices should be respected, preserved, promoted and communicated widely and appropriately based on the circumstances in each country. This can be done through planned documentation of the existing knowledge".

The above mentioned first article concerns about the health knowledge and practices of *Vhomaine*. If such practices are not respected, they cannot be preserved, promoted and widely communicated and documented. They cannot be stored in the repositories of *Vhomaine*. The study proposes that the health knowledge of *Vhomaine* and their

practices should be preserved by being practiced openly without fear, favour or prejudice as dictated by section 167 of the Constitution of the Republic of South Africa (1996) to ensure that they are not diabolized and undermined. *Vhomaine* who are the herbalists are likely to propose strategies for documentation while the diviners will opt to request from their ancestors or the living-dead to use them as their repository and such is difficult to pen down. If the knowledge from the diviners is not penned down and the knowledge holder dies with the knowledge, such knowledge is said to have been lost. In the same vein, *Vhomaine*, the diviners, in this study do not agree that such a knowledge could be lost as it belongs to the ancestors / living-dead whom in this case serve as the repository of the knowledge. At a later stage, the knowledge will resurrect and be transferred to the chosen *Vhomaine* who will then practice it. It can be concluded that indigenous knowledge and the indigenous health knowledge of the herbalists can be recorded in written form, but not the practices of the diviners.

The outcomes of the study suggest that *Vhomaine* within Vhembe District Municipality do maintain and protect the environment which keeps their fauna and flora species. *Vhomaine* depend on these species for their medicinal purposes. They are also involved in awareness campaigns to ensure that the natural environment is sustainable and that the ecosystem is not degraded. Such education which protects the environment is of value to *Vhomaine*. The knowledge of *mitupo* i.e. customs and clan names, as revealed by the study is an indication of how knowledge is transferred from one generation to the next. Such *mitupo* store the knowledge and serve as a repository. The young ones need to orally know *mitupo* by memorization, imitation, or by documenting through penning down in a book. The knowledge of throwing and reading the incised bone tablets or *u vhala mawa a thangu* is inherited from one generation to the next. The secrecy of this activity hinders documentation in a written form. The study further indicates that inter-marriages also preserve the indigenous health knowledge that is in the hands of *Vhomaine*. In this way, the preservation / conservation and heritage theory helps to attain the desired outcomes of the study.

2.17.4 Organizational Knowledge Creation Theory

The outcomes of the study on the documentation strategies of *Vhomaine* in the Vhembe District municipality, Limpopo Province of South Africa, are also informed by Organizational Knowledge Creation Theory (OKCT). This theory forms part of the theoretical framework in this study. This theory, according to Nonaka et al. (2006) is the process of making available and amplifying knowledge created by individuals as well as crystallizing and connecting it to an organization's knowledge system. It is argued that what an individual learns from a specific environment such as in the case of this study, in a family where they practice *malombo* dance, others will learn and eventually the whole family and the local or indigenous community will learn *malombo* dance. In this study, it was revealed that the apprentices or *mathwasana* learn the practices of *vhunanga* by doing *malombo* dance. Organizational knowledge creation theory can therefore be viewed as an upward spiral process from the individual level to the collective group level, and then to the organizational level, sometimes to the inter-organizational level. Nonaka et al. (2006) averred that tacit knowledge is often demonstrated as “practical intelligence” rather than “abstract, academic intelligence”. This confirms that the knowledge of *Vhomaine* is more practical than being academic, and that is why the documentation of *Vhomaine,* the diviners’ practices and the consultation of the clients / *vhalaxwa* are increasingly onerous and burdensome.

Nonaka’s (1994) dynamic theory of organizational knowledge creation holds that organizational knowledge is created through a continuous dialogue between tacit and explicit knowledge via four patterns of interactions which are socialization, externalization, combination, and internalization, and they are known as SECI Model of Organizational Knowledge Creation theory. Tacit knowledge according to Oragui (2020) refers to the knowledge, skills and abilities an individual or *Vhomaine* in case of this study, gain through experience that is often difficult to put into words. Tacit knowledge is intuitive knowledge and a know-how, experiential or tribal knowledge which is rooted in action, commitment, involvement, context, experience, practice and values and it is often not documented. *Vhomaine*, the diviners in this study insist that their knowledge

cannot be documented in written form, as it does not belong to them, but the ancestors / living-dead. This knowledge is hard to formalize and communicate as it resides in the minds of the practitioners. The study divulges that *Vhomaine* sometimes see visions, have dreams, and or go on a trance to come up with either a diagnosis or treatment or both and such is not easy to record as it occurs. *Vhomaine* are the practitioners of the indigenous health knowledge. The tacit or unexpressed knowledge is transferred through socialization and mentoring. Since the tacit knowledge of indigenous health practitioners is often not documented, the study seeks to explore the strategies that can be employed to document the knowledge of *Vhomaine*.

On the other hand, explicit knowledge is codified knowledge found in documents, databases and it is mostly transmittable in formal, systematic language (Polanyi 1962). Oragui (2020) holds that implicit knowledge is explicit knowledge that has not yet been documented. The knowledge of the practices of *Vhomaine* when the clients or *vhalaxwa* consult with them and when they go on trance has not yet been documented. When implicit knowledge becomes explicit is when the knowledge is recorded verbatim. *Vhomaine* in this study say they do not control the knowledge as it is under the management of the ancestors or the living-dead. Recording verbatim is preservation.

Dlamini & Ocholla (2018:137), argue that the tacit knowledge needs to be managed because it is at risk of becoming extinct if appropriate measures are not taken to preserve and manage it. The aim of the study is to investigate the possibility of the development of the culture-congruent, indigenous, practitioner-oriented documentation strategy of *Vhomaine* is because it has been famed that the indigenous health knowledge is gradually becoming extinct. The theory therefore puts grounds for the documentation strategies of *Vhomaine*. Much of the indigenous health knowledge is preserved in oral tradition, such as human memories and such memories are gradually disappearing due to brain drain, death or memory loss (Dlamini & Ocholla, 2018:138). It is on this ground that strategies for documentation of *Vhomaine's* practices need to be investigated. Lwoga, et at. (2010), argue that IK / indigenous health knowledge is gradually disappearing from its master / *Vhomaine* in African countries because there

are no tangible efforts to recognize and manage the knowledge. The study argues that this is because the indigenous health practitioners are marginalized as they are excluded from the communities they live. It is argued that the Witchcraft Suppression Act, Act No. 03 of 1957 contributed to the exclusion of *Vhomaine* from the society. The indigenous health knowledge has often been referred to in a negative way with phrases such as primitive, backward, outdated, barbaric, pagan, and archaic (Ocholla, 2007).

Indigenous health knowledge which is tacit is commonly exchanged through personal communication, demonstrations and gets transmitted from the master to apprentice, from parents to children, from neighbours to the others and from generation to generation (Dlamini & Ocholla, 2018:138). Such oral transmission from *Vhomaine* to the children or the next generation is only possible with the help of the ancestors or the living-dead. According to the World Bank Group (2004), the scientific community despised TK / traditional health knowledge and doubted its credibility or reliability. Dlamini & Ocholla (2018:138 – 139) provided that scientists tend to dismiss traditional or indigenous health knowledge as subjective, anecdotal, and unscientific. It can therefore be argued that the traditional health knowledge cannot be ignored as non-essential. The lack of adequate protection of the indigenous health knowledge threatens its existence globally.

The knowledge of *Vhomaine,* the diviners is not captured, stored, preserved, retrieved and disseminated for future generations. This provides evidence that the investigation of the documentation strategies of the diviners is long overdue. The Department of Trade and Industry (2008) provides that poaching of local knowledge, where in this case is indigenous health knowledge, is the largest threat. Some *Vhomaine* in this study claim that some researchers take their knowledge and sell it to overseas and such developed countries are the greatest poachers. That is why there is some resistance to protect the indigenous knowledge, and in this study, the indigenous health knowledge by some of the developed countries. This is proven by the United States of America which is not a member of the Convention on Biological Biodiversity which promotes the protection of

IK / indigenous health knowledge through Intellectual Property (IP) system (Dlamini & Ocholla, 2018).

Using the four patterns of interactions of the SECI theory model of organizational knowledge creation theory of Nonaka (1994), the knowledge holders and custodians of the indigenous health knowledge, especially the diviners, do not necessarily share the knowledge that belongs to the ancestors or the living-dead with the outsiders. When *Vhomaine* die, they die with the knowledge. They claim that the ancestors or the living-dead will transmit the knowledge to the next knowledge holder selected by the ancestors. The interrogation of the following four patterns or elements of the organizational knowledge creation theory will indicate if they are useful towards the documentation strategies of indigenous health knowledge of selected *Vhomaine* in the Vhembe District Municipality of Limpopo, South Africa:

Socialization: this can be used as a tool which commands the knowledge holders or *Vhomaine* who are the custodians and practitioners of the indigenous health knowledge to share their experiences, skills, intuition and beliefs with the ordinary people who do not have access to the knowledge, but who may view the knowledge to be important and valuable through conversation. Socialization allows and promotes knowledge sharing among communities and organizations for the benefit of all. As opined by Lwoga, et al. (2010), IK / indigenous health knowledge is shared through cultural roles such as apprenticeships, initiation rites during adolescence and age set systems. In case of this study, socialization seems to be possible amongst *Vhomaine* who are the herbalists and not possible to *Vhomaine* who are the diviners. An herbalist walks with the diviners and tap from them. Herbalists also learn from each other when the environment is conducive. *Vhomaine*, the diviners, can share the knowledge with their apprentices but not all of their knowledge. Apprentices will get some of the knowledge from their ancestors or the living-dead.

Externalization: This occurs when a knowledge holder or the custodian of the tacit knowledge changes or converts the primary knowledge to secondary form such as rock

painting where another person can retrieve the knowledge even in the absence of the custodian of the knowledge and use it effectively. Externalization minimizes lack of trust and promotes understanding of people from different backgrounds. It enables mutual collaboration. Although *Vhomaine*, the diviners can practice *malombo* dance publicly, the communication with their ancestors remains a secret and as such externalization could not work well amongst them. It could work well with *Vhomaine* who are herbalists. The herbalists can learn from the book and follow the instructions of the manual about the use of particular medicines and uses the information or knowledge effectively.

Combination: This is the exchange of knowledge from explicit knowledge to explicit, meaning that a secondary form of knowledge is used to make another secondary form of knowledge (Dlamini & Ocholla, 2018). In the case of this study, an herbalist can learn from another herbalist. One who studied the use of medicinal plants from another person or from the book can transfer that knowledge to another person. However, this could be argued that when a secondary recipient of the knowledge transfers a knowledge to another secondary or tertiary recipient, the content of that knowledge could have been diluted and loose the original or intended meaning. This shortcoming has a negative impact in the application of this theory. This confirms what Chimamanda Ngozi Adichie as recorded by Schimke (2021) that one should not allow self to be guided too closely by theory because one will end up being blinded by theory. Therefore, if one gives to theory an exaggerated and uncritical reverence, it is idolatry.

Internalization: This happens when external knowledge from the documents, databases, and artifacts is used to create new knowledge inside a person that can also be transferred to others. Shared bodies of knowledge are internalized. Anybody interested in indigenous knowledge systems can learn by doing, such that local people perform traditional dance, while others observe and join them once they master their styles. It ensures that explicit knowledge does not become obsolete and irrelevant. In the case of this study, *Vhomaine* who are the herbalists, as evident, can walk with *Vhomaine* who are the diviners and learn the use and functions of different medicinal plants and animal portions. This ensures that the explicit knowledge of the use of those

medicinal plants and animal portions does not become extinct. The problem with internalization is that *Vhomaine*, the diviners sometimes do not divulge every information about the uses of the particular medicinal plants. The secret knowledge mostly used by the ancestors / living-dead by the diviners cannot be guaranteed. The internalization pattern of the organizational knowledge creation theory therefore ensures the preservation of indigenous health knowledge.

The findings of the study are in line with the findings of Nonaka (1994) who reported that it is possible to store and disseminate tacit knowledge through the application of the organizational knowledge creation theory.

2.18 Summary of the Chapter

This chapter dealt with the literature review, followed by the theoretical framework. Documentation strategies as a concept has been outlined. Different perspectives need to be put in place so that the formal documentation process can be successful. The IKS documentation center has also been discussed as one of the projects established by the NRF through IKS policy of 2004. Challenges facing documentation, benefits and importance of documentation were also discussed. The legislative framework critically exposed acts, policies and guidelines underpinning documentation of indigenous health knowledge. The reading of incised bone tablets, divination, drumming and ancestral dancing were discussed to expose how *Vhomaine* operate. Associations of the traditional healers, rituals that are performed by the practitioners were also put into perspective. The literature review was concluded by the discussion regarding transcendence as a maker of African knowledge. The last section on theoretical framework comprises the theories expressed by experts in the field of documentation of indigenous health knowledge to provide a theoretical basis for data analysis and interpretation of results. The theoretical framework thus included various theories which are discussed in detail to expose how they relate to the outcomes of the study. These theories include post-colonial theory, Indigenous Knowledge Systems based theory, preservation and heritage theory and the organizational knowledge creation theory as

informed by the reviewed literature. The next chapter will deal with research methodology.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The previous chapter presented the literature review followed by the theoretical framework of the study. This chapter presents the research methodology and the research design that were used to conduct the study. The qualitative research methodology was adopted and utilized in this study. Both explorative and descriptive research designs were used. While research design is a plan to answer research questions, research method in this study serves as a strategy used to implement the plan. Both participant observation and in-depth interviews were used as tools to collect data from *Vhomaine* (herbalists and diviners). *Vhomaine* in this study were viewed as collaborators rather than the subjects who sit and wait to answer the questions from the researcher who is a novice in their trade.

The data collection tools were triangulated for the purpose of ensuring greater level of validity and reliability of the data collected. Data analysis was done thematically to come up with findings, conclusions and recommendations. The chapter also includes exclusion and inclusion criteria used to identify and select *Vhomaine* who acted as collaborators during the study. Ethical aspects such as voluntary participation and informed consent were considered to provide ethical soundness when conducting this study in order to adhere to ethical considerations that promote the investigation of the documentation strategies of indigenous health knowledge. The collected data from *Vhomaine* reflected the truth and the researcher avoided errors, so that the researcher can be held accountable to the public. Although some of the research methodology concepts will be explained and discussed as advanced by the previous scholars, such will be circumscribed to the study and tried to be decolonized to express the experiences and challenges faced by the marginalized *Vhomaine* of Vhembe district municipality within Limpopo Province of South Africa.

3.2 Research Methodology

Research methodology refers to the scientific way to solve research problem. According to Rajasekar (2013:2), it is defined as a systematic way to solve a problem and as a logical and systematic search for new and useful information on a particular topic. This is supported by Kothari (2004:8) who maintains that it is a way to systematically and scientifically solve the research problem by studying the various steps that are generally adopted by a researcher in studying a research problem along with the logic behind them. For the purpose of this study, qualitative research methodology was preferred as a decolonizing research approach that is used to challenge the Eurocentric research methods that undermine the local languages and experiences of the marginalised population, and in this case, the *Vhavenda* and *VaTsonga* speaking people who reside within Vhembe District Municipality within Limpopo Province of South Africa (Keikelame & Swartz, 2019). Through the use of qualitative methodology, the researcher understood *Vhomaine's* beliefs, experiences, attitudes, behaviour and how they interact with others and their *Vhalaxwa* as data was collected in a collaborative form.

Both participant observation and in-depth face-to-face interviews were utilized when collecting data from *Vhomaine* objectively. The data collection instruments (interviews and participant observation) were used to critically reflect on the qualitative approach in a way that could have a positive impact on the documentation strategies of the practicing *Vhomaine*. The qualitative approach in this study confirms participatory and transformatory ways to recognize *Vhomaine* within the communities they live in. In terms of being a participant observer, the researcher had practical experiences more especially inside *ndumbani* (a hut where *Vhomaine* store their practicing tools and medicines and which is also used as a consultation room) during the process of *mawa a thangu* which implies the reading of the incised bone tablets. This was convenient and well-timed to afford the researcher an opportunity to do recordings and take notes of what has been observed and seen and what has been heard from *Vhomaine.* The collaborators granted permission to the researcher to record and take notes during the consultations. The researcher has seen *Vhomaine* stretching a rolled mat made up of

an animal skin (*thovho*) on the floor, taking out incised bone tablets (*thangu*) from a pouch also made up of an animal skin and throw them on the stretched animal skin. Other tools observed were drums (*dzingoma*) of different types, bottles with medicines, dried medicines, snuff and some hanging animal skins on the wall. Denzin & Lincoln (2005) in support of this avow that qualitative research involves an interpretive, naturalistic approach to the world in which researchers study the phenomenon in their natural setting in an attempt to make sense. This process made *Vhomaine* feel comfortable and have confidence on the researcher to an extent that permission was granted for the researcher to use their pictures when compiling the report. The collaborators were promised that the outcomes of this study will be shared with them.

These data collection tools were coupled with probing questions used for clarity seeking from *Vhomaine* about their interactions with the clients or *Vhalaxwa* and the healing process. This was done by using the research questions which were derived from the objectives of the study such as exploring ways in which *Vhomaine* record indigenous knowledge and retrieve information about their *Vhalaxwa*, their recording styles during the healing process and the challenges associated with the documentation of the healing process. Research data was therefore obtained through open-ended interviews and conversational communication. Data was collected on naturally occurring behaviors in their usual context in case of participant observation and from *Vhomaine* about their personal histories, perspectives and experiences in case of in-depth interviews. Such methods of collecting data were averred to be the case by Mark, et al (2005:2). *Vhomaine* were from Makhado, Thulamela, Musina and Collins Chabane Local Municipalities which constitute Vhembe District Municipality.

Because the outcomes of the study were meant to improve the quality of life of *Vhomaine* and to preserve the indigenous health knowledge together with the interaction of *Vhomaine* during the healing processes per clients in their complete raw form for posterity, it should be driven by indigenous worldviews, cultural values and a language that is relevant to *Vhomaine* through constructive discussions as attested to by Khupe & Keane (2017). To this end, the researcher communicated with *Vhomaine* in

their vernacular language and in case where the collaborator was a *Tsonga* speaking *Vhomaine*, the researcher sought the assistance of the interpreters. The researcher ensured that the collected data adds value towards the achievement of the set objectives through data triangulation.

Triangulation serves to increase the credibility, reliability and validity of the results. Kothari (2004:3) asserts the value added as the importance of the quality of the in-depth interviews. During the process of interviewing, *Vhomaine* had an opportunity to respond freely and elaborated very well on the questions asked. This has been supported by Willis (2008:40) and De Vos (2001:65) who opined that qualitative writing tends to be rich with quotations, descriptions and narration as researchers attempt to capture conversations, experiences, perspectives, voices and meanings. This is due to the fact that a qualitative study utilizes words instead of numbers. Due to the good attitude and professionalism displayed by the researcher and explanation by the researcher of the intention to collect data, this made it possible for *Vhomaine* to give permission to enter into their *Ndumbani* i.e. the hut where *Vhomaine* practice*,* to inspect their practices and medication and as such participant observation was done. Keikelame & Swartz (2019) using Zavula (2013), affirmed this with confidence that decolonizing research is not as much about methods, but more about spaces that can enable the research processes through which the identities of the researcher also become reshaped and transformed using indigenous lanes in all phases of the study to scrutinize the choice of theoretical frameworks and methodologies used and how research findings can be translated into action that promote social justice.

Due to the inclination to the Eurocentric methodologies mostly used in most universities, this study failed to take into considerations in some instances of what is meant by decolonizing methodologies in indigenous research. According to Smith (1999), researchers and participants who are in this case *Vhomaine*, should have been involved from the initial development of the proposal, design, methodologies and implementation in all phases of the study or project. If these were followed and applied, active participation of *Vhomaine* in the study would have enabled collective ownership,

collective data analysis, collective presentation and collective communication of the findings (Data, 2018). This will assist in crediting the knowledge of *Vhomaine*, the indigenous health knowledge practitioners. If these processes were to be followed, *Vhomaine* in this study would not be mere subjects but collaborators and co-designers of the research agenda and thereby opening up opportunities for the co-production of knowledge. Although these shortfalls are noted, the data collection process was still credible and of quality.

The notion that a candidate, registering for a research study works in silos without the involvement of the targeted collaborators and co-designers should be discouraged if we are to liberate our African universities and knowledge owners from the chains of oppression and coloniality. Targeted participants, *Vhomaine* in this case should have a voice to the knowledge they produced and credited for such. Hunting for the participants and in this case collaborators after the approval of the proposal with ethical certificate needs to be re-looked at. The researcher is hereby acknowledging these setbacks. Had the participants were involved from the planning of the study, the outcomes would have been different in one way or another. The researcher acknowledges that learning is a continuous process.

3.3 Research Design

A research design is defined as the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure and provides an outline of what the researcher has done in terms of framing hypothesis, its operational implications, and the final data analysis (Kothari, 2004:7). In addition, the final product or outcomes should be communicated to the knowledge holders, *Vhomaine*. During data collection process, *Vhomaine* were promised that there will be a debriefing or feedback information as reflected in Appendix B of this study. As accounted for by Keane, et al. (2017), this will serve as a way of decolonizing the way indigenous health information is mined from *Vhomaine* through undoing of the colonial rule over the subordinate's countries such as South Africa where

Vhomaine forms part of its culture, Africa, Asia and Latin America. *Vhomaine* need to be freed from colonial ideology. Lacobucci & Churchill (2010:58, 254) and Cooper & Schindler (2011: 138-139) aver that a research design should be scientifically grounded as well as trustworthy and reliable. *Vhomaine* in this study as the custodians and owners of the indigenous health knowledge, the data they provide and share with the researcher in a collaborative way with mutual trust is deemed as reliable and trustworthy. Babbie and Mouton (2008:74) and Welman et al. (2009:46) supported this. Both descriptive and explorative research designs were applied. The research design is outlined by the following research approach:

3.3.1 Research Approach of the Study

The objectives of the study were addressed by interview questions which were structured to gain insight and understanding of the experiences and practices of *Vhomaine* during the healing process of their *Vhalaxwa* / clients. During the interviewing process, the researcher engaged the participants / collaborators in person and ensured that they owned the outcomes of the study. All the research objectives were addressed through the face-to-face interviews and participant observation. The data collection approach used was qualitative through collaborative mutual interactions with *Vhomaine*. The collaborative relationship between the researcher and *Vhomaine* of both the categories (diviners and herbalists) necessitated that the researcher should be accountable as prescribed by the Traditional Health Practitioners Act No. 22 of 2007. The sampling technique used to select *Vhomaine* was non-probability and purposive / judgemental. The data collection tools used were face-to-face interviews and participant observation conducted by the researcher. The collected data was analyzed thematically to come up with the findings, and conclusions that are aligned with the theoretical frameworks. The applied theories are the post-colonial; the IKS-based; the preservation and heritage; and the organizational knowledge creation. These theories were critically examined to reflect on the approaches that have positive impact on the practices of *Vhomaine* and the interactions of *Vhomaine* with their *vhalaxwa* / clients. The choice of theoretical frameworks and decolonizing research approaches was scrutinized to find

out how the research findings can be translated into actions that promote social justice which relates to the distribution of wealth, opportunities, and privileges of *Vhomaine* within a society.

The following table (3.1) summarizes the research approach used in this study:

Objectives	**Research Method / Approach**	**Population**	**Sampling Approach**	**Data Collection Tools**	**Data Analysis**	**Theoretical Framework**
All	Decolonized Qualitative Research Approach	Selected Indigenous Health Practitioners (*Vhomaine*) who are the Diviners and Herbalists	Non-probability and purposive / judgemental sampling technique	In-depth Interview (face to face) and Participant Observation through collaborative mutual relationships between the researcher and indigenous *Vhomaine*.	Thematic analysis	Post-colonial theory; Indigenous Knowledge system-based theory; Preservation and Heritage theory; and, Organizational Knowledge Creation Theory.

Table 3.1: Summary of the Research Approach

3.4 Study Area

The study area in which the study was conducted is Vhembe District Municipality within Limpopo province of South Africa which is part of Southern Africa Development Countries (SADC) in the African continent. According to Mabogo (2012:4), Vhembe District Municipality is neighboring with the *Pedi* cultural group in its Western and Southern areas while the Northern area is in contact with *Shona* and *Ndebele* of Zimbabwe. Mabogo (2012:4), further pointed out that the Eastern part of Vhembe is occupied mostly by *Tsonga* speaking people. According to the Agricultural Research Council Report (2007:10), Limpopo province is considered to be one of the poorest provinces with 89% of its population considered to be predominantly rural. Statistics SA (2019), reported that Limpopo has the highest headcount of adult poverty at 67.5%. The Local Government Handbook (2019) shows that Vhembe district municipality covers 25 596 Km^2. It is a category C municipality. The district municipality offices are located in the *Thohoyandou* town. The estimated population in 2016 was about 1 393 949. It is located in the northern part of the Limpopo province. It shares its borders with Zimbabwe and Botswana in the North-West and Mozambique in the South-East through the Kruger National Park. The Limpopo River valley forms a border between the district and its international neighbours. The district includes the former Transvaal (*Musina*, *Levubu* and Louis Trichardt), and areas that were previously under the Republic of Venda and *Gazankulu* Bantustan administration which included *Malamulele*. The four local municipalities which comprise Vhembe District Municipality are *Makhado* Local Municipality, *Musina* Local Municipality, *Thulamela* Local Municipality and Collins *Chabane* Local Municipality. The town where Collins *Chabane* Local Municipality is located is *Malamulel*e where most of the residents are *VaTsonga* speaking (Mathebula and Chauke, 2019). This has also been opined by Mabogo (2012:4). It is a legendary cultural hub, and a catalyst for agricultural and tourism development.

Figure 3.1: A map showing South Africa, Limpopo Province, Vhembe District Municipality and its four local municipalities coupled by the coordinates of Vhembe District Municipality and its Local Municipalities are presented in the next page.

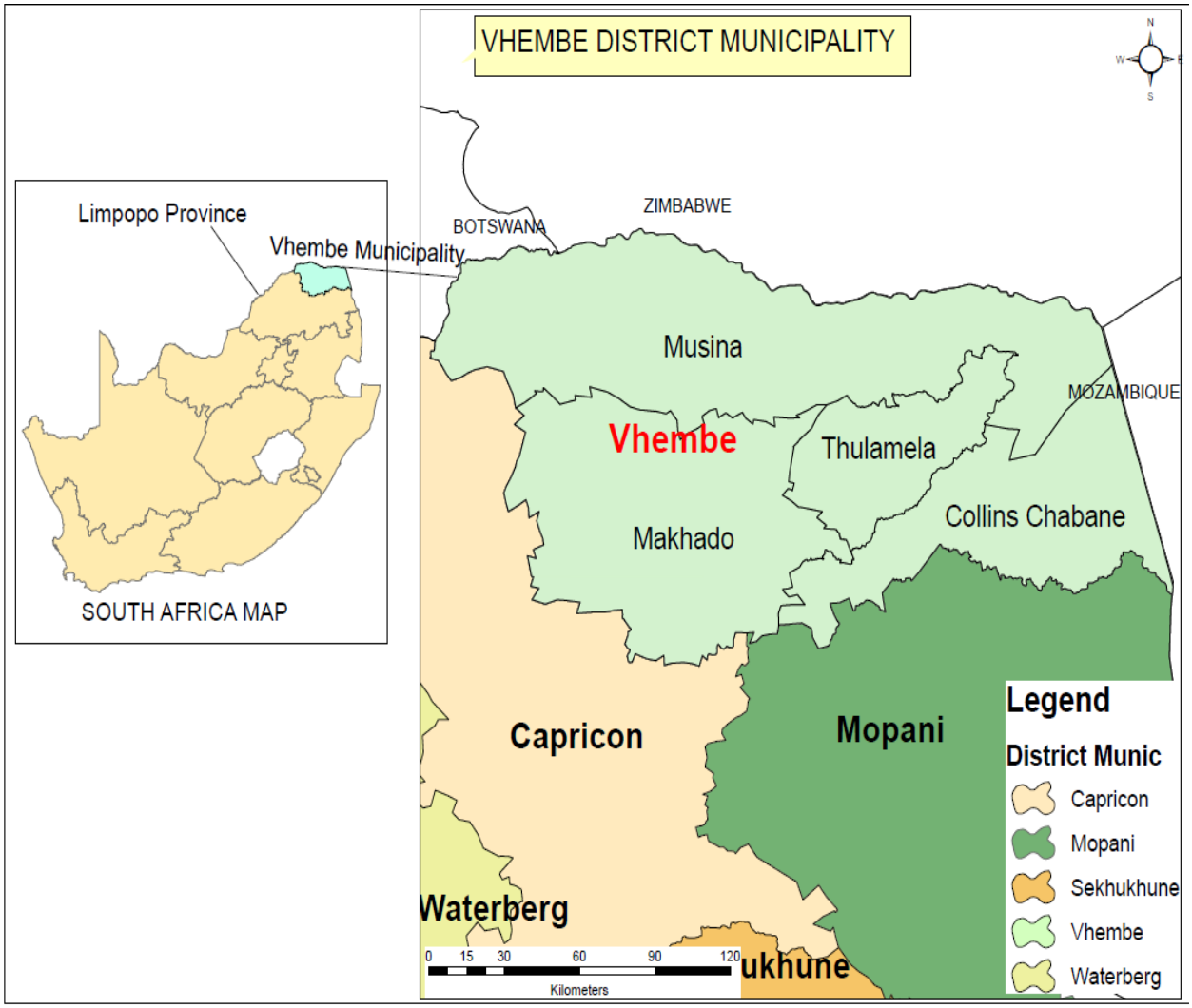

Figure 3.1: Map showing South Africa, Limpopo Province, Vhembe District Municipality and its Local Municipalities (Obtained from: GIS Directorate, 2021, Office of the Premier, Limpopo Province, South Africa). The following coordinates are presented:

Vhembe District Municipality Co-ordinates: 22.7696° S, 29.9741° E

Makhado Local Municipality C-ordinates: 23.1138° S, 29.9741° E

Musina Local Municipality Co-ordinates: 22.3953° S, 29.6963° E

Thulamela Local Municipality Co-ordinates: 22.8922° S, 30.6200° E

Collins Chabane Local Municipality Co-ordinates: 22° 56' 41.13"S, 30. °28' 33.71"E

3.5 Population of the Study

The population of the study comprised of the selected *Vhomaine* who agreed to be collaborators and co-designers from the categories of the Diviners and Herbalists as categorized by the Traditional Health Practitioners Act No. 22 of 2007, within Vhembe District Municipality. *Vhomaine* were from all the four local municipalities that comprise Vhembe District Municipality which are *Makhado*, *Musina*, *Thulamela* and Collins *Chabane*. The majority of the collaborators or *Vhomaine* are *Vhavenda* speaking people followed by *VaTsonga* speaking people. Before the implementation of the Bantu Authority Act, Act 68 of 1951, which provided for the establishment of homelands and regional authorities and Bantu Self Government Act, Act 46 of 1959, which separated black people into different ethnic groups, *Vhavenda* and *VaTsonga* were living together in harmony under the oppressive laws of the Apartheid South Africa.

According to Jennifer (2016:1), a study population refers to the people we meet and target during data collection, and they are variously referred to as target population. The targeted population in this study are *Vhomaine* who are the African indigenous health practitioners, people who were colonised by the former colonial administration. Hanlon (2011:7) defines a population as all the individuals or units of interest. The practices of *Vhomaine* is a scare field of trade. Not everyone can become *Vhomaine*. It is a call from the ancestors / living-dead, and their participation in the study, in case of the diviners, is approved by the ancestors or the living-dead. Only those who were permitted after the performance of the associated rituals participated in this study. Herbalists were also consulted and agreed to participate in this study.

According to Burns and Grove (2003:213), population refers to all the elements that meet the criteria for inclusion in a study and in this case are the diviners and herbalists as defined by the Traditional Health Practitioners Act, Act 22 of 2007. Those *Vhomaine* who fall outside of these categories of the herbalists and diviners were excluded from the study. *Vhomaine* as the custodians and knowledge holders of the indigenous health and well-being of the majority of the low socio-economic population group, they ensure

that the health care of their own marginalised groups is maintained. The next sub-section will deal with the background information of *Vhavenda* speaking people and *VaTsonga* speaking people as the indigenous population groups that inhabit the Vhembe District Municipality. This will assist in understanding the culture and the tradition of the collaborators and co-designers of the study.

3.6 Historical Background of the Population of the Study

The location of the study is Vhembe District Municipality and the participants / collaborators / co-designers *Vhomaine* comprised of two ethical groups, namely: *Vhavenda* and *VaTsonga*. A brief historical background of *Vhavenda* and *VaTsonga* is outlined hereunder to understand their cultural heritage and tradition, thus the practitioners of indigenous health knowledge. These have also informed the outcomes of the study.

3.6.1 The History of *Vhavenda*

Vhavenda people moved to Venda from the Great lake in Central Africa, present day Democratic Republic of Congo (DRC), Burundi, Rwanda and Western side of Tanzania. They crossed Limpopo river and settled in the Soutpansberg mountains terrain stretching East-West of the Limpopo Province (Mabogo, 2012:8). It is believed that *Vhavenda* originated from *Mapungubwe* kingdom founded in 9th century. *Shangana* as a clan of *Vhavenda*, are said to have inhabited *Venda* as early as 6th century and *Mapungubwe* was their capital. *Masingo* fused all the clans in Venda such as *Vhalaudzi, Vhandalamo, Vhalemba, Vhangona* and others to form a nation known as *Vhavenda.*

Vhavenda have a rich cultural heritage associated with the spirit world. Being led by *Masingo*, they had a drum known as *Ngomalungundu* (‘the drum which thunders’), which play a very similar role to that of the ‘Ark of the Covenant’ (Le Roux, 2009:102). This was a sacred drum of *Mwali* or *Mwari* currently known as *Nwali*, who is the Great God of *Vhavenda*. *Ngomalungundu* served as the spear and shield and it was only carried by the clan of *Vhandalamo* or *Vhalemba* and was not supposed to touch the

ground. This has been supported by Moller-Malan (1953) who postulated that *Ngomalungundu* was considered sacred and was not to be touched improperly or placed on the bare ground as was the case with the 'Ark of the Covenant'. Georges (1968) added that inside the drum were sacred objects which belonged to *Vhasedzi*, probably known as *Vhavenda*, which bring magical skills during warfare. It played a mysterious and fearsome role within *Vhavenda* (Le Roux 2009:105). Drums tend to symbolize political and religious authority in Sub-Saharan Africa (Kruger 1996:49). *Ngomalungundu* was used as a war-drum in the days when there was a fighting in the Northern Transvaal, now Limpopo Province (Kirby 1953:38). Today, the remains of *Ngomalungund*u are said to be in Harare Museum. After various wars amongst the clans, *Vhavenda* were ruled by *Thohoyandou* and the kraal was at Dzata.

Vhavenda express their beliefs and customs through the art decorations on their structures, pottery and woodcarving. They associate water source with a divine *Python god*. They regard Lake *Fundudzi* as holy and sanctified. *Venda* legends are associated with drums such as *murumba* (treble drum), *thungwa* (smaller bass drum) and *ngoma* (bass drum). As aforementioned, long before the arrival of European missionaries, *Vhavenda* believed in the existence of a Supreme Being, *Nwali* (God), who was referred to as *Musika Vhathu or Mutumbula Vhathu* (Creator of Mankind). *Nwali* was the protector and defender of *Vhavenda* and provided them with rain. According to *Vhavenda* cultural standards, *vhadzimu* (ancestors or living-dead), are those people who died at a mature age. They are immortal beings who are no longer capable of sinning and can communicate directly with *Nwali* or God. The traditional healers who are *Vhomaine,* the diviners, have a close association with ancestors or living-dead and spirits that guide and protect the *Vhavenda* community. The greatest healer and diviner (*Vhomaine*) was referred to as *Dzolokwe* or *Dzembelekete*. *Vhomaine* diagnose any illness and prescribe medication. They first consult with spirit world before giving healing herbs. *Tshikona* as a royal dance was also played at religious ceremonies. Apart from *Tshikona*, there is a *Domba* dance which is called Python dance.

According to Mabogo (2012), *Vhavenda* used indigenous plants for food, medicine, firewood, building art and as source of oil and dye, for shade and as ornaments. Mabogo (2012), further averred that most of *Vhavenda* names of plants are related to their traditional uses, morphology, anatomy and chemistry. These indigenous plants are the source of traditional medicines which have the advantage of being near at hand and provide medical treatment at low cost and today still occupy an important role in the lives of many people.

3.6.2 The History of *VaTsonga*

VaTsonga originated from East Africa. They moved down to the South of Africa and settled in Mozambique, South Africa, Eswatini and Zimbabwe. According to Munghanalonenefm (2015), *VaTsonga* originated from Central Africa and arrived in South Africa 1000 years ago. They settled in the coastal plains of Southern Mozambique and later migrated to the then Transvaal Province in South Africa during the early 1800. *VaTsonga* in South Africa share some history with the *Tsonga* people of Southern Mozambique.

Some argued that not all *VaTsonga* are Shangaans, but Soshangaan who died in 1858 managed to unite *Tsonga* and *Shangaan* tribes and then called *Vatsonga-Mashangaan*. *Amashangaan* were attacked and defeated by the *Portuguese* which resulted in the dispersal of *Amashangaan* all over the country and some become victims of migrant labour system. In 13th March 1896 *Nghunghunyane* and his generals were banished to Portugal as prisoners of war. *Nghunghunyani's* uncle called *Mpisane* was forced to leave *Mandlakazi* together with his wives, the remaining members of the royal family and his followers, and they settled at Bushbuckridge in the *Mpumalanga* province. *Nghunghunyane* was the last king to rule over *Gaza* Kingdom. He died on 23 December 1906 at the age of 53 and was buried in Portugal (News 24).

VaTsonga living along the Limpopo river are known for a number of traditional dances such as *Mchongolo*, *Xigubu, Makwaya* and *Xibelani*. *VaTsonga* have a strong

acknowledgement of their ancestors or living-dead who are believed to have a considerable effect on the lives of their descendants. Their traditional healers are called *Nànga*. Legend has it that the first *Tsonga* diviners of the South African lowveld were a woman called *Nkomo We Lwandle* (Cow of the Ocean) and a man called *Ndunga Manzi* (Stirring Waters). It is alleged that a powerful serpent, *Nzhunzhu* (*Ndhzhundhzhu*), captured them and submerged them in deep waters and lived underwater breathing like fish. They were released and emerged from water on their knees as powerful diviners with an assortment of potent herbs for healing once their king had slaughtered a cow for *Nzhunzhu*. This explained how *VaTsonga* were trained as diviners. Those who are called by the ancestors / living-dead to become *Nànga* will become the client of a senior diviner who will heal the sickness and invoke their ancestral spirits and train them as diviners themselves. This supports the organizational Knowledge creation theory where people learn through socialization, externalization, combination and internalization. The spirits are identified by the language they speak and generally are *Ngoni*, *Ndau* and *Malopo*. The *Ndau* spirit is said to possess the descendants of the *Gaza* soldiers who had slain the *Ndau* and taken their wives.

3.7 Sampling

Dantzker & Hunter (2012:52) provide that sampling is a group chosen from within the targeted population to provide information. The researcher had chosen to work with *Vhomaine* to collaboratively seek information on how the indigenous health knowledge and the practices of *Vhomaine* could be preserved for posterity. Zavala (2013) avers that in decolonizing research, indigenous communities are under-represented in academic research communities and hence their voices and concerns are not heard. In case of this study, the sampled *Vhomaine* were meant to feel that their voices should be heard globally to an extent that they allowed to be recorded, their names and pictures to form part of the report. This was supported and further defined by Hanlon (2011:7); Polit & Beck (2008); (Mugo, 2002:1) and De Vos (2001:190). The researcher sampled the diviners and herbalists' categories of *Vhomaine*. These former colonized *Vhomaine* wanted their views to be transformed as colonization has impacted the health of

indigenous people. The selected *Vhomaine* were willing to share their information and knowledge and the researcher got confidence and cooperation from them (Bala & Etikan, 2017). The sampling method, sample size and inclusion and exclusion criteria are discussed hereunder:

3.7.1 Sampling Method

For the purpose of this study, a non-probability and purposive / judgmental sampling technique was used to select *Vhomaine* who are the diviners i.e. *Madzolokwe or Madzembelekete* (greatest healers) and *Vhomaine* who are herbalists on the basis of their experience with regard to indigenous health knowledge. *Vhomaine* of *Madzolokwe* or *Madzembelekete* imply that they are esteemed and considered to be very strong in their field of practice or the greatest healers and diviners. According to Acharya (2013: 330-333), non-probability sampling includes convenience / purposive sampling. As supported by Setia (2016:505), the non-probability sampling of *Vhomaine* was based on the researcher's own judgemental choice of those who were accessible and available, but also those whom the researcher wanted to understand their documentation strategies of indigenous health knowledge and their interactions with their *Vhalaxwa* in greater detail. In doing so, the researcher wanted to conduct research that can successfully inform and improve the health services for the indigenous peoples through preservation of the practices of *Vhomaine*. This required a decolonizing approach where the voices of indigenous health practitioners such as *Vhomaine* and indigenous elders are primary informants. This has also been attested by Van der Waldt et al. (2002: 192); De Langen (2009:59); William (2014:395); Parahoo (2014) and (Polit & Beck 2008). This sampling method is also known as selective or subjective sampling. Using the researcher's judgement, knowledge and understanding of the Vhembe District Municipality area, the researcher consulted with the elders who are well vested of the activities of *Vhomaine* first in order to decide on the *Vhomaine* to be involved in the study. Some of *Vhomaine* refused to be drawn into the process. Such refusal is understandable as the indigenous knowledge of *Vhomaine* is said to be secretive and under the control and guidance of the ancestors / the living-dead. The researcher

showed commitment, courage and perseverance amongst the marginalized chosen *Vhomaine* through speaking their language. Although it was not easy to speak *Xitsonga*, the participant / collaborator was a victim of forced relocation from *Venda* to *Malamulele*. When forced to relocate, she was already an adult and can fluently speak *Tshivenda*. In case of difficulties, the researcher sourced an interpreter who was also a victim of forced relocation. Collaboration with communities, civic structures and elders in the villages where *Vhomaine* reside played a vital role in the determination and selection of *Vhomaine* to participate and collaborate voluntarily at their own will in this study.

3.7.2 Sample Size

The sample size of the study was eleven *Vhomaine* drawn from both the categories of the diviners and herbalists as defined by the Traditional Health Practitioners Act, Act No. 22 of 2007. All these participants sufficiently addressed the research questions of the study regarding the ways and styles used by *Vhomaine* to record their practices and the process of consultation with their clients / *Vhalaxwa*. The recruitment of the participants stopped after data saturation in both categories. Sounders et al. (2018) maintain that saturation in qualitative research is attained when data has been collected and analyzed, hitherto, further data collection and, analysis are unnecessary. This has been complemented by Glaser & Strauss (1967:61) who indicated that:

"… saturation means that no additional data are being found whereby the sociologist can develop properties of the category. As he sees similar instances over and over again, the researcher becomes empirically confident that a category is saturated…".

In case of this study, the diviners were repeating the same information. For instance, they agreed in the use of the incised bone tablets (*thangu*) of which the dominant ones in *Tshivenda* are *Hwami; Tshilume; Thwalima, and Lunwe* when clients consult with them. They further agreed that those who do not use incised bone tablets when guided by the ancestors / living-dead are called *Tshiumbwa* or *Thanzwu.* All diviners are in

agreement that dreams and visions are used as communicative methods with the ancestors or the living-dead; they call for ancestors using *malombo* dance / drumming and ancestral dance; they call for ancestors using snuff (*fola*) and so on and so forth. Urquhart (2013:194) defines saturation as the point in coding when you find that no new codes occur in the data. Given (2016:135) considers saturation as the point at which additional data does not lead to new emerging themes. It can be argued that when the same data is repeating itself, it does not mean that new data cannot be revealed, but, however, there should be an ending point. In case of this study, only four themes were deduced from the data collected and namely:

- Different categories of *Vhomaine* record information of the clients differently;
- Rituals associated with various ways of retrieving information about the clients;
- Challenges for recording and documentation; and,
- proposed ways to ensure that the healing knowledge of *Vhomaine* does not diminish.

From the aforementioned themes, sixteen (16) sub-themes were inferred.

Francis et al. (2010); Guest et al. (2006) and Grady (1998:26) provides a similar description of data saturation as the point at which:

"New data tend to be redundant of data already collected. In interviews, when the researcher begins to hear the same comments again and again, data saturation is being reached… It is then time to stop collecting information and to start analyzing what has been collected".

In support of this statement, in both the diviners and herbalists, the requested information from different *Vhomaine* were the same. As already alluded to in case of the diviners, the herbalists' information was also similar. As for example, they all use question and answer method coupled with probing questions when making diagnosis to come up with a treatment; they all have knowledge of the herbs; those who are literate

are willing to write for recording; they also use cell phones to consult with their clients for follow-ups; they encourage clients to keep their health records; they walk with the diviners for observation and learning; and, they write down knowledge from other practitioners.

3.7.3 Inclusion or Exclusion Criteria

According to Neuman (2003), inclusion or exclusion criteria are parameters in which the study is limiting or excluding participants according to set characteristics. Garg (2016) postulates that inclusion criteria identifies the study population in a consistent, reliable, uniform and objective manner while the exclusion criteria include factors or characteristics that make the recruited population ineligible for the study. In this study, only the homogeneous population of *Vhomaine* in both the diviners and herbalists were selected.

The population of the study was selected from the two categories of the traditional health practitioners (*Vhomaine*) as defined by the Traditional Health Practitioners Act, Act No.22 of 2007, which are the diviners (*dzinanga*) and the herbalists (*dzinombe*). Inclusion criteria of the diviners selected in this study were those who have dreams, see visions, do *malombo* dance or drumming and ancestral dancing, use incised bone tablets (*thangu*) or snuff (*fola*) or any other means to communicate with the ancestors or the living-dead and do *u phasa* (sprinkling of water from the mouth using calabash and the sprinkling of snuff on the ground). Inclusion criteria in case of the herbalists of the selected population were those who have the knowledge of the herbs, those who ask the clients questions to make diagnosis based on their answers to come up with a treatment, those who write down knowledge from other practitioners and sometimes walk with the diviners for observation and learning. As proposed by Salkind (2012), these inclusion criteria responded to the scientific objectives of the study to improve feasibility, lowers costs, minimize ethical concerns and ensuring homogeneity of the sampled *Vhomaine*. In both categories of *Vhomaine* in this study, those who could interfere with the success of the study and increase the risks of an unfavourable

outcomes were excluded. Garg (2016) recapitulates and expresses concisely that the exclusion criteria are inclusive of the inclusion criteria. This suggests that inclusion is an annex to a group for value while inclusive is the property of being inclusive for the recognition of diversity being given a fair chance. Although the number of *Vhomaine* are unknown within the region of Vhembe, the selected *Vhomaine* were all given a fair chance. All selected *Vhomaine* have displayed that indigenous medical practices have safeguarded the health of indigenous communities for generations. These *Vhomaine* have all suffered cultural, social and economic deprivation as a result of colonization.

3.8 Data Collection

Qualitative data was collected through face-to-face interviews and participant observation. The data was collected from the selected *Vhomaine* on the categories of the diviners and herbalists as classified by the Traditional Health Practitioners Act No. 22 of 2007. During data collection process the collaborative mutual efforts were displayed by all the parties involved showing commitment, courage and persistence.

All collaborators manifested equal power sharing even though the power lies with *Vhomaine* as knowledge holders by having valuable contribution to the research process. The element of mutual trust was built between the researcher and *Vhomaine* and was based on the values of respect, reciprocity, collaboration and trust. Continuous engagement with *Vhomaine* enabled the researcher to gain deeper understanding about the culture and history of *Vhomaine*. As supported by Khupe, et al. (2016:33), who hypothesize that if research is guided by Ubuntu can enhance trust relationships. In all collaborative efforts between the researcher and *Vhomaine*, the researcher displayed key ethical principles that underpin research such as respect, honesty, justice and fairness, and care. *Vhomaine* were problematized to focus on their strength, capacities and resilience for the development of relationships and creation of trust (Keikelame & Swartz, 2019).

Vhomaine were told to feel as if they are part of the study. Even though *Vhomaine* will not gain monetary benefits from this study, what they have contributed will form part of the global knowledge that they must feel proud of. They will be regarded as repositories of the indigenous health knowledge and their interaction with the clients will be highly valued. *Vhomaine* in this study serve as collaborators and co-designers. The contributions from *Vhomaine* where the local language, culture and experiences challenge Eurocentric approach will be documented. Further questions were guided by participants' responses within the ambit of the structured interview questions.

3.8.1 Interviewing

King & Horrock (2010:25) argue that there is no single universal protocol to follow for developing a qualitative interview study. Among the techniques chosen as the most appropriate tool to collect data in this study were face-to-face interviews with the selected *Vhomaine.* Such interviews were preferred for the purpose of securing information about the practices of *Vhomaine* and their interactions with *Vhalaxwa*. Such sharing of information between *vhalaxwa* and the researcher was done in a mutual collaborative way of symbiosis through questions and probing questions. This was done to understand their documentation strategies of indigenous health knowledge. Gubrium, et al. (2012:27) viewed research interviewing as a straightforward method of data collection where respondents (in this case are *Vhomaine*) were contacted, interviews were scheduled, a location determined, ground rules set and interviews begun, and in this process questions were designed to elicit answers in an anticipatable form from *Vhomaine* until the interview process was complete. During these interviews, the honest version of *Vhomaine* interactions with the clients and their indigenous health knowledge dominated the centre stage.

As already indicated above, the introductory remarks of data collection, Keikelame & Swartz (2019), proposed central tensions and structures in decolonizing research methodologies such as power; trust; culture and cultural competence; respect and legitimate research practices and recognition of individual and community assets. When

data was collected through interviews, these tensions and structures that were proposed in decolonizing research methodologies were taken into consideration and taken care of throughout the entire interview process.

As already alluded to, the participants / collaborators of this study were from all the local municipalities of the Vhembe District Municipality and the majority of Collins *Chabane* local municipality are *VaTsonga* speaking people. It happens that in this case, one of the participant / collaborator was a *Tsonga* speaking *Vhomaine.* The researcher sought the assistance of the translator. The interviews questions were therefore translated into both *Tshivenda* and *XiTsonga* from English as reflected below.

The interview questions were structured as follows:

(a) How do you record your indigenous health knowledge?

***Venda* version**: *Vha rekhodisa hani ndivho ya tshithu ya vhunanga?*

XiTsonga* Version*: *Mi hlayisa njhani vutivi bya nwina bya vutshunguri bya ndhavuko?*

(b) What do you regard as indigenous health knowledge?

***Venda* version**: *Ndi zwifhio zwine vha zwidzhia i ndivho ya tshithu ya vhunanga?*

XiTsonga* Version*: *Vutshunguri bya ndhavuko i yini?*

(c) What are the different styles in which traditional health practitioners (*Vhomaine*) record their healing process per client?

***Venda* version**: *Ndi zwitaela zwifhio zwine Vhomaine vha rekhodisa ngazwo malafhele u ya nga mulaxwa?*

***XiTsonga* Version:** *Hi tihi tindlela leti tin'anga va ti tirhisaka ku hlayisaka vuxokoxoko bya vavabyi loko va ri ku va tshunguleni?*

(d) What are the various ways in which traditional health practitioners (*Vhomaine*) retrieve information when their clients consult with them?

***Venda* version**: *Ndi ndila dzifhio nga u fhambana dzine Vhomaine vha dovhololа u wana ndivho nga ha vhalaxwa musi vhatshida u tolwa kana u alafhiwa?*

***XiTsonga* Version:** *Hi waha maendlelo lawa tin'anga ti matirhisaku ku kuma vuxokoxoko bya khale loko vatshungula vavabyi?*

(e) What are the challenges associated with the documentation of traditional health practitioners' (*Vhomaine*) practices during their healing process per client?

***Venda* version**: *Ndi vhukondi vhufhio vhu tutshelanaho na u vhulunga ndivho ya tshithu ya kushumele kwa Vhomaine u ya nga ku alafhele kwa mulaxwa nga mulaxwa?*

***XiTsonga* Version:** *Hi yihi mintlhontlho leyi tin'anga va hlanganaka nayona mayelana na ku hlayisa vuxokoxoko bya vavabyi loko va ri ku va tshunguleni?*

(f) What are your suggestion(s) on the documentation strategies that can be employed by traditional health practitioners (*Vhomaine)* during their interactions with clients?

***Venda* version**: *Ndi zwifhio zwine vha nga eletshedza zwone kha maitele a kuvhulungele a ndivho ya tshithu ya Vhomaine musi vha tshi vhonana na vhalaxwa vha vho?*

***XiTsonga* Version:** *Hi waha mavonelo lawa u nga ma nyikaka ku antswisa tindlela leti tin'anga va ti tirhisaka ku hlayisa vuxokoxoko loko va ri ku tshunguleni ka vavabyi?*

Interviews as a tool to collect data were chosen because they are an appropriate method when there is a need to collect in-depth information on people's opinions, thoughts, experiences and feelings. Interviews also serve as the best way of collaboration with mutual trust, and in this case, *Vhomaine* who are the diviners and herbalists.

According to Wilson & Neville (2009), there should be equal power sharing between the researcher and the participants / researched. In case of this study, where the

researcher is not a traditional health practitioner, the power lies with *Vhomaine* who have a valuable contribution to the research process. The protection of indigenous health knowledge by *Vhomaine* during this stage was very crucial. The collaborative process of data collection seemed not to be mutual, but a parasitic symbiosis in nature. The researcher is *tabula rasa* in terms of indigenous health knowledge while *Vhomaine* are the provider of the information meaning that *Vhomaine* are the custodians and knowledge holders of the indigenous health knowledge while the researcher is totally incognizant, unacquainted and ill-informed about the subject on the practices of *Vhomaine*. This goes against the mutual collaboration and equal power sharing between the researcher and the participants as averred to by Wilson & Neville (2009).

In an attempt to decolonize qualitative approach as proposed by Keikelame & Swartz (2019), not all elements of central tensions and structures were on equal footing. In this study, there was a lack of written agreement between *Vhomaine* and the researcher which outline the terms of reference, but a written request for permission to collect data was made available to each *Vhomaine* and such permission was granted. The request to collect data is reflected as Appendix A in this study. Using Masango (2010:76), a caution / warning was made that the World Intellectual Property Organization (WIPO) deems it important to protect traditional knowledge where in this case is traditional health knowledge (which may mean the use of plants, animal portions, *thang*u and many others), from being exploited by appropriation for financial gains by the third parties.

With regard to trust building during data collection through interviews, Liamputtong (2010) supports that it is vital between *Vhomaine* and the researcher in decolonizing research process and that it should be based on values of respect, reciprocity and collaboration. It is argued that building trust is a long process more especially when the participants were exploited by other researchers. Mutual trust assists in getting credible data. The researcher had to work hard to build such mutual trust with the participants of the study. There was a need to recognize the existence of *Vhomaine* for the sustainability of the mutual trust. *Vhomaine* and their resources which enhance their

ability to maintain and sustain health and well-being and in reducing health inequalities need to be recognized as opined by Whiting et al. (2012: 25-28). When *Vhomaine* were problematized to focus on their strength, capabilities and resilience, relationship of trust is created. From the aforementioned prerequisites of the interviews as a qualitative data collection tool, the following explains and discusses how interviews were conducted, bearing in mind of the decolonizing research approaches when working with the indigenous health practitioners, *Vhomaine*:

The physical space where interviews, especially with the diviners, took place was in the hut, which is an indigenous dwelling of both *Vhavenda* and *VaTsonga.* In *Tshivenda*, this special ancestral hut is called *Ndumbani* where *Vhomaine* practice and store their ancestral tools such as indigenous costumes, drums or *ngoma*, *thevhele* (a pouch or purse that stores, for example, the incised bone tablets or *thangu)*, indigenous mats and some were made up of animal skins, medicines from dried plants, animals portions, minerals and others. The requirement for the researcher or / and the client (*Mulaxwa*) to enter *Ndumbani* is to take off the shoes and the hat in case of a male researcher or a client. Before the interviews could start, all *Vhomaine* of the diviners' category started by sprinkling the snuff (*fola*) on the floor as a way of communicating to the ancestors or the living-dead to dedicate the researcher to the ancestors and as a way of requesting for a permission of the interviews to take place. If this is not done properly, *Vhomaine*, the diviners, said that they could be punished.

In case of the herbalists, the place of their practice is not called *Ndumbani*. It differs from one herbalist to another. Others have a bag full of the herbs in papers, bottles and plastic containers. For some herbalists, consultation was under the tree in their homestead. One other consulted herbalist, the consultation was conducted in a market where he trades with herbs and medicinal plant species while others are imbued with animals' portions and mineral compounds. In another case, an appointment was done with an herbalist for consultation after working hours in his market. This was done to avoid disturbances while working with the clients during the day. After the interview, the herbalist was to be transported home. One herbalist in an extreme rural area used

shack made of the pieces of corrugated iron sheets as a consultation room. Many herbs were hanging and the powder of herbs were stored in bottles and plastic containers. All were labelled according to their names. Most of the names were derived from the functioning of a particular herb such as *mukuvha zwivhi* which purifies the blood. This supports what Mabogo (2012) said that most of *Vhavenda* names of plants are related to their traditional and medicinal uses, morphology, anatomy and chemistry. The herbalists were selling their medicinal plants which serve as a source of their income.

Before interviews, when *Vhomaine* were identified, each *Vhomaine* was told that the interviews would be face-to-face. A request was made that such interviews will take place where they practice of which permissions were granted by each one of the respondents / collaborators. The researcher explained to the respondents that he wanted to investigate the "*Documentation strategies of indigenous health knowledge by Vhomaine"*. This was translated into *Tshivenda* where *Vhomaine* were *Vhavenda* speaking people and *Xitsonga* where they were *VaTsonga* speaking people. The *Tshivenda* version reads as follows:

"*Ndila kana maitele ane Vhomaine vha nga vhulunga ngayo ndivho yavho ya tshithu ya u alafha*".

The *XiTsonga* version reads as follows:

"*Tindlela leti madokodela ya xintu / tinanga va nga hlayisaka matsalwo ha kona vutivi bya matshungulelo ya ndhavuko*".

They were informed that the researcher is a PhD candidate and the information collected will never be used for any unintended purposes. *Vhomaine* were told that their privacy will be protected. A further request made was to use a voice recorder, notes taking and in some instances video recording. The participants were also asked for permission to use their names during analysis and compilation of the report. This permission was granted.

On the appointment date and time, the researcher ensured his availability. The researcher introduced and presented himself in a way acceptable to the African culture where he could sit down and simply take off shoes to initiate a friendly but professional conversation. The researcher used the language acceptable to *Vhomaine* and introduced his full names and surname, where he comes from, the university under which he is studying. In so doing, the researcher followed all the four key principles that underpin research which are respect; honesty; justice and fairness and care as opined by Callaway (2017).

The translation of the topic to *Tshivenda* was done by the researcher himself as the researcher is a *Tshivenda* speaking person. When translating the topic to *Xitsonga*, the *XiTsonga* speaking person was sought. The researcher and the translator to *XiTsonga* are not necessarily professionals in both the indigenous languages, hence they speak everyday informal spoken language. There was no violation of the ethical principles which honestly requires that translation should be on everyday spoken language and not professional jargon, and this is the aspect for decolonizing research methodology as averred by Callaway (2017). It can be argued that when using professional language, the intended and targeted participants, *Vhomaine*, will be undermined and left behind. The indigenous language is the language they speak amongst themselves. It is therefore advisable to the researchers not to use the arduous and difficult language when collaborating with *Vhomaine*. These ethical principles ensure that the indigenous research practices are culturally appropriate and ethically correct among indigenous *Vhomaine* themselves. The researcher explained the purpose of the project, the importance of their participation and the expected duration of the interview as well as the format of the interview. *Vhomaine* were told how the interview would be recorded and how the collected information will be used.

After repeating the topic under investigation, the researcher informed *Vhomaine* that the questions he would like to ask will not take much of their time. The research questions were translated into *Tshivenda* where *Vhomaine* were *Vhavenda* speaking people. With

the help of an interpreter, questions were also translated to *Xitsonga* where *Vhomaine* was a Xi*tsonga* speaking person. The researcher probed areas based on the participant's responses by asking supplementary or probing questions for clarification and getting in-depth information. *Vhomaine* were encouraged to elaborate more freely to keep them talking in order to get more detail on the topic under investigation. When clarification was sought, they were asked to explain and complete their story. The questioning and answering process was semi-structured. Galletta, et al. (2013) assert that semi-structured interview is structured to address specific topics related to the phenomenon of the study, while leaving space for participants to offer new meaning to the study focus. The semi-structured questioning and answering seemed to be useful when collecting in-depth information in a systematic manner from *Vhomaine.* The research questions were asked to each *Vhomaine* in the same way but differed in probing questions.

The researcher focused on the research topic and completed the interview within the reasonable time limit. The researcher thanked *Vhomaine* for participation and asked if they had any questions. Participants were granted opportunity to clarify areas where the researcher was in need of more information. The researcher gave *Vhomaine* his full concentration and attentiveness. It was ensured there was a proper recording without distracting *Vhomaine* and the researcher regularly kept on checking the notes and voice recorder. The researcher ensured that all the questions were asked and explained again how the data will be used. *Vhomaine* felt very happy as they were discussing and sharing the information they practice on their daily basis. During the cause of information sharing between the researcher and *Vhomaine*, the researcher had some bottled water that he shared with some of *Vhomaine*, especially the herbalists as some were met outside of their homes.

After the interview, the researcher made sure that the interview was properly recorded and made additional notes. The researcher organised the responses and transcribed them to be ready for analysis. Note was taken that in this study, indigenous health knowledge refers to knowledge that concerns the causes, diagnosis, and treatment of

various illness, sickness and diseases within the context of the local or indigenous people who are said have originated and stayed in that area for a long time. In case of some of the *Vhomaine*, especially the diviners, were visited more than once seeking additional information. *Vhomaine* who was used as a pilot in the study was visited three times. The researcher thanked all *Vhomaine* for their time and the willingness to form part of the study when the interviews were concluded.

3.8.2 Participant Observation

According to Kawulich (2005), participant observation is a tool or strategy for collecting data about people, processes and cultures in qualitative research. Genzuk (2003) regarded participant observation as a field strategy that combines document analysis, interviewing of participants, direct participation, observation and introspection. Participant observation in qualitative data collection approach requires continuous engagement of the researcher with *Vhomaine* to enable the researcher to gain deeper understanding of the culture and history of *Vhomaine*. The cultural practices of *Vhomaine* make up indigenous health knowledge that should be preserved and passed from one generation to the next. Before data collection for this study, the researcher was a participant of the conference organized by the University of Limpopo in partnership with the University of Venda and Limpopo Provincial Government called "African Traditional and Natural Product Medicine Conference" held at the Ranch from the 16th October 2018 to 19th October 2018. It was in this conference where the researcher collaborated with many traditional health practitioners and one of them formed part of the participants / collaborators in this study.

It was not only this conference where the researcher collaborated with *Vhomaine*. The researcher organized and attended the Indigenous Knowledge Systems (IKS) conferences such as the 2009 IKS conference held in Limpopo, the 2010 IKS conference held in KwaZulu Natal and the IKS conference held in North West in 2011. In all these conferences, the researcher was in close contact with *Vhomaine* and collaborated with them. Mutualistic symbiosis type of collaboration is said to be guided

by *Ubuntu* which enhance trust relationships as opined by Khupe et al. (2016). Without being in contact and have a love for the practices of *Vhomaine*, the question of collecting data through participant observation would have been problematic. Being a participant observer during the process, *Vhomaine* were seen as collaborators and co-designers.

During the entire research process, the researcher observed the following:

One of *Vhomaine* sprinkled the snuff (*fola*) on the ground. She blew the air into the small pouch made up of animal skin called *thevhele* carrying incised bone tablets (*thangu*). She let me blow the air on the incised bone tablets too. She asked the ancestors / living-dead what the problem is which brought the client for consultation, saying that in *Tshivenda*:

“Ri vhudzeni Vho iwe vha fhasi uri tshi mu dinaho ndi mini? Ri vhudzeni vhoiwe no lalaho vha Matongoni uri mulandu ndi mini? U liwa nga mini? Vho iwe midzimu ya damuni na ya thohoni, ri vhudzeni!”

The translation is:

“Tell us you the ancestors what is troubling him? Tell us you the ancestors from Matongoni i.e. a resting place where ancestors stay, the problem that troubles him? What troubles him? You, the ancestors from the breast (mother), and the ancestors from the head (father), tell us!”.

The researcher further observed that the incised bone tablets (*thangu*) are thrown on the animal skin called (*thovho*) stretched on the floor. This has been followed by *mawa a thangu* i.e. reading of the incised bone tablets, followed by interpretation. In addition to the four main incised bone tablets which are *hwami, tshilume, thwalima, and lunwe,* there were other incised bone tablets which were identified as follows:

- *Mugono* (*thang*u made up of a bone from the knee of an animal like goat or sheep),
- *Muraru* (*thangu* which deals with the spirits from the father (*midzimu ya thohoni*).
- *Murubi* (*thangu* which deals with the spirits from the mother (*midzimu ya damuni*).
- *Duma* (a big *thangu* like a shiny shell of a tortoise which is sky in colour) and is the biggest *Thangu* in *Tshindau*.

The implications of the reading of the incised bone tablets (*thangu*) were explained to the researcher, and in this time as a client / *mulaxwa*. She concluded by saying that in *Tshivenda*:

"Nwana u bebiwa vhaloini a hulela vhaloini", and the English version is:

"*a child is born and bred within the family of witches*",

The researcher has been advised that care should be taken throughout life. This further implies that if care is taken one could survive in a family where the possibilities of being bewitched are high. This activity has brought about mutual participation while at the same time the researcher acted as a participant observer. There were no monetary gains from *Vhomaine* but the fact that the researcher had consulted willing fully played a vital role. *Vhomaine* forms part of the research process.

Further observations were drums (*ngoma*) of different types such as *mirumba* (treble drums), *ngoma* (bass drum) and *thungwa* (small bass drum), *Tshele* (rattle made from a gourd or calabash with loose seeds inside such as of *mufhulu* and a stick running through for holding when playing *tshele* to make a sound during *malombo* dance), bottles with powdered medicine, horns of different animals, animal vertebrae, shells, crafted bones and stones from the river, bottle with sea water and sand. Dried plants which serve as medication and many others tools that are used by *Vhomaine* during her consultation with the clients or *vhalaxwa* were also observed.

3.8.3 Triangulation

Triangulation therefore refers to data collected using various methods and techniques (Maxwell, 2005). Face to face interviews and participant observation were conducted among all *Vhomaine* from the categories of the diviners and herbalists based on their knowledge and experiences of healing and their consultation with the clients / *vhalaxwa*. It also refers to when the researcher confirms and cross-checks to verify the accuracy of data obtained from one source with data collected from other different source (LeCompte & Schensul, 1999:131). Qualitative data were coded and analyzed using thematic analysis. The data collection techniques in this study were in-depth interviews and participant observation where field notes and photos were taken and voice recordings done. The researcher compared information sources to test the quality of data collected in order to reduce the risks of findings being biased and provides the researcher with more secure understanding of the situation (Neuman, 2003:138).

All the outcomes of the study were evaluated using qualitative methodology of data collection. The collected data from *Vhomaine* increased credibility and validity of research findings. The participation of *Vhomaine* in the study in a collaborative way makes the study to be reliable. There had been a convergence of information from different *Vhomaine* such that in case of *Vhomaine*, the diviners, the collected data was compared and discovered that all different *Vhomaine* agreed on the same practices. The use of the incised bone tablets, consultation with the ancestors, dreaming, and many others were the same. In case of *Vhomaine*, the herbalists, they all use question and answer method to collect data, they use tape recorder and so on.

The combination of the theories such as the post-colonial theory; the indigenous knowledge systems based theory; the preservation and heritage theory; and the organizational knowledge creation theory confirmed the hypothesis of the study that indicates there is a need to preserve the indigenous health knowledge in its complete raw form for posterity. All the theories supported this form of documentation. Therefore,

central to triangulation is that different data collection tools and theories lead to the same results and thus give confidence in the research findings.

In conclusion, the researcher through triangulation and working together with *Vhomaine* from both the categories in a spirit of mutual trust, understanding and collaboration, ensured than an account to the outcomes of the study is rich, robust, comprehensive and well developed.

3.9 Trustworthiness of the Study

Trustworthiness or rigor of the study refers to the degree of confidence in data interpretation, and methods used to ensure the quality of the study (Connelly 2016). It is crucial to the usefulness and integrity of the findings of this study. This is achieved when such a rigor represents the experiences of *Vhomaine* accurately. *Vhomaine* in this study after being approached, volunteered to participate and collaborated with the researcher. The researcher tried to establish the protocols and procedures necessary for this study to be considered worthy by the readers. For this purpose, Connelly (2016), proposes five criteria of trustworthiness which are credibility, dependability, confirmability, transferability and authenticity. Only credibility, confirmability and transferability are discussed and circumscribed to the study:

3.9.1 Credibility

Credibility refers to the confidence of the truth and the findings of the study. Standard procedures were applied to justify the outcomes of the study. There was prolonged engagement with *Vhomaine* before and during data collection through face-to-face interviews and participant observation. The data collected from the use and reading of incised bone tablets (*thangu*), dreaming, seeing vision, training of *mathwasana* (apprenticeship), *u tshina malombo* (ancestral drumming), the use of snuff (*fola*), *u phasa*, etc. by the diviners and the use of questions and answer method, labeling of

bottles with medicine and the use of herbs by herbalists were compared. These procedures were supported by Christenbery (2017).

3.9.2 Confirmability

Confirmability refers to the objectivity or neutrality of the collected data from more than one source (Polit & Beck, 2008). The researcher scribbled notes during the interviews and did voice recording which produced raw interview data that could allow an independent auditor to come to conclusions about data (Christenbery, 2017). The researcher's understanding and perspective on interview methodology helped to detect unwarranted bias and perspectives towards the interview process and *Vhomaine.* The developed interview schedule by the researcher assisted in checking and rechecking data throughout the research for any bias.

3.9.3 Transferability

Transferability refers to the extent to which the findings from data can be transferred to other settings of the similar concept of generalizability (Christenbery, 2017). The researcher captured sufficient details during the interviews and participant observations of the healing processes and the surroundings more especially *Ndumbani* of *Vhomaine* to assist the reader in making reasonable conclusions from the data collected.

3.10 Pilot Study

De Vos (2001:179) posits that a pilot study is defined as the process whereby the research design for a prospective survey is tested to improve the success and effectiveness of the investigation and to give direction to the main investigation. Teijlingen & Hundley (2002:40) hold that a pilot study is a mini-version of a full-scale study or a trial run done in preparation of the complete study and it is sometimes called a feasibility study as well as specific pre-testing of particular research instruments.

The pilot study in this investigation is included in the research design of the main study. It was intended to measure the effectiveness of the chosen methodology and its protocols such as data collection techniques, sampling and analysis. Piloting assisted the researcher to purify the issues of his intended methodology. The interview schedule utilized during the study were pilot tested to evaluate the feasibility, time, cost, risk and performance of the research project as intended by the researcher. The purpose of the pilot study was to inspect and examine if the research questions may fail to achieve the intended objectives or not. If there was any doubt, the interview schedule would be adjusted so as to improve and to bring to the highest level of questionnaire effectiveness in order to achieve the set objectives of the study to be correctly comprehended by *Vhomaine* as understood by the researcher.

The piloting phase was conducted in Thulamela Local municipality within Vhembe District. Permission was granted by *Vhomaine*. Research questions were outlined before *Vhomaine*. Discussion took place in his homestead within *Ndumbani*. This assisted the researcher to be able to identify further research sites of *Vhomaine* in the district and be well-versed into the indigenous health knowledge phenomenon. Questions set to be used in the interviews were conceptualized. This has informed the researcher to consider all the local municipalities within Vhembe District when selecting *Vhomaine* to participate in the study. The session was audio-recorded and transcribed verbatim to assess the success of the session so as to make adjustments where necessary. The piloting site was revisited during the actual collection of data.

3.11 Data Analysis

The collected data needs to be transcribed, segregated into themes and sub-themes identified according to the objectives of the study, reduced, organized and given meaning. According to Hatch (2002:148), data analysis is described as a systematic search for meaning and as a way to process qualitative data so that what has been learned can be communicated to others. Boeijie (2010:76) opines that the selected and arranged interviewed transcripts, field notes and other materials accumulated increase

the researcher's understanding and enabled the researcher to present the newly discovered data to others. Analysis therefore, means organizing and interrogating data in ways that allow researchers to see patterns, identify themes, discover relationships, develop explanations, make interpretations, mount critiques, or generate theories, and it involves synthesis, evaluation, interpretation, categorization, hypothesizing, comparison, and pattern finding. According to De Vos (2001:203), data analysis means the categorizing, ordering, manipulating and summarizing of data to obtain answers to research questions.

Thematic analysis tool was used. Braun & Clarke (2006:79) define thematic analysis as a qualitative analytic method for identifying, analyzing and reporting patterns (themes) within data and it minimally organizes and describes the set data in rich or detailed information which frequently goes further and interprets various aspects of the research topic. With regard to the coding of data, the researcher adopted the coding principles as provided for by Saldana (2009:3). This is because when the researcher collected data through interviews, he was personally involved as a participant observer. The researcher adopted the following steps of data analysis as proposed by Creswell (1994:143) to critically analyze the data that was collected qualitatively:

Step One: Planning for recording data

The researcher planned how the collected data was to be recorded before the commencement of data collection. The researcher was aware of the techniques for recording, observing, interaction and interviews so that such techniques did not intrude excessively into the on-going lives and daily events of the participants. The participants (*Vhomaine*) were requested and informed that the information they provided would be recorded. Due to the mutual collaboration with the researcher *Vhomaine* granted the permission for the conversation to be recorded through a tape recorder. *Vhomaine* further allowed the researcher to take photos inside their *Ndumbani* where interviews were taking place. Permission was further granted for the researcher to use the photos when writing the final report.

Step Two: Data collection and preliminary analysis

The researcher analyzed data and made sure that the information collected was rich and informative, so that it would generate alternative hypothesis and provide basics for shared construction of reality.

Step Three: Managing or organizing the data

The researcher put all copies of compiled information during data collection for further advice and secured the documents for safe keeping. The data gathered from the interviews and participant observation was in the form of field notes, photographs, videos, and organized in order to see the trends from respondents and patterns of the data gathered from the respondents. This confirmed usefulness of the proposed methodology in the study which is qualitative.

Step Four: Reading and writing memos

The researcher read the transcripts in their entirety and became familiar with the information, often several times to get into the details of the collected data more, and tried to get sense of the interview as a whole before breaking it into parts. The data was read several times for the purpose of giving the researcher an understanding and comprehension of the content of the information collected.

Step Five: Generating categories, themes and patterns

The researcher classified the collected information into categories in order to reduce it to small manageable set of themes and write into the final narrative. This means dimensions of information were structured into themes and sub-themes. The researcher exercised confidentiality as one of the aspects of ethical considerations.

Step Six: Coding the data

Coding of data is a formal representation of analytic thinking. The researcher grouped the collected data according to categories and themes, and diligently and thoroughly marked passages in the data using the codes. Codes may take several forms of observation of the key words. As provided for by Saldana (2009:3), a code is often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and / or evocative attribute for a portion of virtual data, collected through interviews and participant observation in case of this study.

Step Seven: Testing the data emergent understanding

The researcher tested his understanding of the data to establish if the information collected is relevant to the study. The researcher started with the process of evaluating the plausibility of his developing understanding and explored it through the data. Part of this phase is evaluating for the usefulness and centrality of the collected data.

Step Eight: Search for alternative explanations

The researcher found a way to explain to the respondents (*Vhomaine*) again only if the respondents had missed something during the interview. This was done through making appointments for only *Vhomaine* whose follow-ups are to be made. In this case *Vhomaine* were supportive and willing to provide further explanations.

Step Nine: Writing the report

The researcher wrote a formal report as a proof that the researcher had analyzed the data and the report was kept in a safe place. Data was written in narrative form on the themes and also stated whether the findings confirmed or contradicted the literature of previous authors.

3.12 Ethical Considerations

Ethics refer to a set of normal principles which are suggested by an individual or group and are subsequently widely accepted, and which offer rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students (De Vos 2001:24). Bless, et al. (2006:140) maintain that ethics in research are concerned with whether the behaviour conforms to a code or a set of principles. In case of this study, permission was obtained from University of Venda Higher Degrees Committee, University of Venda Research Ethics Committee and *Vhomaine* within Vhembe District Municipality who agreed to be respondents in this study. Ethical considerations were adhered to in this study to promote the aim of the study towards the investigation of the possibility of the development of culture-congruent, indigenous and practitioner oriented documentation strategy of *Vhomaine*. These principles will foster mutual respect and fairness when collaborating with *Vhomaine* during data collection. Adherence to ethical principles will ensure honesty and integrity, objectivity, carefulness, openness, respect of intellectual property of *Vhomaine*, and the legality of the obtained data (Resnick 2015). For the purpose of this study, the following ethical considerations were adhered to:

3.12.1 Permission to Conduct Research

Once the proposal was approved and the ethical clearance certificate issued, the researcher was given a letter for permission to conduct the study by the University of Venda. The study was ethically approved by the University of Venda Research Ethics Committee. The Project Number is: **SHSS/18/AS/18/2109**. The same letter was attached to the request to interview the participants who were identified and purposefully selected for interviews. All letters for permission are attached as annexes / Appendices.

3.12.2 Voluntary Participation and Informed Consent

Obtaining informed consent implies that possible or adequate information on the goal of the investigation, the procedures followed during the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed, and the credibility of the researcher be rendered to potential subjects or their legal representatives is disseminated to the participants prior to the commencement of the study (De Vos 2001:25-26). For the purpose of this study, all selected *Vhomaine* in the Vhembe District municipality were informed that they were not forced to participate. They were also informed of all the consequences of the study and requested to give consent to participate in the study. Permission for recording, taking pictures and the use of their names and pictures when compiling final report was requested and the permission granted.

3.12.3 No Harm to the Participants

De Vos (2001:25) claims that an ethical obligation rests with the researcher to protect subjects against any form of physical discomfort which may emerge within reasonable limits from the research project. The selected *Vhomaine* involved in the investigation were guaranteed that any information that they gave would not risk or endanger their practice. In the letters given to *Vhomaine*, the contacts of the promoters and research director for research at the University of Venda were attached. This was to assist *Vhomaine* to report any problems when they feel insecure or unsure during the process of data collection and after.

3.12.4 Anonymity

Machanavajjhala (2007:1), describes anonymity as an avoidance of the identification of records in micro-data, uniquely identifying information like names and social security numbers are removed from the table which result to every record in the table to be indistinguishable from the rest and such privacy is said to be K-anonymity. In this case

where the interview instrument was used, an assurance was given to *Vhomaine* as participants in the investigation that they will remain anonymous throughout the whole study or investigation. Upon request, *Vhomaine* in this study agreed that their names and photos be used when compiling the final report.

3.12.5 Confidentiality

According to Saxon, et al. (2006), an indication was made that a common definition of confidentiality states that information is confidential if it is communicated by one person to another in confidence, that is, with the expectation that the individual to whom the information is entrusted will not disclose it to others. To ensure that confidentiality is maintained in the study, the researcher was able to identify a given person's responses, but promised not to reveal it to the public. But when we talked about the final report, because they were fully involved during the investigation, they agreed that their names and pictures to be used in the final report.

3.12.6 Deceiving Subjects

According to Massif, et al. (2004:20), deception is defined as the deliberate attempt, whether successful or not, to fabricate, and / or manipulate in any other way, factual and / or emotional information, by verbal and / or nonverbal means, in order to create or maintain in another or others a belief which the communicator himself or herself considers false. According to Miller & Kaptchuk (2008:1), deception of subjects occurs only if the investigator has determined that withholding complete accurate information about the nature of the study is necessary to ensure valid results. They further contend that in an experiment, deception occurs when the experimenter uses intended and explicit misrepresentation of the purpose of investigation and the identity of the researcher. In this study, the researcher identified himself to the participants. The researcher never provided false information to *Vhomaine* in order to mislead them.

3.13 Summary of the Chapter

This chapter dealt with the research methodology aspects of this study and how data was collected. Qualitative research method was used. The chapter also outlined the study area which is Vhembe district municipality focusing on all its four local municipalities. The population of the study targeted *Vhomaine* in Indigenous Health Knowledge within Vhembe District Municipality. Non-probability sampling and its subtype called purposive sampling method were used to select the sample that participated in the study. The sampled population comprised of eleven (11) *Vhomaine* from the unknown total number of the population of *Vhomaine* in Vhembe in two different categories, i.e. diviners and herbalists. Data was collected through in-depth interviews and participant observation. The data collected was analyzed thematically. Ethical considerations were adhered to for ethical soundness of the study when collecting data from the participants / collaborators who are Vhomaine. The next chapter will deal with the presentation of the findings and analysis.

CHAPTER 4

PRESENTATION OF THE FINDINGS

4.1 Introduction

The previous chapter presented the research methodology and research design followed in the study. In this chapter, the findings of the study are presented in a systematic manner. The chapter starts with the biographical information of the participants in a narrative form followed by the themes and sub-themes that emerged from the thematic content analysis of the collected data. The data was derived from in-depth interviews and participant observation which were used as data collection techniques from the practices of eleven *Vhomaine* of Vhembe District Municipality when clients consult with them during the healing process. *Vhomaine* were from the categories of the diviners and herbalists. The following questions and where possible followed by probing questions were asked:

(a) How do you record your indigenous health knowledge?

***Venda* version**: *Vha rekhodisa hani ndivho ya tshithu ya vhunanga?*

XiTsonga* Version*: *Mi hlayisa njhani vutivi bya nwina bya vutshunguri bya ndhavuko?*

(b) What do you regard as indigenous health knowledge?

***Venda* version**: *Ndi zwifhio zwine vha zwidzhia i ndivho ya tshithu ya vhunanga?*

XiTsonga* Version*: *Vutshunguri bya ndhavuko i yini?*

(c) What are the different styles in which traditional health practitioners (*Vhomaine*) record their healing process per client?

***Venda* version**: *Ndi zwitaela zwifhio zwine Vhomaine vha rekhodisa ngazwo malafhele u ya nga mulaxwa?*

***XiTsonga* Version:** *Hi tihi tindlela leti tin'anga va ti tirhisaka ku hlayisaka vuxokoxoko bya vavabyi loko va ri ku va tshunguleni?*

(d) What are the various ways in which traditional health practitioners (*Vhomaine*) retrieve information when their clients consult with them?

***Venda* version**: *Ndi ndila dzifhio nga u fhambana dzine Vhomaine vha dovhololа u wana ndivho nga ha vhalaxwa musi vhatshida u tolwa kana u alafhiwa?*

***XiTsonga* Version:** *Hi waha maendlelo lawa tin'anga ti matirhisaku ku kuma vuxokoxoko bya khale loko vatshungula vavabyi?*

(e) What are the challenges associated with the documentation of traditional health practitioners' (*Vhomaine*) practices during their healing process per client?

***Venda* version**: *Ndi vhukondi vhufhio vhu tutshelanaho na u vhulunga ndivho ya tshithu ya kushumele kwa Vhomaine u ya nga ku alafhele kwa mulaxwa nga mulaxwa?*

***XiTsonga* Version:** *Hi yihi mintlhontlho leyi tin'anga va hlanganaka nayona mayelana na ku hlayisa vuxokoxoko bya vavabyi loko va ri ku va tshunguleni?*

(f) What are your suggestion(s) on the documentation strategies that can be employed by traditional health practitioners (*Vhomaine)* during their interactions with clients?

***Venda* version**: *Ndi zwifhio zwine vha nga eletshedza zwone kha maitele a kuvhulungele a ndivho ya tshithu ya Vhomaine musi vha tshi vhonana na vhalaxwa vha vho?*

***XiTsonga* Version:** *Hi waha mavonelo lawa u nga ma nyikaka ku antswisa tindlela leti tin'anga va ti tirhisaka ku hlayisa vuxokoxoko loko va ri ku tshunguleni ka vavabyi?*

The chapter concludes with the emerging themes and sub-themes from the qualitative questions in a table form.

4.2 Presentation of the Findings

The findings are presented in this section, starting with the biographical information of the participants / collaborators in a narrative form followed by the emerging themes and sub-themes from qualitative questions posed to the participants (*Vhomaine*). The responses to the questions were collaborative efforts of both the researcher and *Vhomaine*. *Vhomaine* felt included in the process and not left behind. They owned the process and the data provided. The findings of the study are congruent with the applied theories in this study such as the post-colonial theory; the indigenous knowledge systems based theory; the preservation and heritage theory; and the organizational knowledge creation theory which concur with the hypothesis that preservation of indigenous health knowledge should be in its complete raw form for posterity.

4.2.1 Biographical information of participants

The biographical information is summarized in accordance with the name of the participant, gender, number of years in the practice, category of *Vhomaine* i.e. diviner or herbalist, and what each *Vhomaine* believes in. The participants were from *Vhembe* District Municipality which covers four local municipalities which are *Musina, Makhado, Thulamela* and Collins *Chabane*. Five *Vhomaine* were males and six were females. The number of years of practicing as traditional health practitioners ranged from fourteen to fifty-eight years. Ten *Vhomaine* were *Vhavenda* speaking while only one *Vhomaine* was a *XiTsonga* speaking. The participants who collaborated and contributed their indigenous health knowledge to this study are the following:

(a) *Vhomaine* Vho-Sikhitha

Vhomaine Vho-Sikhitha is a male traditional health practitioner and a diviner. He started practicing since 1989. The period of his practicing is thirty-one years. Because of his academic studies, he developed an interest in knowing medicinal plants in their scientific names and uses. He started his botanical garden in 2009

and planted many different plant species used as herbs, and he therefore also acted an herbalist for a period of eleven years to date.

He believes in the existence of the ancestral spirits. He believes that the ancestors or living-dead communicate with *Vhomaine* through dreams and that they sprinkle snuff (*fola*) and throw incised bone tablets (*thangu*) during the healing practices and the retrieval of previous information from the clients. He believes that the elders and / or *Vhomaine* can observe a client and come up with a diagnosis and make a prescription for a treatment. This happens due to their experience and exposition to such sickness or disease. He also suggested that *Vhomaine* can use question and answer method to retrieve information from the clients. He also believes in the use of *mitupo* or customs and clan names to trace the genealogy of a family tree. As an herbalist, he uses his knowledge of being an ethnobotanist to know all the medicinal plants by their scientific names and their associated healing properties.

(b) *Vhomaine* Vho-Netshiavha

Vhomaine Vho-Netshiavha is a male traditional health practitioner and a diviner. He received a call from the ancestors or living-dead in the year 2000 and started practicing from the year 2006 after the completion of his training as *Lithwasana* or an apprentice or a trainee under the guidance of a qualified *Vhomaine*. He is currently having fourteen years of practice.

His calling as a diviner has made him to leave his job from Johannesburg after he had been involved in an accident while he was together with his wife. From that accident they were both unhurt while the car was beyond repair. He had a dream and consulted with *Vhomaine*, where the reading of the incised bone tablets or *mawa a thangu* revealed that there is a calling from the ancestors / living-dead that he should leave his job and appease the ancestors / living-dead as there is unfinished job left by his grandparents. He believes in *U Phasa* i.e. sprinkling of snuff, and throwing of incised bone tablets / *thangu* and make interpretation with the

assistance and guidance from the ancestors. Clients consult with him to be healed from their sickness and he also trains *Mathwasana* from the clients who are called to be *Vhomaine*. His *Ndumba* has once caught fire from an unknown cause and he was advised that it was a warning from the ancestors / living-dead. They needed to be appeased. He believes that wisdom is from God and not human flesh. He indicated that ancestral practices should never be compared with the Western practices and never require recordings. He believes that his pharmacy is a bush and he never buys medicines. He gathers his medicines from the forests around his area.

(c) *Vhomaine* Vho-Muthego

Vhomaine Vho-Muthego is a female traditional health practitioner and a diviner. She was from a family converted to Christianity and she was baptized in 1973. Three years later she was called by the ancestors to practice as a diviner. She was trained as *Lithwasana* or an apprentice or a trainee under the guidance of the qualified *Vhomaine*. She is currently having forty-three years of practice.

Three years after baptism in 1973, she got sick. When consulting with the Western doctors from one clinic and hospital to another, she did not get any help. She got a dream and when she consulted with *Vhomaine*, she was told that the ancestral spirits were calling upon her. She left her elder sister in the church and became *Vhomaine*. She believes in the ancestral spirits for guidance when practicing *Vhunanga* (healing practices). She has her own *Ndumba* where she throws incised bone tablets i.e. *thangu* and sprinkles snuff when communicating with ancestors. When a client consults with her for the second time on the same illness or disease, she refers the client to another *Vhomaine*. She believes in teaching her children to assist her in the healing process. Her pharmacy is a bush but she keeps some medication in her *Ndumba* which cannot be affected by temperature. She trains *Mathwasana* / apprentices / trainees to become *Vhomaine* which takes a period of some couple of months to three years depending on the calling of *Mathwasana*.

(d) *Vhomaine* Vho-Nemavhola

Vhomaine Vho-Nemavhola is a male traditional health practitioner and a diviner. He was born and bred in the family where his father was a *Dzembelekete* or *Dzolokwe* type of *Vhomaine*. His father has now passed on. His father had more than twenty children and he was the only one chosen by the ancestors / living-dead and started practicing as a diviner in 1985. He is currently having thirty-five years of practice.

He started practicing as a diviner by the throwing and reading of incised bone tablets / *thangu* at a tender age in 1973. Because of the wealth of his father from whom he inherited the practice, he was sent to a boarding school. Because of his calling of being a *Vhomaine*, he was forced to leave school and came back to practice as *Vhomaine*. He believes in ancestral spirits and he is able to make interpretations from the reading of the incised bone tablets i.e. *mawa a thangu*. He has a magical horn that he uses to do magic under the guidance of the ancestral spirits. He also has a horn that he puts at the mountain that assists him to do his practices. He is able to fix problems in the families. He also assists pastors to perform miracles in their churches. His two sons are priests but also use the gift of their father to heal the sick and protect their household. He believes that if a person is HIV positive, that person should go to the clinic to get medication and that HIV cannot be cured. He also consults with *Madzolokwe* from *Tshipinge* in Zimbabwe who assist him to heal the clients and give him more power. He does not record the healing processes even though he is literate. He also depends on his memory. He believes in a medication called *Muuluso* that assists him to remember everything he does. All these occur under the influence and guidance of the ancestral spirits.

(e) *Vhomaine* Vho-Nwamzamani

Vhomaine Vho-Nwamzamani is a female traditional health practitioner who is a diviner. She started practicing long before 1969 when *VaTsonga* were forced to relocate from *Venda* to *Malamulele* area by the apartheid regime constitutionalized

and legalized since 1948. She remembers that she started seven years prior forced relocation of 1969. The estimated years of practice is 58 years.

As *Vhomaine*, she said she "comes from water". No one has taught her the practices of becoming *Vhomaine*. She ate and drank from the water. This happened long ago when the *Tsongas* and *Venda's* were still living together before the forced relocation. She believes in dreams. Such dreams help her to see people who will come for consultation days before they come. This enables her to prepare medication before the consultation. She trains *Mathwasana* / apprentices / trainees to become *Vhomaine*. She helps those who cannot bear children to have children. All ethnical groups (i.e. pertaining to a group having a distinct racial, cultural, religious or linguistic character), visit her for consultation. She also believes in the use of goat's milk in the healing process and that is why she always has goats. She once made a client to vomit a living snake after eating the soft porridge she prepared with goat's milk. She believes in *Bupo ya Xikwembu* (dreams of the ancestral spirits). Her mind is her records. She has all the knowledge of *Misinya* (medicinal plants) which come through dreams while sleeping. She believes that '*Ndlati Ya Djaya'* meaning that blood kills, saying that too much bleeding from a person kills and therefore, she uses the medication called *Thamula* which has red fluids to stop *Ndlati* i.e. blood. She believes in using the medication *'Nwati-nwati'* which heals a mentally sick person.

(f) *Vhomaine* Vho-Madou

V*homaine* Vho-Madou is a male traditional health practitioner who is also a diviner. His estimated years of practice is twenty-two.

He believes in teaching his son and cousin to protect and preserve his healing practices and knowledge. His brother lacks interest. His father was *Vhomaine*. He was possessed by the ancestral spirits. He believes that this knowledge should not be written down for future reference. He was taught the knowledge by the ancestors through dreams. He believes in *U Phasa* using snuff and sprinkling water from the

mouth using calabash *(Khavho*) and thus, communicating with the ancestors or the living-dead. He believes in using incised bone tablets / *thangu* to retrieve previous information from his clients. He believes in making follow-ups to his clients telephonically. He communicates with elders who already passed on (ancestors or living-dead) through dreams and seeing visions. While the client gets into *Ndumbani*, he could remember everything that happened for more than a decade. He believes that *thangu* could reveal everything that the client is suffering from. When he is possessed with the spirits, he panics. He believes that if a person can read and write, if that person is not the chosen one by the ancestors, that person cannot practice as *Vhomaine*. He believes in doing *Dzithevhula* to appease the ancestors. If it happens that his healing knowledge is written down, such a book should be kept in *Ndumbani* and not for public domain. He believes that herbalists are not *Dzinanga*, but *vhagwi vha Miri* and they are therefore called *Nombe*, they know what herbs heal and which disease.

(g) *Vhomaine* Vho-Mabina

Vhomaine Vho-Mabina is a female traditional health practitioner who is also a diviner. Her estimated years of practice is forty.

She does not record her interaction with clients during the healing process and she believes in using snuff to dedicate the client to the ancestors / living-dead. She uses incised bone tablets / *thangu* to communicate with the ancestors / living-dead who will in turn advise her on how the problem should be resolved. She believes in using 4 to 6 different types of medication in healing the clients. She believes in guidance from the ancestors / living-dead towards the eradication of the cause of the sickness or problem. The knowledge that comes from the ancestors goes after treating the patient and as such, cannot be recorded. She believes that snuff and incised bone tablets / *thangu* serve as mediators between herself and ancestors or living-dead. She believes that through snuff and incised bone tablets, she could see things before they happen and even those from far away like overseas. She believes in

using blood from the goat, sheep, chicken or cow as blood has life, but it also kills. She believes in mixing the blood with the herbs in healing the clients and inject the mixture to the client's body using a razor blade. She also believes in using enema / clyster called *Tshipeiti* in *Tshivenda*, to empty the bowel of a sick person in order to administer medical treatment. Apart from using the 4 incised bone tablets, she also uses *Mugono, Muraru*, and *Murubi.* She believes that *'Nwana u bebiwa vhaloini a hulela vhaloini'* meaning that "*a child is born and bred from a witchcraft family*". She believes that *ngoma* (drums) assist in retrieving previous information. She trains *Mathwasana* / apprentices / trainees to be *Vhomaine*. She believes that intermarriages assist in preserving the indigenous health knowledge. Every year she brews traditional beer using *Mufhoho* i.e. type of a traditional sorghum and slaughter an animal and do *U phasa* to appease the ancestors / living-dead.

(h) *Vhomaine* Vho-Rakhivhani

Vhomaine Vho-Rakhivhani is a female traditional health practitioner and also a diviner. She started practicing in 1974 and the number of years practicing are estimated to be forty-six.

She does not ask the client the reason for consultation. She just looks at the face of a client where there is *Dondo* (a mark) and tells the client what he / she is suffering from. She uses the spirits that possess her to make revelation and prediction about her client. She does not use bones, but her stick (*thonga).* She brushes and massages it and puts it on the ground and through the assistance of the ancestral spirits, she makes revelations. She believes that the spirits tell her the sickness of the client and such revelations do not stay with her, it comes and goes. She does not believe in recordings.

(i) *Vhomaine* Vho-Mutele

Vhomaine Vho-Mutele is a female traditional health practitioner who is also an herbalist. She grew up learning about the use of herbs from her father. Her estimated years of practice are forty-five.

She believes in asking the client questions about the symptoms of the sickness. She acquired healing knowledge from her father who was also an herbalist. She believes in asking the client for progress after treatment. She also believes in writing down the treatment for future reference.

(j) *Vhomaine* Vho-Mudumela

Vhomaine Vho-Mudumela is a female herbalist and has been practicing as an herbalist since 2007. The years of practice could be estimated at thirteen.

She believes and views ill health as a result of natural causes. Her academic knowledge in botany and microbiology assisted her in identifying medicinal plants for different diseases. She believes in using bush medicine as a trial and error as she does not have a clear knowledge about the dosage and period that the medicine should be used. She believes that as for the use of indigenous medicine, reliable and valid research is lacking. She believes that it would yield best results if one starts recording the medication that one uses per client and also how much and how long the medication has been used.

(k) *Vhomaine* Vho-Tshianeo

Vhomaine Vho-Tshianeo is a male traditional health practitioner who is also an herbalist. He learnt to become an herbalist from his father at the age of fourteen. The estimated years of practice are twenty.

He believes in asking questions to get the problems the client is suffering from. If the client is not healed, he believes in asking other *Vhomaine* for assistance. He believes in recording the information for future reference. He encourages the clients to also to record his / her sickness. He believes in selling medication for the purpose of making extra money for survival.

4.2.2 Emerging themes and sub-themes

Emerging themes and sub-themes from the collected data are presented in this section. The qualitative data collected through interviews and participant observation from eleven *Vhomaine* was thematically analyzed as discussed in the previous section. The responses from *Vhomaine* were coded, arranged and categorized into four themes and fifteen sub-themes for the purpose of investigating the documentation strategies of Indigenous Health Knowledge of *Vhomaine* in Vhembe District Municipality. The following themes will be presented:

a) Different categories of *Vhomaine* record information of the clients differently.
b) Rituals associated with various ways of retrieving information about the clients.
c) Challenges for documentation.
d) Proposed ways to ensure that the healing knowledge of *Vhomaine* does not diminish.

The aforementioned themes are coupled by the sub-themes as reflected by the table below:

THEMES	SUB-THEMES
1. Different categories of *Vhomaine* record the information of the clients differently	(a) Recording and documentation styles by the Diviners (*Vhomaine vha Mingome*). (b) Recording and documentation styles by the Herbalists (*Vhomaine wa Miri kana Mishonga kana Nombe*).

THEMES	SUB-THEMES
2. Rituals associated with various ways of retrieving information about the client	(a) Calling for ancestors for guidance using snuff (*fola*) (b) Calling for ancestors for guidance using *Malombo* Dance (*U Tshina Ngoma*) (c) Dreams and visions as communicative methods of indigenous health practitioners (*Vhomaine*) with the ancestors. (d) Reading of incised bone tablets (*U vhala mawa a thangu)*
3. Challenges for recording and documentation	(a) The secretiveness of knowledge hinders writing records and documentation. (b) Literacy levels of *Vhomaine.* (c) Intellectual property rights (IPR). (d) Difficulty in transferring skills and competency.
4. Proposed ways to ensure that the healing knowledge of *Vhomaine* does not diminish	(a) Through education and training (b) Preservation of indigenous health knowledge (c) Instilling a sense of pride (d) Maintenance and protection of the environment (e) Doing more research

Table 4.1: Themes and sub-themes reflecting documentation strategies of *Vhomaine*

4.3 Summary of the Chapter

The chapter presented the biographical information of *Vhomaine* and the themes that have emerged from the analyzed data. Sub-themes were attached to the respective themes to reflect the findings of the study. The following chapter will discuss the findings of the study according to the themes and sub-themes.

CHAPTER 5

DISCUSSION OF THE FINDINGS

5.1 Introduction

The previous chapter presented the findings of the study and the biographical information of the participants. In this chapter, the findings of the study from the collaborative data are discussed in accordance to the themes and sub-themes identified from the data collected through in-depth interviews and participant observation from *Vhomaine* within Vhembe District Municipality, Limpopo Province of South Africa. The themes were guided by the objectives of the study which are aimed towards the preservation of indigenous health knowledge in its complete form for posterity as advanced by the theoretical framework discussed in Chapter 2. The discussion of each theme will be followed by the sub-themes. *Vhomaine* responded to the interview questions through their mother tongue which was mainly *Tshivenda* and *XiTsonga*. The presented data was translated to English and the indigenous names that are used in the practice of *Vhomaine* were presented verbatim, and where possible translated to English. This was to ensure that the traditions, cultures and the languages of the indigenous health practitioners are preserved and exposed to the global community so as to decolonize the practices of *Vhomaine*.

5.2 Themes and Sub-Themes

The identified themes and sub-themes of the study are now discussed as reflected in the table 4.1 of the previous chapter.

5.2.1 Different categories of *Vhomaine* record information of the clients differently.

Literally, a document is a piece of writing that contains information whereas a record is a document that can be used as evidence. Although they both mean the same in

general, the evidence in a record is about the past, cannot be revised or edited and can be kept for a longer period. Thus the recording by *Vhomaine* in this context refers to documentation and or preservation of indigenous health knowledge in its complete raw form for posterity i.e. all future generations of people who descended from a particular ancestor.

Vhomaine, the diviners and herbalists, do record information about consultation of their clients and the healing processes differently. *Vhomaine* are sometimes referred to as the practitioners of the traditional African medicine (Liebhammer, 2007:196). *Vhomaine* in Africa use traditional medicine which is defined as a system of healing grounded in an African world view, culture and accumulated beliefs and practices, which offers solutions to physical and spiritual ailments through the use of herbs and other plants (Itchen, 2015). It is on the basis of this philosophy, that Adodo observed that the traditional healers' knowledge which is too valuable could be lost and he made commitment to start documenting herbal remedies and explained to traditional healers that the way their indigenous knowledge could survive is to move from implicit to explicit (Itchen, 2015). This implies that indigenous knowledge is passed from one generation to another generation orally and the need therefore arises to preserve indigenous knowledge through documenting and sharing it more widely so that more people could build on that knowledge. It can be argued that the documentation of herbal medicines is not that much of a problem as this does not need the involvement of the ancestors / living-dead. Many herbalists have already started documenting. The analyzed data attested that the practices of *Vhomaine* and their healing process need to be documented but differ in the way in which such information should be documented.

Both *Vhomaine*, the diviners and herbalists have different roles within the community and therefore the way they operate for healing purposes could not be the same. Liebhammer (2007:196) avers that herbalists diagnose common illness, sell and dispense remedies for medical complaints while diviners are responsible for the divining course and providing solutions to spiritually or socially centered complaints. This led to the development of the two sub-themes relating to the diviners and herbalists each.

Liebhammer (2007:71-74) cited that in *Tshivenda,* the diviner is called *Mungome*, and in Xi*Tsonga,* is called *Nànga* or *Mungome*. Truter (2007:56-60) asserts that each culture has its own terminology for its traditional healers. The *Tshivenda* speaking people lack a proper equivalent for herbalist. The consultation with different *Vhomaine* during interviews and participant observation revealed that herbalists are *'Vhomaine vha Miri or Mishonga* or *Nombe'*.

The practices of the diviners and herbalists have been supported by *Vhomaine Vho-Sikhitha* who said this during the interviews:

"*To my knowledge, there are two (2) types of Vhunanga (the practices of Vhomaine). One can be taught and the other can be inherited through the possessions and guidance of ancestral spirits.*"

Vhomaine Vho-Sikhitha further said that**:**

"*Some of Vhunanga do not need to be inherited because people can manipulate different medicinal plants and heal a specific disease, for example, one can be taught Vhunanga of the management of U thusa vhana**;** one can be taught Vhunanga of healing women suffering from prolonged menstrual periods, problems of infertility, etc. and, one can be taught Vhunanga of treating sexually transmitted diseases'*.

During the compilation of this report, the English language lacks the proper equivalent word for "*U thusa vhana*". It is the procedure done to the young babies by *Vhomaine* where others use a razor blade and others do not, on the head of a baby to ensure that cranial bones of the skull join together. The implication from *Vhomaine* Vho-Sikhitha therefore implies that other practices can be transferred through teaching such as herbalism while others such as divination need the guidance of the ancestors or the living-dead for one to foresee, foretell, predict or prophesy. In *Tshivenda,* one can be taught all the medicinal plants but if such a gift is not the gift from the ancestors / living-dead, one cannot comprehend the secret knowledge associated with the gift. The two sub-themes attached to this theme are discussed hereunder:

a) Recording and documentation styles by the diviners (*Vhomaine vha Mingome*)

This category represents the indigenous health practitioners who are diviners or *Mingome* (plural) or *Mungome* (singular) or *Vhomaine* in *Tshivenda*. The *Vhavenda* who stayed and interacted with the *XiTsonga* speaking people before the forced relocations used the same word *'Nànga'* referring to *Vhomaine* or *Mungome*. *Vhomaine,* the diviners, during collaboration when collecting data, were asked the different styles they used to document the healing processes per client for preservation. Before they were interviewed, literature attested that the diviner is usually a female and operates within a traditional religious supernatural context, and most importantly acting as a medium between the mortal world and the ancestral spirits. *Vhomaine*, the diviners, are able to make diagnosis and make a treatment under the guidance of the ancestors / living-dead. Amongst them, the diagnosis they make is through the throwing and reading of incised bone tablets or *u vhala mawa a thangu* while others use some other means as directed by the ancestral spirits or spirits of the living-dead.

Vhomaine, the diviners are in the position to read the incised bone tablets / *thangu* and make interpretations for their clients during consultation. The question remains that 'which styles do they use to record and document these practices for future use and referencing? Is it possible to record the activities during the practice? Abbott (2014:32) made reference to the documentation of medicinal knowledge and cited that the traditional knowledge holders, in this case, *Vhomaine*, the diviners, are increasingly documenting the traditional medical knowledge (TMK) to preserve, protect, and commercialize the knowledge. However, the how part of documenting is lacking. Abbott (2014) cautioned that should *Vhomaine,* the diviners decide to document their indigenous health knowledge, they need to understand the risks and benefits prior to taking action and that it must be documented in a most appropriate manner. The appropriate manner needs to be set clear. Such methods of documenting should meet some certain standards. What are those standards within the understanding of

Vhomaine need to be clarified? The question still arise as to in which form or style should the indigenous medicine and health knowledge of *Vhomaine* to be documented?

Some of *Vhomaine*, the diviners use incised bone tablets / *thangu* to come up with diagnosis and treatment while in trance-like state, i.e. a sleep-like state as of deep hypnosis where *Vhomaine*, are not aware of what is happening *around* themselves. Another question may arise if in trance-like state *Vhomaine* are able to remember everything to an extent that they could record for documentation? Literature further attests that there is no need of direct contact of *Vhomaine* with the clients. When *Vhomaine* use the readings of incised bone tablets or *u vhala mawa a thangu*, the way a particular incised bone tablet with a specific name falls or positions itself, a meaning is attached to it and as such, *Vhomaine*, are in the position to make prediction to the client. The prediction of such differs from one *Vhomaine* to another, depending on the guidance of the ancestors / living-dead. Through the assistance of the ancestral spirits while using incised bone tablets, *Vhomaine* could tell what brought the client for consultation? what is happening around the client? what had happened and what will happen to the client or around the life of the client / *mulaxwa*? Without having any reference or a note book, all the information about the client becomes available before *Vhomaine*. This simple means that *thangu* could be used to preserve previous knowledge while at the same time, predicting the future. When *Vhomaine*, the diviners were interviewed, their forms and styles for recording were still being argued about and questioned. No one outside the practices of *Vhomaine* could impugn their capacity.

Vhomaine, the diviners are called to the practice by the ancestors or the living-dead. The called *Vhomaine* have to undergo training which lasts for months to a decade. During this period, the trainees / apprentices or *Mathwasana* are said to be under the guidance and control of the qualified *Vhomaine* and that everything is directed by the ancestors or ancestral spirits who made a calling to the apprentice. During the training, the trainees / apprentices / *mathwasana* learn how to throw and read incised bone tablets (*u tungula na u vhala mawa a thangu)* and how to control a trance-like state that facilitates communication with the ancestors or the living-dead and the living-beings. All

these activities are the practices that need to be recorded and documented for the benefits identified by Abbott (2014:32), which are to help preserve knowledge; improve the use of traditional medicine; promote for the commercialization of traditional medical knowledge and also useful for the defensive protection of traditional medicine. It can be argued that *Vhomaine* of *Tshivenda* and *XiTsonga* are not practicing the divination and or *vhunanga* for monetary value, it is a calling for them. Abbott (2014:32) further argued that whilst there are genuine reasons for recording and documentation, the practitioners should also consider the drawbacks for documentation that may expose the indigenous medical knowledge to the third parties as they have limited control over the knowledge publicly available. The government therefore needs to tighten and fix its Intellectual Property laws first before the documentation process can commence.

According to Thompson (2017), *Vhomaine*, the diviners also use animal sacrifice to request for healing, protection or rain. This practice is also common in some traditional households where rituals mark births, deaths and weddings. Singing and praising are said to accompany the sacrifices of animals as part of traditional rituals. Because *Vhomaine* love their animals and some of the animals represent their ancestral gods, they undergo training to be equipped with skills to kill animals for sacrifice. The use of animal sacrifice has been confirmed by *Vhomaine Vho-Mabina,* who said that:

"*The spirit tells me what to use during the healing process, for example, blood from goat, sheep, chicken or a cow. Blood has life and also kills. Through the guidance of the spirit, I can bath my clients with blood mixed with herbs or inject it to the client's body using a razor blade.*"

Having noted the way in which *Vhomaine,* the diviners operate, eight (08) participants (*Vhomaine*) were interviewed on the different styles that they use to record the healing processes per client.

Vhomaine Vho-Sikhitha, during an interview and observation processes, mentioned the following:

"*There are many ways of documenting the practices of the ancestors or the living-dead. They can paint, draw, mark and make many other forms*."

The aforementioned statement is supported by the International Institute of Rural Reconstruction (IIRR) founded in 1960, which reported that Agricultural indigenous knowledge could be documented in a form of descriptive texts such as reports, inventories, maps, matrices and decision trees; audiovisuals such as photos, films, videos or audio cassettes as well as dramas, stories, songs, drawings, seasonal pattern charts, daily calendars and so on. Such indigenous knowledge could also be stored in local communities' databases, card catalogues, books, journals and other written documents, audiovisuals and museums. It is good to make documentation through painting, drawing and marking, but such without interpretation and meaning attached to becomes fruitless. Indigenous health knowledge is meant to heal and not just a non-entity.

Vhomaine Vho-Sikhitha further said that:

"*Yes, they can record, others are now recording through writing because of the advanced technology and that others are formally educated (schooled). Other Vhomaine record through markings*."

The aforementioned statement does indicate the styles in which some *Vhomaine* could use to record their interactions with their clients. They can use paintings, drawings and those educated can record and document through writings. From all the participants, *Vhomaine Vho-Sikhitha* was the only one who made mention of recordings and documentation styles. This supports Abbott (2014:32) who maintains that in order for *Vhomaine* to protect, preserve and sometimes commercialize their practices, the paintings, drawings and other symbols must be attached to meanings and explanations which could be easily understood even by the generations to come. To comprehend the art of drawings and paintings is an intricate activity. That is why there is a need for teaching the art of drawings and paintings associated with relevant explanation as it

relates to the practices of *Vhomaine*. The teaching of such art of drawing and painting does not only implies going to school. Through the application of the organizational knowledge creation theory through internalization where one imitates the action of the other one, such arts and skills could be learned.

Vhomaine Vho-Sikhitha and *Vhomaine Vho-Mabina* suggested another form of transferring indigenous health knowledge to other families as through inter-marriages. This is where a knowledge is transferred from one family to another through inter-marriages. It happens when a male or female individual who is chosen by the ancestors or living-dead is married to another family and starts to practice the healing process, such knowledge would be shared by two families. *Vhomaine Vho-Sikhitha* said that:

"*You must remember that preservation of such health knowledge is also promoted by inter-marriages. If it happens that one marries from a wrong family, one spirit may oppress the other*."

This statement further suggests that if the ancestral spirits from one family are bad, they will be oppressed by the good spirits and thus, health knowledge would have been transferred from one family to the other.

On the other hand, *Vhomaine Vho-Mabina* said that:

"*Inter-marriages also assist in preserving the knowledge. In the olden days, when a traditional healer marries, he should also marry a traditional healer. If one marries a wife who doesn't practice, she may label you as muloi (*i.e. a witch in *Tshivenda*). *If the wife doesn't like the practice, she may influence the husband to leave the family house and built their own house and therefore, the practice of Vhunanga will be a history*."

The style of recording the indigenous health knowledge of *Vhomaine* is also through observations. Because of the vast knowledge and experience, by mere looking at the client or *mulaxwa*, *Vhomaine* could see that there is sickness and make a diagnosis.

The physical appearance of the client also plays a role in assisting the observations of *Vhomaine*. *Vhomaine Vho-Sikhitha* and *Vhomaine Vho-Rakhivhani***,** are the only collaborative and core-designers' participants of the study who mentioned the use of observation as a form of making diagnosis and *Vhomaine Vho-Sikhitha* said the following:

"*The elderly* Vhomaine *who are Vhakegulu and Vhakalaha* (i.e. old men and old women in *Tshivenda*) *of the olden days, while drinking their mutomboti or mahafhe beer* (traditional beer) *could observe a person who is sick and pull him or her aside and tell that person what he is suffering from. They are able to observe his or her sickness by mere looking at his face and complexion and tell if the patient is suffering from dorobo (gonorrhea), for example*."

On the other hand, the method or style for observation on the client to make diagnosis and treatment has been expressed by *Vhomaine Vho-Rakhivhani* who said the following:

"*I don't ask my client what he or she is consulting for. I just look at the body and face of my client and observe 'he dondo la kivha hone' i.e. where there is a mark",*

Thus meaning a spiritual revelation to indicate where the problem is when making diagnosis.

"*I therefore see what brings the client for consultation, whether it is pain or not. I tell my client if it is 'tshithavhi' i.e. a pain, to go and 'Elela Tshithavhi'.*

"Elela tshithavhi" is the method used to heal the pain called "*Tshithavhi*". It may mean to rub where there is a pain.

The aforementioned statements suggest that the elderly *Vhomaine* are highly skilled, experienced and knowledgeable. They are also well vested in reading and analyzing the

symptoms by mere looking at and observing the client. It may also suggest that such elderly *Vhomaine* might have treated a number of clients before who were suffering from the very same disease or sickness displaying similar symptoms. But contrary to *Vhomaine Vho-Sikhitha, Vhomaine Vho-Rakhivhani***,** irrespective of her experience, just looks at the client and *U Fhulula thonga,* i.e. brushes and massages her stick, in *Tshivenda,* to come up with a diagnosis and treatment. Not all *Vhomaine* have this gift. Under the guidance of the ancestral spirits, these *Vhomaine* make predictions which they call *u bvumba* in *Tshivenda*. *Vhomaine Vho-Mabina* refers to such type of *u bvumba* i.e. predictions as *Tshiubwa* which is when a client is predicted while *Vhomaine* throws incised bone tablets or *Thangu* and from there *Vhomaine* predicts everything about the client without referring to the incised bone tablets again, and *Thanzwu* which is when *Vhomaine* make predictions about the clients without using incised bone tablets or th*angu*. Therefore, the style used by *Vhomaine Vho-Rakhivhani*, using her stick (*Thonga*) is said to be *Thanzwu*. *Vhomaine* using *Thanzwu* style know a number of healing medications by treating the symptoms they come across during the healing process of a client by mere observation. When making diagnosis, they do not make it public, they secretly tell the client. The observation made by *Vhomaine Vho-Rakhivhani* is to look with an inner eye of the ancestors or living-dead and make predictions without asking the client a single question. Her method of observation is done through the guidance of the ancestral spirits and she is able to see *dondo* i.e. a mark, which reveals to her the sickness or problem the client is consulting for.

Another style of preserving the indigenous health knowledge is through memorization. This style is closely related to the questions and answer method which is designed to retrieve the stored information from *Vhomaine's* mind. The memorization style has been supported by the two collaborators and co-designers of the study who are *Vhomaine Vho-Nemavhola* and *Vhomaine Vho-Nwamzamani.*

Vhomaine Vho-Nemavhola, in support of memorization as a way of retrieving previous information from the client, also makes use of *Muuluso* which is a powdered concoction used to enhance memorization and advanced the following:

"*The client is already in my books; I mean my head. It is not possible that I could forget the processes that I have administered in the healing process of the client. I can recite to you now all the clients I have attended to since the year 1981. I can tell you all the ways that I have gone through during the healing in each of the clients. In fact, when we are trained as Vhomaine, there is a medication called Muuluso (Powdered concoction of many mixtures of herbs and animal portions), that we are given to eat so that we don't forget. I can take you to the bush now and tell you all the names of the medicinal plants one by one, if we go there by the following day, you would have forgotten. In the village called Tshipako, I know all the honeybee caves. I know all the trees such as Miramba and Mivhungo. I even know the area in between Ha-Makhuvha and Tshipako villages called Tshipanabulege where I can now show you where I have dug the roots of medicinal plants. For example, the medicinal plant called Muangaila is only found in the mountain of Ha-Makhuvha village on the hillside of the chief's kraal called Musanda in Tshivenda. Knowledge of medicinal plants is in my head. I can tell you everything that happened since I was staying at Sambandou village until today without it being written down*."

While *Vhomaine Vho-Nwamzamani* supported memorization as a way of retrieving previous information from the clients, and she advanced the following:

"*All the methods that I used to heal my clients were user friendly and there were no records. My mind was my record. Those Vhomaine who had undergone the process under the guidance of the ancestors or the living-dead will know and recall everything without any problem. These practices are not written in books for others to study*."

The aforementioned statements from two *Vhomaine* share more similarities. They depend on memorization to keep the information about their clients for future use. The recording tool of *Vhomaine Vho-Nemavhola* is his memory and recollection as his database, whilst the recording tool *of Vhomaine Vho-Nwamzamani* is her memory and she refers to her memory as her database. These two statements are similar in context and they emphasize the memorization factor as a way to retrieve previous information

from the clients treated before. *Vhomaine Vho-Nemavhola* is able to recite all the healing processes he administered since 1981 and all the places where he dug the roots of plants for medication while *Vhomaine Vho-Nwamzamani* emphasized that under the guidance and assistance of the ancestors, she can recall all the practices she administered to all her clients. It should, however, be noted that only *Vhomaine Vho-Nemavhola* made mentioned of the use of *Muuluso,* which, when taken by *Vhomaine*, assist them not to forget their previous administration to their clients. While *Vhomaine Vho-Nemavhola* is assisted by *Muuluso, Vhomaine Vho-Nwamzamani* is assisted by the ancestors or living-dead to store the information about the healing process of her clients for future use. His memory and recollection could therefore be concluded to be a repository that store evidence-based information about their healing processes and practices of *vhunanga.* The confusion brought here is by *Vhomaine* Vho-Nemavhola, who in addition to the role played by the ancestors, there is *Muuluso*. Is *Muuluso* administered by the ancestors? Is anyone who is not called by the ancestors use *Muuluso* to avoid forgetfulness? If that is the case, Muuluso is the best medicine for forgetfulness.

Although *Vhomaine* believe that they are assisted by the ancestors or the living-dead to retrieve the healing practices they have administered previously to their clients during consultation, *Vhomaine Vho-Nwamzamani* mentioned that even though she knows medication through dreams, some of the bottles and containers are marked through written words with the assistance of her children and grandchildren. This confirms that recording through writings is not totally prohibited. It may mean that the fear of recording through writings might have resulted from the culture itself and that others may steal the knowledge and claim it to be theirs. This confirms the notion that once the indigenous knowledge is written it becomes a public domain. Everything that involves ancestral spirits seems to be very secretive. Nevertheless, the power of the ancestral spirits represents those who lived before and it is through their spirits wherein they could share their experiences, wisdom and skills that need to be preserved for future generations. *Vhomaine Vho-Nwamzamani* in support of this said the following:

"*Through dreams, I know all the medications and what they cure. Some of the medications were written on the bottles or containers to indicate what they cure. These medicinal plants cure a number of diseases. My children and grandchildren write for me*." (Maybe because she had impaired vision).

Vhomaine Vho-Madou made reference of teaching his children or cousin or his brother. This is because it is possible that others may lack interest. But *Vhomaine Vho-Madou* further emphasized that those who reject the call of the ancestors may suffer the risk of getting sick. Therefore, teaching others is regarded as another form or method of preserving the indigenous healing knowledge for future use. This has been supported by *Vhomaine Vho-Madou* who said that:

"*I teach a person, maybe my child or my cousin that he should do this and that to protect my healing knowledge. He will then pass it to others. The reason why I teach my cousin is that my children are still young. I teach even my brother, but sometimes you may find that my brother lacks interest.*"

Vhomaine Vho-Sikhitha and *Vhomaine Vho-Netshiavha* further indicated that they use the knowledge of *Mitupo* i.e. customs and clan names, to retrieve previous information about their clients. *Mutupo* is an object such as an animal or plant that serves as an emblem, logo, trademark or revered symbol of a family or clan and often used as a reminder of its ancestry. *Vhomaine* identify the types of illness from their clients using the *mitupo* of their clients without recording because recording is misaligned to their healing processes and it therefore, becomes unnecessary. These are the only two collaborators and co-designers of the study who made reference to the use of *mitupo* during the healing process per client in order to come up with diagnosis and treatment without recording or referring to the recorded information. It must be noted that *Vhomaine Vho-Sikhitha* defined *Mitupo* as a natural object or animal that is believed by a particular society to have spiritual significance and that is adopted as an emblem. According to Blake (2013), an indication was made that when individual members of a family used traditional medicine to perform miracles and identified their unique prowess

/ skill / expertise in a particular activity or field with characteristics of a particular animal, they come up with *mitupo*. According to Chisanyu (2018), *Mitupo* are defined in mother languages and places of origins. He further indicated that people who regard that animal as mightier, holier, famous and sacred were therefore not supposed to eat it, for example, if anyone kills and eats a sacred creature, such a person loses teeth. As a result, this created respect among the people. The examples he gave in such cases were that if people kill each other, in an unfortunate event, the killed person's avenging spirit would have to be appeased, and if not, the avenging spirit would move from one generation to the other causing havoc.

In cases like these unfortunate events, *Vhomaine* were to be consulted and spiritual ceremonies involving the use of traditional medicine were done to safeguard the families. These *Mitupo* could trace back genealogical background of the family. Most of the African tribes were taught orally to know the backgrounds of their *Mitupo*. This helps to find the lineage of a particular family tree. The use of *mitupo* helps *Vhomaine* to open up a file to know a particular disease or illness that a particular family tree is most likely to suffer from. Most of the African family trees have taken the names of the highly respected animals and those animals are used in their sacrifices, for example *Ndou* (Elephant), *Singo* (Trunk of an Elephant), *Munyai, Mukwevho, Mundalamo, Mumbedzi*, etc. These *mitupo* are also attached to the origin of the specific tribe such as *Mukwevho wa* (of) *Luonde*, *Mudau wa* (of) *Damani*, *Ndou dza* (of) *Ha-Tshilenzhe*, and so on. Mostly, these families have their own *Vhomaine* who are called *Vhomaine* of the family. This supports that the preservation of information in a such a way is more of an oral nature than written form. *Vhomaine Vho-Sikhitha* complimented this and said the following:

"*During the healing process, I identify the clients by their Mitupo. Through Mitupo I am able to find and locate the genealogical background of the client's family tree. Through mitupo, I am able to trace the descendants of the client's family tree from the great grandparents to grandparents. I am able to trace from the first generations. This triggers*

all I know about the client's family history. When the client consults me, I may ask questions like:

- ✓ *Are you Mudau?*
- ✓ *If yes, Mudau from Tshakhuma or where else?*

And this assists in opening the file that is recorded within my mind. This happens like a soccer team, such as Vondwe 11 bullets; Tshidimbini Brave Lions; Mukula Fast 11; etc. Once the name of a soccer club clicks in one's mind, it triggers the memory and reveals the players, the teams they played with, victories they had, what happened in which year. As such, little information triggers what Vhomaine have in their minds. This is done to open up the file, it is just like in the Western practices by medical practitioners, and they have a file number to locate your file. The recordings of my practices are more oral than written. Recording is more of telling like storytelling and is mostly in the memory."

Another reference of the use of *Mitupo* during the healing process to trigger the prior knowledge was indicated by *Vhomaine Vho-Netshiavha* as indicated above. His view is not much different from that of *Vhomaine Vho-Sikhitha*. When responding to the probing question whether *Vhomaine* use the same healing methods during the healing process to the clients, he referred to the use of *mitupo* as *mitupo* are different, so the healing methods could not be the same. It can therefore be concluded that those who make diagnosis and treatment using *mitupo* are highly knowledgeable and are supposed to be specialists in storytelling. *Vhomaine Vho-Netshiavha* qualified the above statement and said the following:

"*No, every Vhomaine uses his or her own method of treating a client. Other clients are handed medication into their hands, and for other clients, the medication has to be put down. The Mitupo of the clients are different as others are 'Singo', 'Ndou', 'Munyai', 'Mundalamo', etc. All our grandparents were indigenous health practitioners. The practice of indigenous health knowledge differs from one family to another. Others do not stay with medication, they go to the river and collect medication so that the client*

can get treated and healed. Others stay with the pharmacy in their homes. Others have Thevhele, which is a skinned bag or container made up of woods or animal horns used to store medication and the incised bone tablets (Thangu). And it is known that this is the Thevhele of Vhomaine."

Vhomaine Vho-Mabina, just like *Vhomaine Vho-Rakhivhani* as revealed earlier, said that she does not have any recording style as the indigenous health knowledge is not ready-made, but it comes and goes. It does not stay with her. Sprinkling snuff on the ground and throwing of incised bone tablets / *thangu* determine the type of sickness and how it could be healed. The knowledge which comes when *Vhomaine* are in a trance-like state is not recordable, as after treating the client, such knowledge disappears as it is under the control of the ancestral spirits. *Vhomaine Vho-Mabina* said the following:

"*All these things come after I have sprinkled the snuff on the ground and throw the incised bone tablets down. I don't stay with this knowledge. The knowledge simply just comes as I am seated here with my client. My client does not need to say anything, I just get possessed and told what to do by my ancestral spirits. The knowledge is not ready-made, it comes and goes. After treating my client, all the processes that took place during the healing interaction disappear. It comes and goes after sprinkling the snuff on the ground and throwing down the incised bone tablets*."

b) Recording and documentation styles by the herbalists (*Vhomaine vha miri kana mishonga kana Nombe*).

This category represents the traditional health practitioners who are herbalists. In *Tshivenda* they are known as *Vhomaine vha Miri kana Mishonga kana Nombe.* An herbalist is a mixer of herbal elixirs (herbal mixture or concoction) and specializes in the use of herbal mixtures or grows herbs and practices herbal medicine. According to the American Herbalist Guild, a non-profit educational organization for the furtherance of herbalism (1989), an herb is any plant or plant part used for its therapeutic value and it includes herbal and mineral substances. It further specifies that herbal medicine is the

art and science of using herbs for promoting health, preventing and treating illness. Herbal medicines are prepared from living or dried plants and contain hundreds to thousands of interrelated compounds. Safety and effectiveness of herbs are often related to the synergy of its many constituents. According to Ezekwesili-Ofili & Okaka (2019), an herbalist is one who studies herbal medicine and healing properties of plants with regard to therapy. An American Herbalists Guild (1989) further indicates that herbalists are people who dedicate their lives to working with medicinal plants and amongst others, they include native healers, scientists, naturopaths, herbal pharmacists, medicine makers, herbal farmers and others. In case of the collaborators of this study, the herbalists referred to indigenous healers or indigenous health practitioners.

It is said that an herbalist is not called to his or her profession, but choses it. Herbalists do not have divine powers and they spend few years studying their trade. Herbalists have a wealth of knowledge of curative herbs. Their treatments are natural and their medicinal mixtures have some animal substances. Their treatments are both prophylactic and preventive. They also perform rituals and assist for luck. Herbalists need to be in contact with their clients and have background knowledge on their ailments. According to some of them, the ‘invasive plants’ i.e. these are plants that are non-native or alien to the ecosystem and can cause economic or environmental harm or harm to human health, are believed to be the most powerful medicines. American Herbalists Guild (1989) further states that many herbs do not have any side effects and can be used in essential ways such as preventing disease, treating disease, maximizing one’s health potential and for symptomatic relief of minor illness. The herbalists as collaborators in this study may go well with preservation and heritage as well as the organizational knowledge creation theories.

Niemeyer & Koithan (2014) assert that lack of research and documentation of traditional knowledge-based herbal medicines places western herbal medicines in the large loss to society as a whole and specifically to the scientific healthcare community. They further indicated that the loss of diversity and the extinction of plant species are appropriate

analogies to express the potential loss of traditional knowledge of Western herbal medicines and that the failure to document and research it may represent a loss of significant amount of knowledge.

Boadu & Asase (2017) avow that indigenous knowledge about herbal medicines of many *Ghanaian* cultures has not yet been investigated. They argued that in Ghana, many cultures and communities possess a huge repository of traditional knowledge about herbal medicines for treatment of various human ailments which are yet to be documented. The use of herbal medicines and innovative utilization of plants has been passed through generations as oral tradition.

Boadu & Asase (2017) made mention of the reasons for documenting indigenous herbal medicines and cited the preservation of the indigenous culture heritage, that the knowledge about herbal medicine is lost through acculturation and biodiversity losses. They added that trade and marketing of herbal medicine creates employment.

Hitchen (2015:14, 17), cited Iwu, who is a Professor of Pharmacognosy and Chairman of Bio-Resources Development Group, asserts that the rapid growth of the global herbal remedies market is driven by an aging population and increasing consumer awareness. He further emphasized that tradition dictates that a healer will pass on his knowledge to the first-born son. But many sons are not interested in following in their father's footsteps these days. The hereditary transfer of knowledge does not offer the promise of a quick return. There are also healers who do not trust their sons to use the knowledge correctly. The question that could be asked is: Do we set up a foundation in memory of the healer so that his name will not be forgotten or pay royalties to the son who was not interested in retaining the knowledge?

The aforementioned literature attests the practices of herbalism and its importance to the healing system. Most of *Vhomaine,* both diviners and herbalists make use of herbs during the healing process of the clients. The only difference is the practice under the directive of the ancestors or the living-dead in case of the diviners and study of the use

of herbs for the herbalists. The herbalists or collaborators of the study were interviewed and observed and provided answers on the styles they use for recording and documentation of indigenous health knowledge.

Vhomaine, the herbalists, responded that question and answer method is another style *Vhomaine,* the herbalists, use to make diagnosis and come up with a treatment for the client. This style is also used in clinics and hospitals. When asking questions, *Vhomaine* are using their knowledge, experience and understanding of the diagnosis. Through questions, they are able to open up a file which is within the memory of the herbalists. Such recordings are oral in nature. It is more of a telling like folk tale. Most of the asked questions are of probing type. *Vhomaine Vho-Sikhitha* said the following:

"*Other styles of recordings of the indigenous health knowledge are done through asking questions like:*

- ✓ *Have you ever consulted with me before?*
- ✓ *When last have you been here?*
- ✓ *Were you assisted by the treatment you received?"*

"*Sometimes as Vhomaine we ask the client questions like the ones that are asked in clinics or hospitals, for example:*

- ✓ *When you are saying you have a burning urine, when did it start?*
- ✓ *When you urinate, what is the colour of your urine?*
- ✓ *Are you sweating?*
- ✓ *Do you have a headache?*
- ✓ *When last did you engage in sexual intercourse?"*

The first example given above tries to find out if the client is consulting for the first time. It suggests that if the client is consulting for the first time, the follow-up questions will be based on getting the personal particulars of the client and such particulars are

memorized for future use. If the client has consulted before, the file will be opened in *Vhomaine's* memory and all the information about the client will be retrieved. This is triggered by the question **"**Have you ever been here before?" The yes or no answer is a determination factor towards the triggering of the previous information in *Vhomaine's* memory. The question "When last have you been here?" tries to trigger the last visit of the client. This opens the file within the mind of *Vhomaine* and retrieves the diagnosis and treatment previously administered to the client. The question "Were you assisted by the treatment you received?" serves as an evaluation of the previous healing process administered to the client. This question also gives *Vhomaine* confidence on the work well done. The question and answer method style seems to be a good method of retrieving information for future use. But one of the participants made further emphasis that if *Vhomaine* is literate, it is advisable to record all the information through writing and if possible, to make an audio recording so that one can make referral in the future, even though this may seem to be time consuming for the buzziest herbalist. It is even difficult for one to record the outcomes of the family meeting.

The second example on the set of questions as depicted by *Vhomaine Vho-Sikhitha* shows the treatment of the client. The very same set of questions will be stored in the *Vhomaine's* memory for future use. The question still arise that what will happen when *Vhomaine* dies? Where shall the knowledge within the memory of *Vhomaine* be stored? How will such knowledge be retrieved after the death of a particular *Vhomaine*? Knowledge transfer from one's memory to the next generation becomes a contested argument. The question ***"When you are saying you have got a burning urine, when did it start?"*** tries to determine the period which in turn will assist in determining what kind of medication should be dispensed. The question ***"When you urinate, what is the colour of your urine?"*** serves to determine the type of sickness. The questions ***"Are you sweating?"*** and ***"Do you have a headache?"*** are the general questions which associate the symptoms and the sickness. This is possible through the knowledge and experience of *Vhomaine*. The last question ***"When last did you engage in sexual intercourse?"*** tries to confirm the diagnosis through the identified symptoms. After all the questions have

been administered, they are stored in the mind of *Vhomaine*. This normally happens to *Vhomaine* who are illiterate.

The notion of asking questions as a style to make diagnosis is also supported by the herbalists *Vho-Tshianeo* and *Vho-Mutele*. The participant *Vho-Tshianeo* said the following:

"*I ask the questions and the client will tell me the problem and using my knowledge about medication, I will give the treatment. If the client is not healed, I will try another medication and I may ask others to assist me*."

The Herbalist *Vho-Mutele* repeated that she asks the client questions and the client tells the symptoms, so that she will know the type of sickness, and then she will do the treatment by giving the medication that will heal the client. To treat the clients with herbs is a knowledge that she learnt from her father as he was doing the same practice. *Vhomaine Vho-Sikhitha* qualified this by adding that if the client has consulted with the medical doctor, he asks the client the outcomes of the diagnosis and the age of the client as healing goes with age and he said that:

"*To find out what troubles the client, I let the client to explain the symptoms. If the client has once consulted with the medical doctor, the client will have to tell me what was the diagnosis. I also ask the age of the client as healing goes in accordance to the age*."

The above mentioned explanation concurs with the maintenance of complete and accurate medical records which is a requirement of health care providers and is generally enforced as a licensing and certificate prerequisite of the bio-medical practitioners. This is in accordance with the 'Medical Records' of McKinley Health Center, University of Illinois, Urbana-Champaign, USA. The center made reference that records in the form of paper notes, physical (image films) and digital records exist for each individual patient. The center pointed out that traditionally, medical records were compiled and maintained by the health care providers and currently, the use of Personal Health Records (PHR) are maintained and kept by the patients themselves. This makes

it possible and allows the patient to share medical records with providers and health care systems. The asking of the clients of the outcomes from the medical doctors tells us that the herbalists take into consideration the diagnosis of the bio-medical practitioners. As a result, the client takes responsibility of his or her own records. The McKinley Health Center of Medical Records further makes provision of the medical records that are of vital importance and need recording and documentation and they are: admission notes, on-service notes, progress notes, preoperative notes, operative notes, procedure notes, delivery notes, postpartum notes, and discharge notes. It will be an ideal situation if the traditional health practitioners who are herbalists advance to this level of keeping notes and records.

The usage of question and answer method is not easy, but it is used mostly by the medical doctors and nurses as a way to make diagnosis and decide on a treatment. According to Umar (2013), the question and answer method is an old strategy also known as the Socratic Method. This view is supported by the School of Education, National Open University of Nigeria (2018), which added that this method is referred to as Socratic Method because that is where it takes its root. Socrates the Greek Philosopher was involved in the use of questions to probe his students' competence and capability to be involved in intellectual discourse. Socrates dealt with mature students who by today's educational systems are post graduates. Rahmah (2017:4), describe questions as a process where an individual asks or make an inquiry about something and some listener responds verbally. The main purpose of this activity is to assess the extent of an individual's knowledge, understanding or comprehension of some topics or subject. This method enables one to find out who knows what. The School of Education, National Open University of Nigeria (2018), further indicates that questions need to find out the past that needs further treatment and practice and such questions allow the practitioner to be in the position to read the clients' mind. Through questions, the practitioner is in the position to make contact with the clients. The use of questions by the practitioner develops the understanding and comprehension of the clients who are encouraged to reason out matters for themselves.

The School of Education, National Open University of Nigeria (2018) mentioned the principles to be observed when asking oral questions together with the characteristics of a good answer. Such principles are clear, definite and precise in meaning and wording; always deal with essentials; stimulate real thoughts; have carefully prepared questions; avoid leading questions, etc. Amongst the characteristics of a good answer is that the answer should be absolutely relevant to the question; be expressed very clearly in few words; be grammatically correct; be a good answer; should not be superfluous and should show a sense of intelligence. These principles set a standard from which any practitioner may follow towards attaining good results.

Rahmah (2017:12 – 14) describes the type of questions to be used in questioning without mentioning the probing type of questions. Probing type of questions depend on the answers given by the collaborator. He made reference to the open-ended and close-ended questions, and divergent and convergent questions.

Rahmah (2017) avers that open-ended questions should be asked, not just close-ended questions which require yes or no or can be answered by a very brief phrase. He affirmed that the open-ended question leaves the form of the answer up to the client's answering and so solicits much more thinking or information. Rahmah (2017) succinctly made a brief indication that open-ended questions are preferable because they require a more complex client response. It is therefore important for *Vhomaine* to adopt open-ended questioning. *Vhomaine* displayed such type of questioning. The question that needs further investigation is to find out if *Vhomaine* are in the position to comprehend well such requirements when asking questions to avoid ambiguity.

Regarding the divergent as well as convergent questions to be asked, Rahmah (2017:12 -14) made a distinction between the two as to whether there is a single accepted correct answer to a convergent question, or are there a number of possible answers, many of which may be acceptable to divergent question. Convergent questions often require new and creative insights while answers to divergent questions may be more acceptable than others in terms of logical consistency, synthesis of

relevant data, and solutions to major aspects of the problem. Finally, he indicated that the task set for the clients in divergent questions is to think about an issue or problem, not to discuss the correct answer the practitioner is looking for. Therefore, a divergent question requires high level thinking. This type of questioning could not be therefore applicable to the most of the clients that consult with *Vhomaine*.

In addition to the open-ended versus close-ended questions and divergent versus convergent questions, there are also probing questions which are meant to motivate the clients to go beyond their initial responses and help themselves in solving the problem. Mostly, *Vhomaine* use probing questions to be directed to what they need and such probing questions need not to be written. A highly skilled herbalist can be in the position to execute such probing questions.

According to Anderson & Anderson (2003:57), sentences in question need to be extended to give the audience details about the subject. The more the detail, the better the recount. Rahmah (2017:28) describes a recount as a piece of text that retells past events, which is usually told in order in which they happened. The example given to this explanation is outlined as follows:

The lady walked
Adding detail – Where? = to the red telephone.
Adding detail – How? = the lady walked slowly.
Detailed sentence: The lady slowly walked to the red telephone.

Therefore, by adding adverbs and adjectives to the sentence, more information is given to the audience. Slowly is an adverb that gives more information about the verb walked. Adverb qualifies the verb. Red is an adjective which gives more information about the noun telephone. Adjective qualifies the noun. This process is more detailed and it exposes how scientifically questions and answers are used during a particular investigation. Particularly in this process, language is a key factor. The reason why the researcher detailed much about the question and answer method used by *Vhomaine*,

the herbalists, is that if ambiguous questions are asked, the diagnosis and treatment of the client may be very parallel to what the client is suffering from. This is to indicate that this method is very complicated and it needs some well learned practitioners. If this method is not administered correctly, it has a lot of disadvantages than advantages. Most herbalists take it easy and simple. Maybe a study is needed to find out the consequences of practitioners who use this method when their clients consult with them. As outlined by *Vhomaine Vho-Sikhitha*, questions and answers method needs to be logical. If all the herbalists are to be skilled in this method, the outcomes would be very much encouraging.

When *Vhomaine Vho-Madou* was asked about herbalists, he said that herbalists are *'Vhagwi vha Miri kana Mishonga or Dzinombe'*. They are not necessarily *Dzinanga* (plural of *Nanga*), in terms of being diviners. They are *Dzinombe (*plural*) or Nombe* (singular*)* i.e. those having knowledge of herbs in *Tshivenda).* In support of this statement he said the following:

"They walk with us Vhomaine and learn what medicines do. When they are by themselves, they can go to the bush and dig the medicines and sell them to the people. These Vhagwi vha Miri are not Dzinanga, they are Nombe, they know which herbs heal which ailment. They tap the knowledge from the elders and Vhomaine. Others claim to dream the medication while they did not go through the process of becoming Vhomaine. The problem arises when they prescribe the medication incorrectly, and such prescription does not function well".

The herbalist, *Vho-Mudumela* said that she viewed ill-health as a result of natural causes. She said that a combination of botanical and microbiology knowledge leads to the knowledge of identifying of particular medicinal plants for different diseases. She reiterated that documentation and identification of medicinal plants as well as preparation methods is of great challenge since it is not a daily job. It occurs only when confronted by clients. And one will come up with combination of different medicinal

plants to cure that type of disease. The use of bush medicine is trial and error since one does not have a clear knowledge of how much and how long the medicine is to be used.

The herbalist *Vho-Mudumela* indicated that she thought that it would yield best results if one must start recording the medication that one used per client, and also how much and how long the medication has been used. This shows that herbalists are willing to record their treatments for future use and future reference. The question and answer method is therefore viewed as one of the strategy that *Vhomaine*, the herbalists, prefer when making diagnosis and coming up with a treatment. This strategy should align to the way in which the traditional herbalists operate. Once information is retrieved, how then could it be documented? Can it be written, recorded, or what? What about the intellectual property rights of the practitioners?

5.2.2 Rituals associated with various ways of retrieving information about the client

Vhomaine, the diviners as collaborators in this study, propose that there are rituals that are performed to assist them to retrieve information about their clients when they consult with them. They do not necessarily record their healing process per client as done by their bio-medical practitioners' counterparts. According to *Vhomaine*, recording is unnecessary and misaligned with the indigenous healing process. They believe in the use of rituals for assistance in retrieving previous information about their clients instead of recording. Through rituals, *Vhomaine* are able to communicate with their ancestors, the living-dead. Rituals were not only performed for the retrieval of information from the clients, but also in other ceremonies such as rainmaking (Gathogo 2017). Summers-Effler (2006:135), linked rituals to beliefs, thinking, morality and culture. This has been supported by Attwood & Attwood (2014), who claimed that rituals allow people to perform at their best.

As *Vhomaine,* the diviners propose, there is no need to record the healing process per client because such processes are revealed to *Vhomaine* rather than reading from the book. The failure to perform the rituals may mislead the diagnosis and may result in

giving wrong medication and treatment. The performance of rituals leads to the correct predictions of the sickness, causes and treatment and this renders the recording process in accordance to the Western bio-medical practitioners unnecessary. That is why *Vhomaine,* the diviners in this study indicate that there is no need to record the healing processes of their clients. The following are the rituals that *Vhomaine* perform to retrieve information about their clients:

(a) Calling ancestors for guidance using snuff (*u shela fola fhasi*)

According to Skinner (2011), in Indian rituals, ceremonies and religious observances, tobacco is the unifying thread of communication between humans and the spiritual powers. Before all religious ceremonies were held, tobacco was offered to the spirits. According to Thule (2018), there are many tools that are common such as pouring libation (water or a form of drink) as you say your prayers. In South Africa, it is common to also use snuff or a form of tobacco sprinkled on the ground as you speak or burn *Zwioro* in *Tshivenda* to communicate with the ancestors. *Vhomaine,* made reference to the use of snuff (fola) as a form of dedicating the client to the ancestors / living-dead and thus provoking communication between themselves and the ancestral spirits. *Vhomaine Vho-Madou* indicated that he taps the snuff and sprinkles it to the ground and sprinkles water from his mouth using a calabash (*Khavho)* and this process is called *U phasa. U phasa* is a type of ritual where one communicates with the ancestors or the living-dead. He further indicated that when a client comes and reveals his / her name, he taps snuff and sprinkles it on the ground and remembers the medicinal plant that he previously dug and prescribed for the client.

The sprinkling of snuff on the ground to dedicate the clients to the ancestors during the healing process is also supported by *Vhomaine Vho-Mabina.* She indicated that the sprinkling of snuff is the first point of entry when one enters the world of the ancestral spirits and be in position to communicate with them. Sprinkling snuff serves as a request to the ancestors or the living-dead to provide an inner eye that will help to make diagnosis and come up with a treatment for the client. This process is done before the

throwing and reading of the incised bone tablets i.e*. u tungula na u vhala mawa thangu.* It confirms the findings of the indigenous knowledge systems theory which rests on beliefs, customs, culture, tradition and language of the collaborators of the study. *Vhomaine Vho-Mabina* corroborated by saying the following:

"*I don't record, I use snuff. I sprinkle the snuff on the ground and dedicate my client to the ancestors. I start by introducing myself to the ancestors followed by introducing my client that he / she has come to consult. From there I can now sit down with my client. Because I don't know why my client is consulting, I will request my client to put some notes of currency down and I then sprinkle some snuff on top of the notes. After that I put the notes under the stretched skin of an animal or mat called Thovho in Tshivenda which I use when throwing the incised bone tablets (Thangu)*."

Vhomaine Vho-Mabina also make use of snuff and incised bone tablets to retrieve and retrospect what has been done during the previous consultation to diagnose the problem. She indicated that it is not allowed to work with clients during the healing process without snuff and incised bone tablets. She said that through the use of snuff and incised bone tablets, she is able to see things before and even those far away like in foreign countries and she is further guided on how best she could resolve the problems of her clients. It is concluded that it is through the sprinkling of the snuff to the ground and throwing of incised bone tablets that the previous information about the clients can be retrieved when revisiting for consultation. The above statement from *Vhomaine* Vho-Mabina also indicate the use of a note of currency which is sprinkled by snuff and put under the mat. It is not qualified as to how much? This simply indicates that *Vhomaine* of *Tshivenda* are not practicing their vhunanga for commercial value.

Vhomaine Vho-Muthego affirmed the use of snuff (*fola* in *Tshivenda*) when communicating to the ancestors. She indicates that such *fola* brings connection between the living world and that of the ancestral spirits. When such rituals of sprinkling snuff (*fola*) on the ground are performed, the ancestors assist in predicting the diagnosis of the sickness of the client and suggest the possible ways of healing the client or treatment. While predicting the sickness, such rituals also assist in retrieving the

previous information about the client. *Vhomaine Vho-Muthego* in support of her account said the following:

"*Yes, I perform the rituals first by tapping the snuff and sprinkling it on the ground as a way of communicating to my ancestors ……. This helps me because if a client tells me that he or she is suffering from headache, I could not know the cause if I don't perform these rituals. If I don't perform these rituals first, I will get misled during the process. The performance of the ritual processes simplifies my healing work i.e. zwileludza mushumo wanga wa u alafha* in *Tshivenda."*

This, according to *Vhomaine*, suggests that there is no need to record the healing process per client for future use and referral purposes because such processes are revealed to *Vhomaine* rather than reading from the book. When they tap and sprinkle snuff on the ground, the ancestral spirits are activated and provoked to assist *Vhomaine* in retrieving the previous information and predict the ways the client should be treated. Failure to perform rituals may mislead the diagnosis and may result in giving wrong diagnosis and medication. *Vhomaine Vho-Muthego,* further corroborated by saying the following statement:

"*No, I don't ask as to when the headache started. Immediately when you tell me that you have a headache, I tap my snuff and sprinkle it on the ground, asking my ancestors / living-dead who will reveal to me the cause of the sickness*."

This collaborator in this study is revealing that there is no need to ask the patient questions as the performance of rituals may lead to the diagnosis and treatment and there is no need to record the healing process. The same symptoms of the patients do not mean that they are suffering from the same sickness. Therefore, recording may mislead the whole process. The performance of rituals such as tapping the snuff and sprinkling it to the ground leads to the correct predictions of the sickness, causes and treatment and this renders the recording process unnecessary. That is why *Vhomaine* indicated that there is no need to record the healing processes of their clients. This view

was supported by *Vhomaine Vho-Netshiavha* and *Vhomaine Vho-Nemavhola.* Cumes (2004:13) affirms that snuff is used to communicate with the ancestors through prayer. This confirms the reason why *Vhomaine* feel that there is no reason to document or record down the healing processes of their clients for future retrieval.

(b) Calling ancestors for guidance using *Malombo* Dance (*U tshina Ngoma*)

Malombo dance or *u tshina ngoma* is known as ancestral dancing. According to Janzen (1995:142), the *Zulu* word *Ngoma* is derived from *Sangoma* which literally means 'person of the drum' or 'the drumming one' and drumming is an important part of summoning the ancestors. Although the word *Sangoma* or *Vhomaine, the Diviner*, in *Tshivenda* is today used to generally accommodate all categories of traditional health practitioners, the word *Ngoma* in *Tshivenda* literally means a drum which is used in many celebrations including during the '*Malombo Dance'* or ancestral dancing ceremony which is '*U tshina Ngoma'* in *Tshivenda*. During the periods of celebrations, *Vhomaine*, the Diviners, are called to dance and celebrate their ancestors. Janzen (1995:142) further indicates that while *Vhomaine* are dancing, they fall into trance and when in trance-like, *Vhomaine* are not cautious of what is happening around them, so after that they will be told of what they had said where the ancestors will be channeled and this is qualified by convulsive movements which are uncontrollable followed by the singing of ancestral songs. Cumes (2004:9) added that these songs are echoed back to the ancestors via the audience in a process called call and respond or *u bvumela* in *Tshivenda*. The possessed *Vhomaine* will then change into their traditional ancestral clothing and dance vigorously while others are beating drums and singing in celebration coupled with clapping of hands.

It is evident that during the ceremonial rituals of *Malombo Dance*, *Vhomaine* use drums or *ngoma in Tshivenda* made up of animal skin or drumhead stretched over the open end of a frame, most often constructed from wood and the sound is generated by striking the drumhead with hands, drum stick or mallet called *tshiombo* in *Tshivenda*, etc. and they also use gourd or calabash i.e. *Tshele in Tshivenda*, which is a rattle

made from a gourd or calabash with *Mufhulu* seeds loose inside with a stick running through it for holding during performance. This is supported by the University of Washington Ethnomusicology Archives' musical instrument database. According to Magubane (2018), drums are a vital part of Venda music and are utilized at all traditional rituals and ceremonies. He avers that these drums are of various types such as: *Ngoma* (bass drums) which is a large, pot-shaped drum with hemispherical resonator carved out of solid wood, and it is always played with a drum stick / *tshiombo*; *Thungwa* (drums like *ngoma* but smaller) which is the same shape as, but smaller than *ngoma* and is also played with a drum stick / *tshiombo*. *Mirumba* (treble drums) which has a conical resonator of wood, is held between the thighs and played with the hands. In most cases, the higher-pitched tones of beats on the edge of the drum-skin are used to emphasise the essential rhythm; etc. As a result, the performance of such rituals during the *malombo* dance ceremonies under the guidance of their spiritual god (Old Soul), makes it possible to instill such knowledge within themselves and comprehend it like the palms of their hands, and they claim that there is no need to record or document this information.

This *Malombo* Dance / Ancestral Dancing ceremony as a ritual, is also performed for the treatment of a person possessed by ancestral spirits who falls ill and after consultation, *Vhomaine* indicate that the illness is caused by *vhadzimu* or ancestral spirits or spiritual gods. These *vhadzimu* are called by the activities of the *malombo* dance where the patient collapses after being possessed. The resurrected ancestral spirit or spiritual god is introduced to the apprentice's / trainee's / *lithwasana's* body and works within the client as a medium. The healed clients do practice the rituals of *malombo* dance periodically, as a means to communicate with their ancestors / living-dead to get guidance and wisdom during the healing processes of their clients. This notion was also supported by *Vhomaine Vho-Netshiavha,* who said the following:

"*I perform rituals through drums and tshele to invoke the ancestral spirits from the client who has been chosen and inherited it from the grandparents or great grandparents*."

The use of *Tshele* as rituals for healing a patient is also supported by *Vhomaine Vho-Nwamzamani,* who commented by saying the following:

"……. *That is why the possessed clients go through the process of U lidzelwa Tshele or dzingoma i.e. the beating of musical instruments to the client to be possessed with the ancestral spirits, so that the spirits could manifest themselves…. Yes, all Vhomaine who are possessed by the power of the ancestral spirits need to undergo this process. The beating of drums coupled with Tshele during the ceremonial dancing provokes the spirits of our forefathers. The spirits are the ones who tell and inform us on what to give to each patient*."

Vhomaine Vho-Madou, further indicated that a client can go through the process of *'U wisiswa kana U Tshina Ngoma',* but never becomes *Vhomaine*. Such a person may only know medicine, but not the practice. The rituals of *U phasa, U tshina Ngoma* and *Dzithevhula* are mostly done to appease the ancestors / living-dead for peace and harmony. These rituals are not only performed by *Vhomaine*, the Diviners, but they are general cultural practices. *Vhomaine Vho-Mabina* qualified the process of *U Phasa* by saying that it is done to remind the people of ancestral spirits and to preserve the practices. During these practices, traditional beer is brewed using *Mufhoho* (type of maize plant that is used to brew and ferment traditional beer), and they slaughter an animal for sacrifice where blood will be shed during the process of *U Phasa.* These rituals unite the people with their ancestors or the living-dead. It must be a yearly event. This *Mufhoho* is not mixed with maize mealie. It is used alone to brew the traditional beer and exclude other ingredients.

Vhomaine Vho-Mabina also affirmed the use of drums to retrieve previous information of the clients that consult with them. She confirmed what has been said by *Vhomaine Vho-Madou* by saying that there are many types of *U lidzelwa dzingoma.* One client can be subjected to the different type of *U lidzelwa dzingoma*, depending on the type of sickness. Ancestral spirits are different, others are *Mindau, Malombo* or *Manzhodzi*. She further indicated that after *U lidza dzingoma,* she sprinkles the snuff on the ground, and

throws the incised bone tablets to find out what has been left after the process of *U lidzelwa dzingoma.* The process is repeated until such time when all the problems have been resolved. *Ngoma* (drums) also serve as medication, they heal people. In retrieving previous information, *Vhomaine* indicated that after *U lidza dzingoma* process, the ancestors / living-dead tell what to do next such as *u alafha* (to heal) or how to treat the client. *Vhomaine* may be directed to stay with the client for a specific period of time. When such a client stays with *Vhomaine* for a prescribed period, they will be undergoing the process of *U lafhiwa* (healing), or will be subjected to be apprentice / trainee / *Lithwasana*, where in this case, the client could stay with *Vhomaine* from months to a decade.

Vhomaine Vho-Mabina supported the use of *U lidza Ngoma* during the *malombo* dance. These *ngoma* vary in sizes, but they are played together coupled with *U imba* (singing), *U lidza Tshele* and clapping of hands, as depicted by the picture below:

Picture 5.1: Exposition of *Ngoma*, *Tshele* and *Thevhele* of *Vhomaine Vho-Mabina* in her *Ndumba*

Lastly, *Vhomaine Vho-Sikhitha* emphasized that the indigenous health knowledge that is within the knowledge holders who are *Vhomaine,* the Diviners, will come again to descendants who will be chosen by the spirits which come through '*malombo dance'*. The spiritual god or old soul and the spirit resurrect within the chosen person and this depends on whether the person was a healer or not. If the resurrected 'old soul' was able to heal, such a chosen person will also be able to heal others. A chosen person possessed by the 'old soul' will know things that happened before he existed. Previous information about the client or *mulaxwa* is known to *Vhomaine* without being recorded or written down. These findings are in line with the indigenous knowledge systems theory.

(c) Dreams and visions as communicative methods of indigenous health practitioners *(Vhomaine*) with ancestors

According to Foor (2017), direct contact with the spirits of the ancestors can be cultivated through ritual practices; however, communication may also happen spontaneously in other forms such as dream contact, waking encounters, and synchronicity. He further advised that the ancestors can often reach even the most skeptical of descendants with a well-placed, emotionally charged dream. Foor (2017), again indicated that not all dreams of the dead necessarily involve direct spirit contact, and discerning when an ancestor is actually trying to get through is not always easy. However, contact dreams are often accompanied by the felt sense of actually meeting with the deceased loved one.

Vhomaine as collaborators in this study, corroborated that they retrieve information about their clients through dreams and seeing visions while sleeping. They do not record their interaction experiences during the healing process with their clients as they regard recording as unnecessary and misaligned with the indigenous healing processes; such *Vhomaine* depend on their dreams and visions they see while sleeping. In order to test the validity and reliability of their view through the data collected for this study, previous literature on studies regarding dreams and seeing

visions while sleeping to get guidance from the ancestors on the diagnosis and treatment of the patients will be coupled with analysis of the data collected.

According to Webster International Dictionary (no date, 688) a dream is defined as a series of thoughts, images or emotions occurring during sleep. Dreams are very personal and may remind a person of what happened in the past. It is believed that through dreaming, ancestral spirits may appear before the dreamer in order to subconsciously solve unwanted problems, some unforeseen failures or warning the dreamer of possible illness. Ndebele (2014) uses the Hebrew dictionary of the Old Testament to define the word dream meaning to bind firmly or strongly to justify that a dream from God will become bound up in the heart of the person receiving the dream and such dreams are very spiritual experiences that are not easily forgotten. On the other hand, Ferrer (2001) defines a vision as something seen in a dream, trance, or religious ecstasy, especially a supernatural appearance that usually conveys a revelation. Such visions are known to emerge from spiritual traditions and could provide a lens into human nature and reality. According to Schreuder (2014:671), visions are associated with prophecies. From these explanations of dreams and visions, the two concepts are basically the same, except that dreams happen while a person is in a state of sleep and visions happen while the person is awake. They are both prophetic as they are to do with the visual and seeing aspects of the past, present and future.

According to Campbell (1998:39), *Vhomaine's* goal in healing is to establish a balanced and harmless relationship between the afflicted patient and the spirits that are causing their illness or problems, and this is established mainly through dreams and visions of *Vhomaine*. According to Ndebele (2014), the spiritual / ancestral world has a lot to do with the people's minds as it only exists in the spirit form. He emphasized that such acts of dreams and visions are not seen by the ordinary people unless they have powers to see through the visions by the ancestors. When *Vhomaine* are in high spirits, they are only informed from dreams and visions and such information can be very useful when it comes to giving directions. All these align to the view held by *Vhomaine* in this study who had to dream instead of reading the written documents during the healing process

in order to retrieve previous information. *Vhomaine Vho-Netshiavha* indicated that sometimes the ancestral spirits come through dreams for the purpose of communicating and informing about the past, present and future events. Dreams which are guided by the ancestors and are of long-term, retrieve previous information and predict the future.

Ndebele (2014) maintains that dreams are from a very deep place that needs some spiritual abilities to be understood and as such, there should be strong connections with the spirits. Depending on the strength of spiritual powers, *Vhomaine* connect with spirits to know what had happened and what will happen. Ancestors communicate with *Vhomaine* through dreams for the purpose of guidance and direction and they finally test to prove achievement throughout the process. On the other hand, the ancestors need to be pleased, maybe through the slaughtering of animals, brewing of traditional beer, and dancing to drums to steer the presence of the spirits. All these practices come through dreams as they happen, and they are within the knowledge of *Vhomaine* because of the guidance from the ancestral spirits. *Vhomaine Vho-Muthego* indicated that the practice of healing the sick is assisted by dreams and visions and she said the following:

"*We have inherited the practice… Our practices are the gift for healing the sick people as directed by our ancestors through dreams and visions*."

Vhomaine Vho-Sikhitha made reference to the communications between *Vhomaine* and the ancestral spirits and indicated that this mostly happens when *Vhomaine* is asleep and such is called *Vhomaine* is dreaming. This confirms the given definition of dreams as provided for by Webster International Dictionary. *Vhomaine Vho-Sikhitha* vouched for this by saying the following:

"*Spiritually, this (healing) is the way used by Vhomaine. Other Vhomaine have to sleep and be in a state of inner soul in order to communicate with their spirits……. In that state called inner soul, they have an eye that is able to see what had happened and are in the position to explain*…."

This participant is making an emphasis that *Vhomaine* have to sleep and be in the state of inner soul. This is because *Vhomaine*, the Diviners, as spiritual healers can fall into a trance and be in a state of profound abstraction or absorption. It is believed that this state of falling into a trance occurs involuntarily and unbidden and it is associated with hypnosis, meditation, magic, flow and prayer. It is profoundly believed that in this state of being in a trance, a person, mostly in the position of *Vhomaine*, is in a state of sleep-like (as of deep hypnosis) which is usually characterized by partly suspended animation with diminished or absent sensory and motor activity. When *Vhomaine* see visions, have dreams or are in a trance-like, it is generally believed that they are in a state that is like being asleep, except that they can move and respond to questions and commands like a person who is awake (i.e. a state in which *Vhomain*e, the diviners, are not aware of what is happening around them). As a result of all the aforementioned scenarios, it is said and believed that seeing visions and dreams is the state which assists *Vhomaine* to come out with a diagnosis and / or treatment. *Vhomaine* who are diviners in this study are fully convinced that recording and writing their healing processes is illegal if consent is not given and unethical according to their practices. Dreams and visions assist them in retrieval of information and prediction for the future, so there is no need for recording and documentation.

This view is further supported by *Vhomaine Vho-Muthego* who indicated that ancestors, through dreams, show her and those in apprenticeship called *Mathwasana* the required medication for healing. When mentoring *Mathwasana,* she advises them to put the medications that they collected from the bush under the pillows while sleeping so that the ancestors will further guide them through dreams on how to use such medication during treatment of the clients. That is why she indicated that she does not even label the medication. She depends on dreams. She could even be shown through dreams the names of medication in the bottles by the ancestors / living-dead. Through dreams the ancestors will show *Vhomaine* what a particular medicine works from many bottles. The picture that follows shows a number of bottles with unlabeled medication which *Vhomaine Vho-Muthego* collected after being directed by the ancestors / living-dead

through dreams followed by what she said. Permission was granted to take this picture as depicted.

Picture 5.2: Picture of unlabeled bottles of medication inside *Ndumbani* used as a pharmacy of *Vhomaine Vho-Muthego*

And then *Vhomaine Vho-Muthego* said the following:

"……. *Those ancestral spirits are the ones who show Mathwasana through dreams the medications needed…. They must continuously dream and learn getting the medicines as directed by their ancestors, and grind them into powder……. I also tell them (Mathwasana) which medications to be put under the pillows while sleeping in order for them to dream how it should be used when treating the clients*."

Vhomaine Vho-Nemavhola added that the physical appearance of the person called *Vhomaine* is not the real *Vhomaine*. The real *Vhomaine* is within the physical body of *Vhomaine* in a form of the spirit under the control of the ancestors or the living-dead. Through dreams, *Vhomaine* could see the client coming for consultation and be advised that the client has HIV which has now been developed into AIDS. The participant of the study advised that being HIV positive does not mean that a client has got AIDS. A suggestion is that under treatment, a client could live longer being HIV positive, but not

having AIDS. This statement is also an indication that through the experience that *Vhomaine* has, a client who is under medication of HIV should continue with medication even being under the care and supervision of *Vhomaine*. A message from this statement is to ensure that *Vhomaine* respect the practices of bio-medical practitioners and avoid interference. These collaborators of the study also do not want their practices to be interfered with.

Vhomaine Vho-Nwamzamani who practiced in this field as a diviner for a very long period has given another perspective of herself when she was being trained to become *Vhomaine.* Her indication was that she emerged from water as *Vhomaine.* She survived by drinking water from '*Mabongweni*' meaning from the river. All these things happened without her knowledge. Her experiences were never recorded. All her practices came as dreams and visions. All these things happened because of *'Bupo ya Xikwembu'* which means dreams of the ancestral spirits. Through *'Bupo ya Xikwembu'*, she was able to see other *Vhomaine* who were to consult with her and all these were done through the assistance of the ancestral spirits. Without having appointments with the clients to visit, she made preparations for her clients because she was informed by the ancestors / living-dead through dreams; and the very same ancestors / living-dead never taught her how to record or write and this is because recording becomes unnecessary and is misaligned to the African indigenous healing process. The very same ancestral spirits advise on the type of medication needed for the client. The mentors for her to be *Vhomaine* are assumed to be the ancestral spirits. The spirits revealed everything to her including the predictions of the future. All her trainings happened within the aquatic environment as a field where teaching and learning took place. The nutrients for her survival were only water or dissolved nutrients substances in water. This statement in itself suggests abnormal practices within the foreign environment which she underwent. There is a lot of unusual things that differentiate her from the practices of other *Vhomaine*. Maybe the way she was initiated to the practice of becoming *Vhomaine* has got a role to play.

The researcher, while collaborating with her probed further for her to elaborate the meaning of her coming from water, and the indication was referred to literally staying in water and feeding from water. When going through the previous literature on the subjects like this, such practices still need further investigation. Even if these practices were to be recorded and documented, such recording would have been informed by the ancestral spirits which will be in the form of recording which is not yet known to us. It is only for the chosen ones. She said *Dzinanga* or *Vhomaine* emerge from water. Through dreams she was able to see many clients and most of them were from far away and of different ethnic groups such as *Zulus, Bapedi, Tsongas* and even white people. She was in a position to see all these clients before they come and their problems before consultation. Through the dreams and under the guidance of the ancestral spirits, she was told much about the medication needed for healing the patients. Through dreams, she becomes a visionary and is prepared to be inspired by the ancestral spirits. The assertion from *Vhomaine Vho-Nwamzamani* are congruent with what has been leant from the history of *VaTsonga*. Legend has it that the first *Tsonga* diviners of the South African lowveld were a woman called *Nkomo We Lwandle* (Cow of the Ocean) and a man called *Ndunga Manzi* (Stirring Waters). It is alleged that a powerful serpent, *Nzhunzhu* (*Ndhzhundhzhu*), captured them and submerged them in deep waters and lived underwater breathing like fish. They were released and emerged from water on their knees as powerful diviners with an assortment of potent herbs for healing once their kin had slaughtered a cow for *Nzhunzhu*. This explained how *VaTsonga* were trained as diviners. On emerging from the river she said the following:

"Heish! I come from the water with my practice as an indigenous health knowledge practitioner (Vhomaine). The time I went to the river, I didn't know anything and anyone. By that time, I was still very young".

Going back to the subject on dreams and visions as communicative methods of Vhomaine with the ancestors / living-dead, *Vhomaine Vho-Nwamzamani* supported her affirmation by vocalizing the following:

"*Through dreams, I can know all the medications and what they cure. Some of the medications are labelled on the bottles or containers to indicate what they cure. These medicinal plants cure a number of diseases. Even those married women who do not stay for a long time in their marriage, I was able to fix their marriages and assisted them to stay with their husbands. Those who could not bear children, I was able to heal them so that they could bear children*."

While *Vhomaine Vho-Rakhivhani* and *Vhomaine Vho-Mabina* did not say anything about seeing visions and dreams, *Vhomaine Vho-Madou* indicated that spiritually, the indigenous health knowledge is not supposed to be written as ancestors / living-dead teach him through dreams while sleeping. He does not forget. While sleeping, he sees the elders who have already passed on, the ancestors or the living-dead and he communicates with them through dreams. He further said that dreams can be written, but writing what you have dreamt is not an easy task. His dreams while communicating with his ancestors repeat themselves several times and as such he cannot forget them.

Although *Vhomaine Vho-Rakhivhani* did not mention anything about dreams and visions, she made reference to the use of the ancestral spirit that comes to her only during consultation with a client. The spirit within her makes the revelation and prediction. The information about the client just comes supernaturally as long as she is carrying her stick (*Thonga)* in her hand. Ancestral spirits tell her and disclose to her where they come from. She has been chosen by the ancestors. They told her that they are resurrecting in her to fulfill their unaccomplished mission. Spirits tell her the sickness of the client if it is the same as the first consultation. The ancestral spirits reveal to her the medication that she used before. After revelation, the spirits instruct her to take the cause of the sickness to *Maroromani* i.e. wetland, for the sickness not to come back again. A particular object such as a thread or a cloth is then attached spiritually with the sickness and put into *Maroromani* i.e. wetland. *Vhomaine Vho-Rakhivhani* qualified these by saying the following:

"*Through the ancestral spirits within myself, the information just comes. I find myself in the position to tell my client his or her name, where the client is coming from, the name of the husband or wife and all the problems that makes my client to come for consultation. I can tell my client all the conversations that he or she had with his wife or her husband*."

According to Martins (2019), dreams and visions are amongst other ways used by God to communicate to people. He indicated that there is evidence that God communicated to many people in the Bible through dreams and visions, for example, Abraham, Jacob, Moses, Isaiah, Daniel, Joseph and Maria. Martins (2019), justified this through using biblical books such as Genesis 15:1 which reads as:

"After these things the word of the Lord came to Abraham in a vision, saying "Do not fear Abram, I am the shield to you, your reward shall be very great"

and Job 4:13 – 16 which reads as:

"Amid disquieting thoughts from the visions of the night, when deep sleep falls on men…"

The conclusion to the use of dreams and visions for the purpose of retrieving the previous information about healing the clients by *Vhomaine* has no connection with todays' scientific recordings and documentations. The findings of this study in this sub-theme are in line with the findings of Cobo, Davis, Adamson and Plotkin who are the theorists of indigenous knowledge systems based theory which asserts that *Vhomaine's* practices should be understood within the context of their beliefs, customs, culture, tradition and language. The study further aligns itself with the preservation and heritage theory of Pavlodar, organizational knowledge creation theory of Nonaka (1994) and post-colonial theory of Fanon, Said, Spivak, etc.

(d) Throwing and reading of incised bone tablets *(U tungula na u vhala mawa a thangu*)

Vhomaine use the incised bone tablets to retrieve the preserved information not necessarily for recording and documentation. *Vhomaine* also use incised bone tablets (*thangu)* to diagnose and prepare treatment for their clients when they consult with them. The same *thangu* are used to see the unforeseeable events about the clients before they happen. For *Vhomaine* to connect with their ancestral spirits, they believe in the "throwing of the incised bone tablets" or *u tungula thangu* instead of recording their healing process per client because they regard recording as unnecessary and misaligned with the indigenous ways of healing. They use *thangu* to reveal the previous information about their clients during consultation.

From the eight (08) collaborative *Vhomaine* who are the diviners, five *Vhomaine* mentioned the use of the incised bone tablets or *thangu* to retrieve previous information about their clients and make prediction of the future as key to the healing process. Such throwing of incised bone tablets or *u tungula thangu* in *Tshivenda* which is generally called divination, means to foresee and to uncover hidden knowledge by supernatural means. According to Restaurant (2015), "throwing the incised bone tablets" is one of the rituals performed by *Vhomaine* who are the diviners. He indicated that the incised bone tablets are scattered by hand usually in a circle and then read. The meaning of the appearance of the incised bone tablets after throwing them to the ground is deduced in accordance with the position in which the incised bone tablets fall. While the physical practice of throwing and the items used in addition to incised bone tablets vary from healer to healer, the practice of throwing the incised bone tablets is both a craft and a calling. Through the use of incised bone tablets or *thangu*, *Vhomaine* communicate with the ancestors or ancestral spirits on behalf of the clients. To become *Vhomaine* is a calling which is an honour with major responsibilities of healing. Through throwing of incised bone tablets, *Vhomaine* serve to connect with the ancestors and to heal those in need. Because incised bone tablets or *thangu* serve as a medium between *Vhomaine* and the ancestors, recording of the outcomes become very difficult. Restaurant (2015) further commented that the training and initiation of *Vhomaine* includes rituals and tasks

to purify the *Lithwasana's* body (the apprentice's body), to realize the ancestral, spiritual energies and provide instruction in the art of traditional healing critical to *Vhomaine's* work, and such training and initiation is guided by the throwing of incised bone tablets which serve to retrieve and predict the client's information.

Vhomaine Vho-Sikhitha did not comment much about the use of *thangu*. The only reference that he made to *thangu* was as a gift for those apprentices / *mathwasana* practicing *Vhunanga* to become *Vhomaine*, but never related it to the retrieval of information nor prediction of the future with regard to the client. *Vhomaine Vho-Sikhitha* was quoted saying the following:

"……. *if there are three kids in the family and they all need the same gift of thangu, and such thangu are only five (5), they will fight. It is recommended to have one child to inherit Vhunanga.*"

Vhomaine's experience regarding the throwing and reading of incised bone tablets or *u tungula na u vhala Mawa a thangu* in *Tshivenda*) is informed by the ancestors / living-dead. The incised bone tablets are thrown in the presence of *Vhomaine's* ancestors and the client's ancestors, who will respond to the incised bone tablets thrown with messages for the client. The reading of *mawa a thangu* enables *Vhomaine* to see through the ancestors' eyes what is wrong with the client. The ancestors will in turn talk to *Vhomaine* about what the issues are that the client has come to get help for. Since all the diagnosis and treatment is being dictated to by the incised bone tablets and *Vhomaine* serves as a medium, *Vhomaine* believe such are the records during the healing process as it may differ from one client to another. *Vhomaine* believe that if the consultation with the clients is recorded like the bio-medical practitioners do, such recordings may confuse the end-user as the healing differs from one client to the next and the same position of *mawa a thangu* does not necessarily mean the same thing for two different *Vhomaine*. This view is supported by *Vhomaine Vho-Netshiavha* who vocalized the following:

"*I cannot forget the client who consulted with me and I assisted, I must know. The client will not come to me and tell me that he / she once came to me and get assisted in this way, and given what type of medication. There is no way that I could forget how I treated the client. By the way, I throw down the incised bone tablets (u tungula thangu) …. I have to throw down the incised bone tablets to check the cause of the sickness. If there is a calling from the ancestral spirits, from his or her family, the incised bone tablets will show me.*"

Through the throwing and reading *mawa a thangu*, *Vhomaine* are assisted to recall the previous consultation of the client. This tells that the ability and the gift of reading *mawa a thangu* is a way of retrieving previous information. There are no referral notes. In fact, in this scenario, *Vhomaine* is more informed of the client himself or herself. The same *mawa a thangu* make diagnosis and suggest a prescription for the herbs that will be given to the client. They even indicate if the client needs to be trained as *Vhomaine*. This gift is so special, according to *Vhomaine*. Training of apprentices / trainees / mathwasana takes from months to decades depending on the call by the ancestors / living-dead. The question is that it is only understood by the called ones. The called ones are those finally become *Vhomaine* or the apprentices / *mathwasana*. The mediator in between *Vhomaine* and the client / *mulaxwa* are the ancestral spirits. How to scientifically prove the correctness of this information using Western tools needs to be researched further. According to *Vhomaine*, the two opposing practices have never been the same and as such could not be compared. There is no instrument that can be used to measure the power and existence of *Vhomaine* or the spiritual God. These incised bone tablets are designed in a special way as *Vhomaine* are directed by their ancestors.

The pictures in the next page serve as evidence of the reading of incised bone tablets *(u vhala mawa a thangu*) during the collaborative interviews and participant observations as data collection tools. Permission to take these pictures and to use them when compiling the final report was granted by *Vhomaine*. The mutual trust that developed during collaborative discussions made it possible for the researcher to get

into *Ndumbani* of *Vhomaine* and observe the practices, consult himself, take notes and pictures. The collaborative *Vhomaine* were informed that such pictures are not going to be used for money making or any other unintended purposes. The pictures are meant for the voices of *Vhomaine* to be heard globally as a way to decolonize their craft during the post-colonial period.

Picture 5.3: Vhomaine Vho-Netshiavha

Picture 5.4: Vhomaine Vho-Mabina

Picture 5.5: Vhomaine Vho-Madou

Picture 5.6: Vhomaine Vho-Nemavhola

Vhomaine are trying to prove the point that because of the assistance from the ancestral spirits, they are able to retrieve the client's previous treatment (s) from the reading of the incised bone tablets. If it happens that *Vhomaine* need further clarity, the incised bone tablets which assist in informing what had happened, what is happening and predict what will happen, are thrown down for the second time in order to get more information and advice for the client during the consultation process. Once the issues have been brought out and revealed, it is then discussed with *Vhomaine* and the ancestors regarding what should be done to heal the client or remedy the issue bothering the client. This can involve anything from healing medicines prepared by *Vhomaine*, to ancestor's rituals, healing rituals, energy work, *Vhomaine* ceremony, or on going counselling from *Vhomaine.* All these cannot be recorded during the process because *Vhomaine* say they do not find it necessary to record and document such a practice.

According to Radebe, et al. (2015) and Cumes (2004:43,91), throwing the incised bone tablets to access advice of ancestors is an alternative practice to the exhausting ritual of possession by the ancestors. Cumes (2004:43,91) further explains how incised bone tablets are thrown and indicates that before the throwing of the incised bone tablets; *Vhomaine* should first ask the name and surname of the client; the healer then calls the ancestors by names, starting with his / her initiators' names, then his \ hers then followed by the client's ancestors' names. The client or *Vhomaine* throws incised bone tablets on the floor, which may include animal vertebrae, dominoes, dice, coins, shells and stones, each with a specific significance to human life. *Vhomaine* or the client throws the incised bone tablets but the ancestors control how they lie. *Vhomaine* then interprets this metaphor in relation to the client's afflictions, what the ancestors of the client require, and how to resolve the disharmony or heal the person if he /she is sick. According to Rolf (1990:276), when *Vhomaine* who is the diviner comes to an acceptable understanding of the problem and the client agrees, the diviner then needs to again throw the incised bone tablets to ask the ancestors if he / she could help the client. Depending on the feedback from the incised bone tablets *Vhomaine* then instruct

the client on a course of medicine which may include the use of *U tshina Malombo,* referral to an herbalist, or recommend a Western medicine regimen.

Having noted these practices, *Vhomaine Vho-Mabina* explained her practices where she indicated that she takes *Thevhele* i.e. a pouch like a small bag or purse or wallet that carries incised bone tablets (*thangu*) and requests the client to blow some air unto the incised bone tablets and then throw the incised bone tablets on the mat on the floor. She then studies the bone tablets and explains to the client what the problem is. The ancestors communicate through the position the incised bone tablets took when they landed on the ground. In that case, Vhomaine can then tell the client what is wrong with them and how the problem should be resolved. She then made a real demonstration to the researcher on how bones work during participant observation and she did the following:

Vhomaine Vho-Mabina sprinkled the snuff on the floor. The researcher put some note on the floor. The note that represents currency was sprinkled with a snuff and the put under an animal skinned mat stretched on the floor and all the throwing of bones is done on top of it. She blew the air on the incised bone tablets whilst they were still inside the pouch / *thevhele*. She let researcher blow the air on the incised bone tablets too. She asked the ancestors what the problem is saying that in *Tshivenda*:

“Ri vhudzeni Vho iwe vha fhasi uri tshi dinaho ndi mini? Ri vhudzeni vhoiwe no lalaho vha Matongoni uri mulandu ndi mini? U liwa nga mini? Vho iwe midzimu ya damuni na ya thohoni, ri vhudzeni!”.

The translation is:

“Tell us you the ancestors what is troubling him? Tell us you the ancestors from Matongoni i.e. a resting place where ancestors stay, the problem that troubles him? What troubles him? You, the ancestors from the breast (mother), and you the ancestors from the head (father), tell us!”.

She then threw the incised bone tablets on the animal skin stretched on the floor. This has been followed by *u vhala mawa a thangu* i.e. reading of the incised bone tablets. And the interpretations were explained as follows:

"This incised bone tablet called Mugono (*thang*u made up of a bone from the knee of an animal like goat or sheep), *tells us that you have a sickness and a problem. This other incised bone tablet is called Muraru* (*thangu* which deals with the spirits from the father (*midzimu ya thohoni*). *This* incised bone tablet *is called Murubi* (*thangu* which deals with the spirit of the mother (*midzimu ya damuni*). *From the two Migono incised bone tablets, we see competition. When the other incised bone tablets lie flat on the ground, it means they are asleep and this shows problems. These incised bone tablets packed on top of each other with one black incised bone tablet underneath, shows an accident caused by the car and there might be death. There is a need to protect it. This black incised bone tablet underneath may mean that there could be coffin. We need to throw incised bone tablets again to find out how to protect the accident and death".*

From there she made explanation on how incised bone tablets work and indicated that generally, *mawa a thangu* mean many things coming from the family, the head (father) and the breast (mother). The head (*thohoni*), means the head of the family representing the father. The breast (*damuni*), means the mother of the family or your mother's family tree. The head needs protection while the breasts do protection. She further indicated that incised bone tablets reflect that if this is ignored, it will cause this and that. These incised bone tablets may also mean that there are things to be corrected from the mother's tree. When this one shows competition, it may be from different families as the father might be from two different wives or more and this necessitates competition. She concluded by saying that in *Tshivenda*:

"Nwana u bebiwa vhaloini a hulela vhaloini", meaning that

"a child is born and bred within the family of witches", "so care should be taken throughout life".

When asked as to how her knowledge could be stored for future use and reference, she said that it cannot be stored as she is told by the incised bone tablets through the power of the ancestors / living-dead. She further said that incised bone tablets are different. Each incised bone tablet represents a situation which a client is involved in or sickness. But each incised bone tablet does not represent the situation alone, the analysis should be done in collaboration with what the other incised bone tablets indicate. Each incised bone tablet has got its specific name. She mentioned the four main names of the incised bone tablets used by *Vhomaine* of *Tshivenda*, which are followed by the incised bone tablets of *Tshindau,* and they are:

- *Hwami*
- *Tshilume*
- *Thwalima, and*
- *Lunwe*

She again indicated that the incised bone tablets of *Tshindau* are many and others are just like a shell of a snail. She said that others predict troubles, uncalled debates and the black one reflects different characters of the people. Throwing incised bone tablets is an arduous task (saying it is extremely difficult and involves a lot of effort). Incised bone tablets go according to people and their languages. While pointing at the incised bone tablets, she said that the incised bone tablet called *Duma* is a big *Thangu* like a shiny shell of a tortoise which is sky in colour, is the biggest *Thangu* in *Tshindau*, not in *Tshivenda,* but both *Thangu* of *Tshivenda* and *Tshindau* can be used together and thrown on the stretched animal skin followed by interpretation under the guidance of the ancestral spirits.

Vhomaine Vho-Nemavhola, Vho- Madou, Vho-Muthego and *Vho-Netshiavha* agreed on the same names of *thangu* and that they are of four main names which are well crafted with symbols attached to them as identified by *Vhomaine Vho-Mabina.* They believe that the diagnosis and treatment of the disease from the clients is through *thangu*. They are guided by the ancestral spirits with the help of the throwing of incised bone tablets

on the floor or on top of a stretched animal skin. *Vhomaine Vho-Nemavhola* indicated that *Vhomaine* who are *Shanganas* or *VaTsonga* use six bones instead of four that are used by *Vhomaine* who are *Vhavenda*. Even though *Vhomaine Vho-Nemavhola* made an addition that the *Shanganas* or *VaTsonga* use six bones, he agrees with the use of four bones. He mentioned that *Hwami* has more spots and is bigger while *Tshilume* has less spots and is smaller. He referred to them as elder and younger brothers or a father and a son or a mother and a daughter. The same applies to *Thwalima* and *Lunwe* where *Thwalima* has more spots and bigger while *Lunwe* has less spots and is smaller. Using *thangu*, if recorded, may mislead the end-users of the records. While these *Vhomaine* generally agreed on the use of four incised bone tablets, *Vhomaine Vho-Madou* uses 16 incised bone tablets which work in pairs of four. He further indicated that others can increase the pairs up to twenty-four and so on as guided by the spirits.
Incised bone tablets are used to retrieve previous information of the clients but *Vhomaine Vho-Madou* also makes use of a phone to follow-up on his clients because of the current technology. When prescribing the medication and treatment, he uses incised bone tablets and it is the responsibility of his clients to write them down for future reference. This confirms the point that currently, the clients themselves use Personal Health Records (PHR). For the healing progress of his clients and making follow-ups, he consults with them telephonically, especially those who are far away. Once he gets into *Ndumban*i (a special hut where *Vhomaine* consults with the clients and practice their healing process), and throws the bones, all information is retrieved. *Vhomaine Vho-Madou* qualified this by saying the following:

"*When I get into* Ndumbani*, I see who you are and I am told by the* incised bone tablets *(thangu). When a client consults with me, I will tell what the client is consulting for, what are the new matters and issues for previous consultation. Incised bone tablets (thangu) will give revelations of the past, present and future situation of the client. I work with incised bone tablets (thangu) and ancestral spirits to confirm the revelation*."

Unlike the medical practitioners in clinics, hospitals or their private practices, the practice of writing and recording consultations is not for *Vhomaine*. The modern medical

practitioners who borrowed the practices from the bio-medical practitioners use cards and due to the technological innovation, they also use computers for their medical records and the client's history for future reference whereas *Vhomaine* use incised bone tablets with the guidance of ancestral spirits to trace the past history and future predictions. To observe the internal body organs of the client, the bio-medical practitioner uses an advanced technological machine called an X-Ray, which is an energetic high-frequency electromagnetic radiation, in order to make a diagnosis and prescribe treatment. *Vhomaine Vho-Muthego* argues that when a client is under her supervision and guidance, she uses bones to observe any wrongs from the internal body organs. She said that she does not even use X-rays and her X-rays are the incised bone tablets. These comparison of the modern Western medical instrument called an X-Ray and the indigenous health African diagnosis tool called *Thangu* i.e. incised bone tablets which is best understood by the ancestral spirits and *Vhomaine*, makes a strong emphasis that the two distinctive practices are never the same and need not to be compared. Indeed, the latter which is African indigenous health tool for diagnosis needs no recordings and documentation. *Vhomaine Vho-Muthego* augmented this by saying the following:

"*Ourselves, Vhomaine, we don't have clients' medical history cards for recording like in clinics and hospitals. We don't even use x-rays. If I concluded that the patient should go to the healing process under my supervision and guidance, my x-rays are the incised bone tablets. If my incised bone tablets show me that the client won't be healed, I immediately tell the client that I cannot heal the diseases or sickness the client is suffering from. I may advice the client to consult with the other Vhomaine who is capable of healing the client. By the way as Vhomaine we assist one another*."

Contrary to the use of incised bone tablets, *Vhomaine Vho-Rakhivhani* uses a stick (*Thonga*) to communicate with the ancestors or the living-dead. Once she brushes or massages a stick, from top to bottom, all the information is revealed to her by the ancestral spirits. The revelations by the ancestral spirits do not stay with her, they come and go. This has been confirmed by *Vhomaine Vho-Mabina* who emphasized that she

does not stay with the knowledge, it comes and goes. The power of the ancestral spirits has also been cited by *Vhomaine Vho-Madou* who indicated that the spirit in his heart makes him to feel possessed and panic when he looks at the client. It is therefore difficult to write it down. *Vhomaine Vho-Rakhivhani* confirmed this and said the following:

"*I don't use them (*incised bone tablets*). I can't even read them. I use my stick (thonga) that I was given by my ancestors. I brush and massage (U Fhulula) it and put it on the ground. My incised bone tablets are my stick (thonga). I don't know the different names of incised bone tablets. I know my stick which reveals everything to me*."

The following picture depicts the *Thonga* used by *Vhomaine Vho-Rakhivhani* instead of incised bone tablets and the accompanying ancestral tools.

Picture 5.7: *Vhomaine Vho-Rakhivhani* showing her *Thonga* and other ancestral spiritual tools.

Once she *Fhulula* (brushes or massages) this *thonga* and puts it on the mat, the ancestral spirits make revelation of everything about the client or *mulaxwa*.

5.2.3 Challenges for recording and documentation.

According to Issa, et al. (2018:6), there are challenges facing documentation of indigenous knowledge, more especially in developing countries and identified poor attitudes, knowledge culture and personal characteristics (age, gender, status, wealth, political influence), as some of the challenges facing recording and documentation. Msuya (2007) identified lack of formal education, poor technological know-how, and lack of proper coordination of the documentation. Sithole (2006) noted lack of proper coordination of the documentation as a contributory factor to the challenges. Lwoga, et al. (2010) maintain that some *Vhomaine* still deliberately skip out something when they document their knowledge because they believe that knowledge should be preserved in memories of the elders and this is gradually disappearing due to memory lapses and death. Issa, et al. (2018) further identified the lack of formal education, fear of loss of ownership of the knowledge, misuse of the documented knowledge, fear of loss of livelihood, computer illiteracy, lack of finance for documentation, feelings that the knowledge is not relevant today and no need for documentation, lack of government support for indigenous knowledge and lack of proper recognition for indigenous knowledge among others. Msuya (2007) and Issa, et al. (2018) identified the lack of formal education as one of the challenges facing documentation. It can be argued that in preserving indigenous health knowledge of *Vhomaine*, for posterity, there is no need of formal education. It is not known if formal education can assist in documenting the activities of *Vhomaine* during their healing processes per clients. It is unknown if formal education can assist to document the language of the ancestors / living-dead when communicating to *Vhomaine* through dreams and seeing visions. Only *Vhomaine* can assist in the documentation for preservation of their activities during the healing process for posterity. For the purpose of this study, these challenges have been derived from the outcomes of the collaborative interviews and participant observation process with *Vhomaine* and they are discussed below:

(a) The secretiveness of knowledge hinders writing records and documentation

According to Pitts (2015), secret knowledge is the truth behind the truth, the real facts behind the facts they want someone to believe. Secret knowledge is the information that will never be seen publicly. The so called 'secret knowledge' is difficult to document because such knowledge is only known to *Vhomaine* (Masango & Mbarika, 2015:45). Issa, et al, (2019:5) opine that knowledge in some cases belongs to individuals, family members and the entire community. It is believed that when such is documented, they have lost their individual, family or community heritage thereby making them to be secretive about their indigenous health knowledge. Some traditional healers will not even divulge their indigenous health knowledge of healing to outsiders and even to some members of their family, most especially their daughters to prevent their knowledge from being transmitted to other families after marriage. When knowledge is not transferred from one generation to the next such knowledge remains stagnant end eventually dies.

Vhomaine Vho-Sikhitha made reference to divulging the client's information to the public. He pointed out that telling the public as to how a particular client has been healed may result in sharing confidential secrets and the knowledge of the ancestors. One other factor is that the indigenous health knowledge is said to be mostly inherited and if put to public domain, it may lose its dignity and the scavengers may practice it differently.

Vhomaine Vho-Rakhivhani indicated that the interactions of her practices with her clients cannot be recorded as they are dictated by the ancestral spirits and such is a secret between herself and the ancestors.

Vhomaine Vho-Madou inherited the practice from his father and only his son, and or brother can inherit the practice and not anyone outside the family, and thus making the knowledge secretive to the family members only. He added that spiritual matters during

his interactions with his clients are revealed by the ancestors and such revelations do not need to be written and need to be made secret.

Vhomaine Vho-Mabina made emphasis that secrecy need to be maintained because everyone has to be informed by his or her ancestors and such a knowledge cannot be put under public domain. There should also be secrecy between *Vhomaine* and the client or *mulaxwa*. She qualified this by saying the following:

"No, as Vhomaine, I give medication and the client will dream on how to use incised bone tablets and make interpretation. If I teach the client Vhunanga, the client will know my knowledge which will be different from what his or her ancestors needed from the client."

(b) Literacy levels of *Vhomaine*

Although literacy is most commonly defined as an ability to read and write, different cultures have different perceptions of literacy. The schooling culture will need literacy to engage with written word. Tett, et al. (2012) argue that narrow definition of literacy limits people their ability to assert, communicate and act on their own interests with a more positive sense of their identities. Best (2014) avers that through literacy people are transformed into socially engaged citizens. De La Recherché, (2015) avows that literacy is the ability, confidence and willingness to engage with language to acquire, construct and communicate meaning in all aspects of daily living. In this explanation, language is therefore a socially and culturally constructed system of communication. The above contrasts the Cambridge Dictionary (2013) definition, which defines literacy as the ability to read and write. The constructed definition of Literacy by Cambridge Dictionary (2013) is colonial. It is argued that the ability to read and write do not fit well to the documentation of the indigenous health knowledge and the practices of *Vhomaine* during the healing process for posterity. The constructed definition of documentation in this study reads as follows:

"**Documentation:** The Western definition of documentation according to Buckland (2013:4-5), is a process concerned with selection, collection, arrangements, indexing and management of documents which are proof in support of facts, while the indigenous knowledge definition of **Documentation** according to Adeyemo & Adebayo (2017) is the preservation of indigenous knowledge in its complete raw form for posterity".

In respect to the preservation and heritage theory applied in this study, the quest is to discover the preservation of the indigenous health knowledge of *Vhomaine* and their practices during the healing process. The preservation of indigenous health knowledge in this study should be applied in both the categories of the herbalists and the diviners.

There are so many different types of literacy levels. In consistent to the first part of the definition, Darcovish, et al. (2000:10), literacy is defined in terms of proficiency levels of the use of information to function in society and the economy. Cheperuk & Knight (2019) avow that adult literacy is measured in terms of six levels of literacy abilities while Darcovish, et al. (2000:12) identified three domains of literacy skills which are summarized as follows:

- **Prose Literacy:>** the knowledge and skills needed to understand and use information from texts including editorials, news stories, brochures, and instruction manuals.

- **Document Literacy:>** the knowledge and skills required to locate and use information contained in various formats, including job applications, payroll forms, transportation schedules, maps, tables and charts.

- **Quantitative Literacy:>** the knowledge and skills applied to arithmetic operations, either alone or sequentially, to numbers embedded in printed materials, such as balancing a cheque book, figuring out a tip, completing an

order form or determining the amount of interest on a loan from an advertisement.

The above mentioned domains of adult literacy do match the Euro-Western standards of educational achievement. The ability to read and write cannot even match these domains in the context of South Africa. A study conducted by Mathibela, et al. (2015) reveals that a socio-cultural profile of *Bapedi* traditional healers as indigenous knowledge custodians in the Blouberg area of Limpopo, South Africa, sixty-four percent of the healers have no formal education, with only 4% having secondary school education. The lack of literacy level in terms of Western standards, amongst the vast majority of our people, Vhembe in particular and South Africa in general might be a contributing factor amongst many others for *Vhomaine* not to document their interactions with their clients or *Vhalaxwa*. The study by Mathibela, et al. (2015) did not make it clear on the categories of traditional healers. The need therefore arises to differentiate the categories when dealing with the question of literacy levels.

On the other hand, due to penury, as a result of colonization, and the discrimination of the practices of the oppressed cultures such as *Vhomaine's* cultures and other indigenous cultures, the practices of the indigenous healings were suppressed, diabolized and made to be rejected by the society. Because of the two distinct cultures of *Vhomaine*, it is therefore imperative to check out other literacy levels so as to assist the practicing *Vhomaine* for development on how to document their practices without the utilization of the reading and writing skills acquired from the Euro-West system.

There are other literacy levels that could assist both the contested categories in this study such as home literacy, basic literacy, early literacy, civic or social literacy, health literacy, emotional literacy, physical literacy, cultural literacy, powerful literacy, the mind literacy, etc.

To unpack hardly any of the proposed literacy levels according to Connecticut state library (2021), the following were attempted:

- the basic literacy refers to fostering a trained and skilled workforce that contribute to the development of communities;
- civic or social literacy alludes to citizens having knowledge and skills that need to improve their lives and participate and contribute effectively in their community and connect with one another through dialogue, it consists of understanding language, methods, assumptions and unstated ideas and it is specific to each culture.
- Hirsch (1983) developed the term "cultural literacy" because people cannot learn reading, writing, and other communication as skills separate from the culturally assumed knowledge that shapes what people communicate about, and,
- health literacy which assists people to manage their well-being and be empowered to become effective partners with their healthcare providers.

Everyone within the society should have developed and or acquired these literacy levels. If it is asserted that the basic literacy is used for initial learning of reading and writing, what about the adults who have never been to school? Do they need to go through the school curriculum? This qualifies the conception of not every *Vhomaine* should go to school or enroll in adult basic education classes to be literate in order to practice their trade.

There are literacy levels, such as powerful and the mind literacies that need to be developed for *Vhomaine* to be advanced in their trade. This will assist them in the preservation of their indigenous health knowledge and their interaction with their clients / *vhalaxwa*. It will serve the purpose to unpack these two literacies below. This does not mean that there are no other superior and bumptious literacies.

The powerful literacy, is an approach that goes expects the practitioners to not only able to understand their practices, but to analyse their practices as well. They have to move from what their practices do to what they mean to a broader society.

The mind literacy refers to the literate thinking which is also defined as the ability to engage in the kinds of thinking and reasoning people use when they read and write even in situations where reading and writing are not involved. Within this context, *Vhomaine* are supposed to use the literate mind when they change the services of their clients / *vhalaxwa* and in a situation where they are supposed to decide whether to treat a client or not, noting degree of the sickness and the ability of the healer. Literacy needs to be understood in terms of time, place, people, communication systems, technologies and values, and these are always changing.

Based on the descriptions of the adult literacy levels, all *Vhomaine* need not to be assessed in terms of the Euro-West standards as outlined by Darcovich, et al. (2000:10 – 12). In terms of the African indigenous people and the practitioners, their levels and domains are colonial. *Vhomaine, the diviners Vho-Mabina, Vhomaine Vho-Rakhivhani, Vhomaine Vho-Muthego, Vhomaine Vho-Nwamzamani* and the Herbalist *Vhomaine Vho-Mutele* do not meet any of the requirements of literacy level or domains according to Darcovich, et al. (2000). *Vhomaine Vho-Netshiavha, Vhomaine Vho-Nemavhola, Vhomaine Vho-Nehemiah***,** and the herbalist *Vhomaine Vho-Tshianeo* are able to read and write in their vernacular. They too do not match the three literacy domains as outlined. The herbalist and a Diviner *Vhomaine Vho-Sikhitha* is an ethnobotanist while an herbalist *Vho-Mudumela* has some qualifications on Botany and Micro-biology. This suggests that the majority of *Vhomaine* involved in this study are illiterate according to the Euro-West standards and this according to the Euro-West, is a contributory factor in recording and documentation of their interactions processes with their clients / *Vhalaxwa*. Documentation as perceived from the African perspective is to preserve indigenous knowledge in its own original raw form for posterity. The how part is the question under investigation. *Vhomaine* Vho-Mutele who is an herbalist believes in recording and documenting of indigenous health knowledge, because she taps the knowledge from the diviners while those who are totally illiterate believe on dreaming, seeing visions, using incised bone tablets, and snuff as tools to help them in remembering previous information about their clients. That is why the literate and herbalist *Vho-Mudumela* in terms of Euro-West system said the following:

"*But I think it would yield best results if one must start recording the medication that one used per client, as well as how much and how long the medication has been used*."

The above *Vhomaine* also taps the knowledge from the diviners and had the following questions to ask: Where did the diviners get the knowledge? From the ancestors / living-dead. For how long did the knowledge exists? For centuries. Who serves as the repository of the knowledge? The ancestors / living-dead. Through whom is the knowledge revealed? *Vhomaine*, the diviner. Who needs the euro-west form of literacy? *Vhomaine*, an herbalist. What do *Vhomaine*, an herbalist do if illiterate? Use video recordings to know and comprehend the functioning of the medicinal plants and animal portions used for healing. Why an herbalist uses video recordings to understand what herbs and animal portions heal? He / she is not informed by the ancestors.

Nomlomo & Sosibo (2016:110-112) argue that oral literacy in indigenous languages has always existed, but became dormant and invisible as a result of assimilation and acculturation into the Western norms which turn to be dominant one. That is why it is argued that the colonized learn and incorporate the values, beliefs, language, customs and mannerism of the colonizer and such is said to have affected their health. They began to challenge the superiority myth of Western knowledge through the perspective of the post-colonial theory, and promoted the visibility of IKS in education, history, architecture, language and science, thus trying to instill a sense of identity and representation in these various sectors (Mapara, 2009). Kaya & Seleti (2013:30-34), provided that the higher education system in Africa and South Africa in particular, is still too academic and distant from the developmental challenges of African local communities. They qualified this view by saying that African scholars have not succeeded in empowering the continent to develop its own educational theoretical and methodological framework for knowledge production and sustainable development. The basic problem is that educational structures inherited from colonialism are based on cultural values different from those existing in most African indigenous societies. As a result of this, there is little attention given to African indigenous literary and philosophical

traditions because they tend to be viewed as primitive and unscientific and hence, not proper sources for social theory and research development. Due to colonialism, those who did not go through the Western education system are considered to be 'backward' or lacking in some modern knowledge. The practitioners of *Vhunanga* have been diabolized and their practices are regarded as satanic and unscientific. Those practitioners inclined to their indigenous and traditional health practices under the guidance of the ancestral spirits feel excluded from the mainstream health care. As a result, most practitioners who are *Vhomaine,* the diviners, are generally regarded as illiterate, and if literate, they are regarded as witches. It is therefore argued that the mind literacy, the power literacy and the social literacy were never been accounted for as some of the skills that have been acquired by *Vhomaine*.

Vhomaine Vho-Mabina defended herself by indicating that sicknesses are different and if one writes that a particular medication heals the stomach pains and the other one heals diarrhoea as for example, there are many things in the stomach like cancer, kidneys failure, etc. Therefore, writing down could mislead. In this case, ancestors / living-dead need to advise. The degree of sickness needs different types of healing even if the symptoms are the same. She believes that those who prescribe medication through reading prescriptions cannot heal. She made emphasis that *Vhomaine* need to be shown first by the ancestors / living-dead and get sick and sometimes behave like a mad person before they are able to consult and heal a client. Hence, the level of literacy amongst *Vhomaine* is a challenge that affects recording and documentation of their practices according to this study needs to be understood holistically. The mind, cultural and the powerful literacies acquired by *Vhomaine* matters a lot rather than the scholarly literacy as advocated by the West and former colonizers.

(c) Intellectual Property Rights (IPR)

The protection of indigenous health knowledge could be through intellectual property system using the orthodox of IP system (Policy Framework 2013:23). Regarding the International practice in protecting indigenous knowledge systems, the Policy

Framework (2013:4) maintains that the use and exploitation of traditional knowledge by other nations has become a topic of discussion at many international forums. It further indicates that intergovernmental organizations like (United Nations Educational, Scientific and Cultural Organization (UNESCO), World International Property Organization (WIPO), World Trade Organization (WTO), United Nations Environment Programme (UNEP) and United Nations Conference on Trade and Development (UNCTAD) have opened debates on the possible protection of indigenous knowledge referred to in the Policy as traditional knowledge, using intellectual property systems. The Policy Framework (2013:6) finally concedes that pharmaceuticals and agricultural industries are major contributors to the economy and that if there is no protection of traditional knowledge, the locals and the country are the major losers.

Although some *Vhomaine* in this study can read and write in their vernacular language, there is discomfort associated with their capacity to read and write as they felt that their indigenous health knowledge could be stolen or donated to scavengers. They still have concerns on the contested issues of their Intellectual Property Rights. This is supported by the Policy Framework (2013:6) which states that the traditional knowledge is not generally protected using intellectual property system, and acknowledged that traditional knowledge holders are disadvantaged economically and socially and might not necessarily have immediate protection for their IPR and thus disadvantage the whole country economically. This supports the conception held by *Vhomaine* that recording and documenting their healing process is therefore, unnecessary and is not supported by their ancestral spirits.

According to Hitchen (2015:17), protecting the Intellectual Property Rights of *Vhomaine* remains a challenge in Nigeria. It could be overcome if the authorities were to recognize in law the value of the indigenous knowledge. Much value has already been lost as a result of the lack of a supportive legal environment. The Witchcraft Suppression Act No.3 of 1957 which prohibited activities related to witchcraft and diabolized the practices of *Vhomaine* might be a contributory factor.

In 2017, the then Minister of Science and Innovation, Ms. Naledi Pandor, presented the protection, promotion, development and management of the IKS Bill to parliament. The Bills seeks to provide legal protection for the indigenous knowledge, i.e. knowledge generated and owned by the communities which include medical practices, the production of food products and cultural expressions, songs and designs. In her address to parliament, Minister Pandor explains that indigenous knowledge was not protected by the current Intellectual Property (IP) laws and that the Bill is intended to put an end to the exploitation of indigenous knowledge by international companies. This statement confirms that, indeed, the practices of *Vhomaine* and their knowledge are not protected by the IP laws. Therefore, their fear to document their practices for future use is justified.

Vhomaine Vho-Madou indicated that the reason why *Vhomaine* do not want to record their knowledge for documentation and writing their interactions with the clients in a book is that people steal knowledge and some knowledge is stolen to overseas. This has been supported by *Vhomaine Vho-Sikhitha* who qualified this view by indicating that when indigenous health knowledge is documented through writings, there is a possibility of the knowledge being stolen. *Vhomaine Vho-Sikhitha* said the following:

"*They have once workshopped us to patent our knowledge. Yes, the indigenous health knowledge can be patented, but it must be noted that in patent, if a little aspect is changed, it is no longer yours. Others look at the weaknesses of the legislation. For example, if one Vhomaine uses 'Musese' and 'Mufula' to cure a particular disease, someone may just add another medicinal plant that does not have any impact, just to make it look different, others only add a dye to make it different, others change it from liquid form to a powder form without changing the ingredients and contents which still makes no difference. Patenting has more disadvantages than advantages, just a little change makes it appear innovative*."

Vhomaine Vho- Netshiavha, Vhomaine Vho-Muthego and Vhomaine Vho-Nemavhola expressed the fear of their knowledge being stolen. *Vhomaine Vho-Muthego*

categorically indicated that she will not allow even herself to write down what a particular medicine cures because once she tells people the knowledge, people sell the knowledge and the ancestral spirits will not be happy with her behavior and punish her. *Vhomaine Vho-Nemavhola* even said that other *Vhomaine* are thieves. They steal the shared knowledge and sell it to Americans. That is the reason that there is a mistrust amongst *Vhomaine* and this hampers collaboration. Therefore, *Vhomaine* cannot share the knowledge with the thieves while progressing alone leaving other partners behind. *Vhomaine Vho-Netshiavha* concluded by saying the following:

"*Those people come to us and walk into our practices stealing our knowledge and after that they open their pharmacies and from there they go along advertising themselves over the radios and other social networks*."

(d) Difficulty in transferring skills and competency

According to Sturgess (2012), skills and competency are virtually interchangeable. Skills refer to something learned in order to be able to carry out a function, while competency may incorporate a skill, but more than skill and include abilities and behaviour as well as knowledge that is fundamental to the use of a skill. They both identify the ability that an individual has acquired through training and experience as crucial. Skills solve the what question but not the how question which can be best answered by competencies. Ohmagari & Berkes (1997: 197 – 222), argue that skills such as food preservation techniques are no longer essential for livelihood due to loss of certain skills and incomplete transmission to others from older generations. They cited that problems related to "bush skills" at later ages and changes in value systems attributed to the diminishing of such skills. They concluded that these factors impair the traditional mode of education based on participant observation and apprenticeship in the bush which provided the essential self-discipline educational environment.

From the above study by Ohmagari and Berkes (1997: 197 – 222), there is a lesson on the importance of the transferring of skills and competencies of utilizing those skills for

value addition. Skills are acquired through training and experiences where the learner should be exposed to direct observation. If such is not done, the indigenous knowledge will gradually diminish for use by the younger generation. Because the indigenous health knowledge is said to be secretive and is only known by *Vhomaine* under the guidance and supervision of the ancestral spirits, it is therefore prone to extinction. This therefore supports the internalization of the organizational knowledge creation theory.

Although indigenous medicines are widely recorded and documented, there is no enough evidence of documentation that reveals the healing process per client by *Vhomaine*. Indigenously, *Vhomaine* are the ones entrusted with the healing processes of the entire community. They are the ones who have the ability and the gift for communicating with the ancestors for the purpose of bringing order, harmony, prosperity, and good health which includes healing processes to all the citizenry. The practices of *Vhomaine* are mainly oral in nature, and if documented, such documentations are in many forms and shapes through art crafts rather than written forms. As supported by Geist (2013:1), failure to document and record these practices, and in case of this study, the practices of *Vhomaine* during the healing process per client, will lead to the distortion of the history of the indigenous health knowledge of *Vhomaine*. Issa et al. (2018:4) indicate that the transfer of skills is through family inheritance and that most *Vhomaine* lack formal education or they are partially educated. This situation could pose a serious problem to knowledge transfer.

Vhomaine Vho-Sikhitha indicated that there is no need to have a file when transferring a client to another *Vhomaine*. As such, there is no recorded information about the client's previous history. Previous treatments are not recorded. But he indicated the danger of the client having to explain to the other *Vhomaine* the previous treatment as the client will not be in the position of knowing the prescription given previously. He further noted that when the knowledge is transferred orally, the spirit can make it possible for the knowledge to be distorted by those who have stolen it, but if the knowledge has been written in a book, the ancestral spirits may get in the book and those reading it can implement the writings more than the original writers. It is believed that if a person

documents all his or her practices in a book, others may possess the writer's spirits by mere reading the book. This makes it difficult for the skills to be transferred to the next generation.

Vhomaine Vho-Netshiavha made reference to the trial and error method when healing the clients. This is an indication that the practitioner is not sure of the diagnosis. If medication is dispensed to the client, and the client uses the medication for one, two or three days, or the period as prescribed, and is not getting well, it simply implies that the prescription is not working. He also added another difficulty in transferring skills citing that it is possible that no one from your children follows it. If no one adopts the knowledge, it will simply disappear. Competency is sometimes compromised by using trial and error method. Transfer of skills is not always inheritance. It comes through the power of the ancestral spirits and makes it difficult to transfer the skills to other people even if they are the children of the diviner or herbalist.

Vhomaine Vho-Sikhitha further argued that competency is with the ancestral spirits by saying that the knowledge of testing belongs to the ancestral spirits, they are the ones who know what is wrong with patients. Sometimes knowledge is transferable to apprenticeship or learners or *Mathwasana in Tshivenda*, but the difficulty is that the detailed information should come from their ancestors / living-dead which is difficult to measure. Teaching of *Mathwasana* is a way of transferring knowledge but *Vhomaine* will not be sure as each *Lithwasana* has got his or her own spiritual God that guides him/her.

Vhomaine Vho-Muthego pointed out that as an instructor or a teacher to *Lithwasana,* she does not tell the *Lithwasana* to get the medication for a particular sickness because once they are possessed, they dream and go to dig their medication. The ancestors will guide the learner. The major role in the process is to perform the rituals for the learner to be possessed by the ancestral spirits. *Mathwasana* continuously dream and learn and get the medicines as directed by their ancestors / living-dead, and grind them into powder. No one is taught to get medications. *Lithwasana* is told by his or her ancestors /

living-dead from the grandparents who were also *Vhomaine*. She also tells *Mathwasana* which medications to be put under the pillows while sleeping in order to dream how it should be used when treating the clients. Another difficulty is that *Vhomaine* are chosen by ancestors / living-dead. This has been supported by *Vhomaine Vho-Nemavhola.*

Vhomaine Vho-Nwamzamani stated that she goes to the bush with *Mathwasana* when locating and getting the medicinal plants. During the process, the *Mathwasana* will be learning practically how to get medication and the methods used when digging the roots of such medicinal plants. The *Mathwasana* will also learn how to mix different concoctions using medicinal plants and how to pack them. As she knows all *'Misinya'* i.e. medicinal plants she is able to transfer her knowledge to *Mathwasana* and she said the following in trying to justify the transfer of knowledge:

"*My Mathwasana were able to examine a client and prescribe medication that I taught them. Those patients were healed. Some of my Mathwasana were from Giyani.*"

Vhomaine Vho-Madou argued that it is difficult to transfer the healing knowledge to others. Even those who could write can only document different medicines and what they heal. Those who are not the chosen ones by the ancestors / living-dead will not use it. It will only serve for the history purpose but not for healing in future. Therefore, healing skills are not just transferable, but inherited. He further stated that if the descendants in the family reject this knowledge, it will not be useful at that moment, but will be useful to those who accept it in the future.

5.2.4 Proposed ways to ensure that the healing knowledge of *Vhomaine* does not diminish.

The orally transmitted health knowledge gradually disappears, diminishes, and eventually dies without being recorded and documented due to the ageing of the current *Vhomaine*. This perspective has long been accounted for by Masango and Mbarika (2015:47-48). The healing process and the interactions with *Vhalaxwa* by *Vhomaine* were not recorded in written form because the practice was regarded as secretive and

the so called secret knowledge is only known to *Vhomaine*, and is difficult to document as asserted by Masango and Mbarika (2015:45). From collaboration of the researcher with *Vhomaine,* the diviners and *Vhomaine*, the herbalists, the following ways to protect and preserve the indigenous health knowledge in its complete raw form for posterity were proposed.

(a) Through Education and Training

Issa et al (2018:2) maintain that writing and storytelling are the most prominent practice of documentation and that the lack of formal education, amongst others, is the challenge facing documentation. It can be argued that documentation in this study refers to the preservation of indigenous health knowledge in its raw form for posterity. In such a case the formal school education is not of superior than the indigenous knowledge. Gqaleni, et al. (2010:295-296) reported on their project about 'Biomedical and Traditional Healers Collaborations'. In their project, they found that lack of formal education and language usage are the barriers to the two groups of health care givers. Bio-medical practitioners developed training materials in South African English in consultation with THPs and translated them into *isiZulu* for the purpose of facilitating understanding, promoting ownership and direction of the process by THPs. This assisted the THPs to document, monitor and evaluate their interactions with patients and for the referral of patients to the clinics. This project resulted in the empowerment and commitment of THPs to document their own work in their own language which has a tradition. As a result, clients can now freely consult with THPs and receive information in their own language and be able to be referred to the clinics and social workers to access services not rendered by THPs. It can therefore be argued that the *Vhomaine's* culture and the cultural literacy play a vital role. The understanding of language, methods, assumptions and unstated ideas that make up a way to behave and communicate assisted the project. English and Afrikaans in case of South Africans are not Alfa and omega. For the information to be translated to *Vhomaine's* language doesn't need *Vhomaine* to go to school and more importantly as adults and olds as they are.

From the above described project, one can deduce that education is a key to enhance collaborations between the bio-medical practitioners and traditional health practitioners. One doesn't see education as a mutual factor that needs to be acquired by both contesting practitioners, but if the biomedical practitioners understand the indigenous language of *Vhomaine*, the project can go well. These THPs were willing to document their practices, but the problem was a language barrier as most of their bio-medical terms are in English and Afrikaans within the South African context. This is supported by Gqaleni et al. (2010:299) who pointed out on the collaboration between bio-medical and traditional healers project that the language was used in such a way that THPs were able to fully and intelligently participate in the project without being overwhelmed by bio-medical terms. Mashabela et al. (2016:83-92) argue that the world view of bio-medical paradigm is very different from that of the traditional healing paradigm because bio-medical field uses the scientific knowledge lens while THP uses the indigenous knowledge lens. They finally propose that merging of the bio-medical and traditional healing paradigms provides for a complementary and plural health care, which could offer patients a truly comprehensive form of care. All these cannot be achieved without proper language well understood by the practicing *Vhomaine*. It can be argued that there shouldn't have a problem of language in South Africa. Since the collapse of the colonial rule and the apartheid regime, all South African eleven languages were made official. If our institutions of higher learning were serious about decolonizing our education system, the scientific terms would have been already translated into our indigenous languages and the hard subjects being taught in local languages. The following is what *Vhomaine* proposed regarding the use of education to preserve the indigenous health knowledge.

Vhomaine Vho-Sikhitha indicated that the indigenous health knowledge of *Vhomaine* is equal to the formal knowledge acquired from formal education. He argued that the possibility is that someone might have been possessed by the ancestral spirits of healing and manipulated the knowledge and innovated it into medical science. The

argument is that science is everywhere. To support this statement, *Vhomaine Vho-Sikhitha* said the following:

"*To know that if one has been bitten by a snake needs one to chew the root of Muembe (scientific name of muembe according to Mabogo (2012), is Annona chrysophylla harv.) is a science in itself. To know that if you are a victim of a snake bite, you should tie yourself to prevent the circulation of the venom throughout your (body) metabolic system is a science. Knowing the type of medicinal plants to treat a child having stomach pains is a science. As Vhomaine and practitioners of the knowledge, we should know that the only difference between our practices and that of the Western medical doctors is the processing and packaging of the medication. What actually happens is that Vhomaine's knowledge has been passed from one generation to another, but undermined by the recipient generation*."

The above statement simply indicates that had *Vhomaine* gone to school and been exposed to the scientific world, their practices would have been different from the current practices. *Vhomaine* in this context are referred to both diviners and herbalists. Documentation, in terms of Western definition, therefore becomes difficult without education, but not for the indigenous health practitioners. *Vhomaine Vho-Sikhitha* endorsed the importance of education in healing processes by saying that it starts by educating the family members who having traditional healing as a calling to be proud of it, and that the community needs to understand that traditional gift of healing is not a sin. There is a need to decolonize the mind of the community through education. Educating the family does not mean going to school in the context of *Vhomaine.* Without going to school, as avowed by Mabogo (2012), *muembe*, Annona chrysophylla Harv, amongst many of its functions, its powder from the root bark is used as an antidote against snake-bite; a decoction of the root is a remedy for venereal diseases; used to treat bilharzia known as *tshifunga* or *mutambo-tambo* in Tshivenda; its bark relieves stomach ache when chewed; etc.

Although *Vhomaine Vho-Madou* is of the view that the practice of *Vhunanga* needs not to be recorded. He has another alternative view that the interactions with his clients might be written in a book for the generations to come, but an emphasis was made that the book should be kept in the *Ndumbani* i.e. the special place or hut where *Vhomaine* practice and interact with the clients. His closing remarks were that writing is not a sin just like recording a history, but *Vhunanga* is not for public consumption. This special trade needs not to be compromised. This refers to the diviners. Although a book about the use of herbs could be written, the practices of *Vhomaine*, the diviners during the healing process and their encounter with the ancestors / living-dead seems to be impossible at the current epoch.

Although *Vhomaine* the diviners are called by the ancestors or the living-dead, the apprenticeships or *mathwasana* have to undergo a training which lasts from months to the decade. When apprenticeships are trained, the knowledge is therefore preserved for the next generation. Adeyemo & Adebayo (2017) affirm that documentation in terms of African culture is the preservation of indigenous knowledge in its complete raw form for posterity. It is argued that the complete raw form will depend on the ancestors / living-dead. Education and training within this context is not going to the Euro-West schools, indigenous informal schools are also prerequisite in this case.

Vhomaine Vho-Muthego makes it a point that *mathwasana* are directed to their respective ancestors / living-dead to dream what has been preserved for them. Unfortunately, such preservation cannot be counted and seen by an ordinary eye. Such a knowledge is secretive. Putting of the medication under the pillows of *mathwasana* / apprentices / trainees is an indigenous knowledge that assists in preserving the indigenous health knowledge. *Vhomaine* Vho-Muthego qualifies this by saying the following:

"……. *Those ancestral spirits are the ones who show Mathwasana through dreams the medications needed…. They must continuously dream and learn getting the medicines as directed by their ancestors, and grind them into powder……. I also tell them*

(Mathwasana) which medications to be put under the pillows while sleeping in order for them to dream how it should be used when treating the clients."

(b) Preservation of Indigenous Health Knowledge

The preservation and heritage theory builds on a strong sustainable transfer and preservation of indigenous health knowledge from generations to generations. Such sustained efforts should be aimed at sharing the beliefs and values of the community of *Vhomaine* whom in turn will perceive everything about themselves as superior including their indigenous health knowledge. In an attempt to preserve indigenous knowledge, as a form of documentation, the Department of Rural Development and Land Reform (DRDLR), in August 2011, used Limpopo, Kwazulu-Natal and North West Provinces of the Republic of South Africa, on the project aimed at preserving, protecting and restoring the indigenous knowledge products and services. The rationale behind the project was therefore to document, preserve, protect and utilize the indigenous knowledge for sustainable development.

According to Suchanandan (2018) there have been attempts by the South African government to hold a forum on an Indigenous Knowledge Systems Documentation Centers (IKSDC) about the protection and preservation of indigenous knowledge. The forum was held for two days starting from the 22nd of January 2018, and it took place at Freedom Park, located in Salvokop, Pretoria, to discuss a wide range of issues pertaining to the documentation, protection and management of indigenous knowledge. The theme of the forum was "Reclaiming the future of Indigenous Knowledge". The purpose of the forum was to create a knowledge sharing platform of IKSDC teams. The discussion focused on the vision behind the National Recordal System (NRS), reviewing the state of documentation process across the provinces and sharing the best practices across IKSDC.

In support of the preservation of the indigenous health knowledge, *Vhomaine Vho-Sikhitha* said that people should be told that healing is not a sin and that the indigenous

community can benefit from traditional healing. This is because traditional healing was diabolized, and viewed as satanic within the Euro-Western religious environment during the colonial system. He further indicated that the community should be made aware that when a person has a spiritual connection of healing and takes it seriously, he is connected with the ancestral spirits, and in so doing, the ancestors will give *Vhomaine* the solutions to the problems the community is facing. Finally, *Vhomaine Vho-Nemavhola* pointed out that the knowledge for the medicinal plants does not need a degree as a qualification. This statement qualifies that apart from Western education literacy levels, there are indigenous literacies such as the mind, cultural and powerful. This is because generally, *Vhomaine* are taken as uncivilized in terms of formal Euro-West education.

(c) Instilling a sense of pride

Pride is a feeling of pleasurable satisfaction over an act, possession, quality, or relationship by which one measures one's structure or self-worth (American Heritage Dictionary, 2016). It is a feeling of justifiable self-respect, showing excessive self-esteem, great dignity and honour. In order to preserve the indigenous health knowledge, *Vhomaine* need to feel proud of their practices and of the role they play in the provision of health care within their communities.

The San and the Khoi indigenous community have experienced a sense of joy, happiness and pride when they signed the historic agreement in August 2013, between themselves and the pharmaceutical company Cape Kingdom Nutraceuticals (Lee, 2013). The agreement acknowledges that the San and the Khoi's medicinal plant knowledge predates that of any subsequent inhabitants of South Africa. The landmark deal confirms that they are legally entitled to a fair and equitable share of the benefits that result from the commercial development of the *Buchu* Plant. Lee (2013) quotes the managing director of the Cape Kingdom Nutraceuticals Company, Michael Stander, who said that the benefit–sharing agreement is a fitting acknowledgement of the wealth of the knowledge that was gleaned from the San and the Khoi who introduced the

Buchu and its various medicinal benefits to the early Cape settlers at the beginning of the 17th century.

Vhomaine Vho-Sikhitha suggested that *Vhomaine* should feel proud of their practices. He noted that *Vhomaine* mostly undermine themselves. *Vhomaine* do not know the impact they have in the community they serve. He warned that if *Vhomaine* undermine themselves, they will not feel proud to pass this indigenous health knowledge to someone else or to the generations to come. He encouraged *Vhomaine* to feel proud to pass the knowledge to the next generation even if they feel that the knowledge they have is too little. He called on other *Vhomaine* and the practitioners that they need to be proud of their practices. He advised that if the performance of the rituals associated with indigenous healing is practiced without any fear, the knowledge will last forever. *Vhomaine Vho-Sikhitha* said the following:

"*Therefore, Vhomaine and practitioners of indigenous health knowledge need to be proud of their indigenous practices*."

Vhomaine Vho-Muthego added shyness as a factor that makes *Vhomaine* not to feel proud of their practices. She said that there are other *Vhomaine* who hide themselves fearing to be laughed at because the community they find themselves in is converted into the Euro-West practices. She advised that to be shy from practicing *Vhunanga* is a great mistake. She blamed *Vhomaine* themselves of being responsible for making the knowledge to disappear. She finally advised people not to reject the calling from the ancestors.

(d) Maintenance and protection of the environment

According to Rama et al. (2016:27 – 29), since time immemorial, conservation of natural resources has been an integral aspect of many indigenous communities all over the world. They stated that India has suffered an almost unabated devastation of its natural biological heritage and much of what remains has been preserved through the ages

because of a host of conservation oriented socio-cultural and religious traditions. These tribes move around the forest for their day-to-day requirements, cultural activities, beliefs, taboos, totems and performing religious rituals. They are largely dependent on their traditional system for their information is passed on from generation to generation through the word of mouth. It was observed from the practices of *Vhomaine* in this study that different parts of plants (roots, stem, leaves, bark, fruits, seeds, bulb, or their extracts or by-products etc.) or the whole plant is used for various cultural, religious rites and rituals.

The then Minister of Science and Technology, Ms. Naledi Pandor presented the Protection, Promotion, Development and Management of the Indigenous Knowledge Systems Bill to parliament and indicated that the indigenous knowledge Bill encourages new developments in the management of cross-cultural knowledge transaction and also encourages the protection of indigenous knowledge for conservation. The conservation of cultural diversity is considered as a precondition for the conservation of biological diversity.

Vhomaine Vho-Netshiavha indicated that he goes to the bush and dig the medication only when a client has consulted with him. This is because some medications do not need to be stored for a longer period of time. He further indicated that when he digs medicinal plants looking for their roots, he does not destroy the whole plant or such roots, he covers them again with soil to make the tree alive. *Vhomaine Vho-Netshiavha* supported this by saying the following:

"*My pharmacy is the bush. When I dig the roots of the medicinal plants, I cover them again with soil for re-use in the near future. To make an orchard of medicinal plants I think it doesn't work. This is because medicinal plants grow in different places and under the influence of different environmental conditions including soil and rocks. You may find that the medicinal plant in certain environmental conditions may fail to heal what Vhomaine knows is capable of healing*."

On the same note of conservation, *Vhomaine Vho-Muthego* indicated that she has her own chemist or pharmacy which is supported by the environment. She emphasized that the destruction of the environment through digging all the medicinal plants is a threat to both the people and the ecosystem. That is why in their area, they do not want the total destruction of the medicinal plants because they know that people cannot live well if the bush is totally destroyed. Otherwise they will end up buying medication. *Vhomaine Vho-Muthego* supported this by saying the following:

"*The power of the medication that has been bought from the pharmacy cannot be compared with the one that I have dug myself from the ground. Sometimes when my clients consult, my ancestral spirits may tell me that they needed medication that can be used during the healing process of a particular client is not available in this mini-pharmacy I have here. This means that I have to go to the bush and dig from the ground. What will then happen if the environment is destroyed? That is why in our meetings, they advise us to request for land that could be used as a medicinal plants field. They are seeing that the land is gradually degraded due to illegal deforestation*."

Vhomaine Vho-Muthego further indicated that medicinal plants cannot be the same in different environments as this is influenced by the climatic conditions of the area, meaning temperature in a given area. *Vhomaine Vho-Muthego* qualified this by saying the following to the researcher:

"*Temperature here in our area cannot be compared with yours. Ours is extremely hot. Yours is moderate. To some of us we feel cold when visiting your area even in summer. The medication in your area is much stronger than in our area. It is also determined by the soil texture. Plants in your area are not the same as ours. I tried to plant a Muringa tree here, but it does not grow. Muringa is highly needed for medicinal purposes. If it happens that I get the seeds of Muringa tree, I will plant them in my field. Maybe they will germinate in that type of soil because that soil is of another texture*."

Vhomaine Vho-Nemavhola added that plants need to be protected and said the following:

"*The medicinal plant called Mutondo is fenced here in the village called Matandani to avoid its extinction. It is just like Mutavhatsindi; it cannot be found anywhere. This 'Mutondo' breaks families and can be used to boost men*.**"**

(e) Doing more research

According to Msuya (2007), there has to be deliberate efforts to conduct more research in the area of indigenous knowledge. This role can best be undertaken by universities and appropriate research institutes. The research areas can include disclosing or to make known of secret information, recording, and preserving indigenous knowledge. He proposed issues to be researched to include how IK can be applied for productivity, practices, traditions and norms surrounding innovation, use and transmission of IK in Africa.

According to Khupe and Keane (2017:26), research methods that are aligned to indigenous knowledge systems are underused in IK research in South Africa in spite of calls for decolonized research methods and that indigenous research is an invention that comes from an Afrocentric perspective and the call to decolonize (particularly academic) knowledge validation and representation. It is argued that research methods need to be created to align with the intentions, context, and participatory nature of IK (Mkabela 2005). Khupe (2016) argues that for research to be relevant to, and improve the quality of life of indigenous participants, it needs to be rooted in indigenous world-views, cultural values and languages. In addition, Khupe (2014) opines that language plays a crucial role in the preservation and transmission of IK. It is therefore prudent for IK researchers to be mindful of these features of IK and to appropriately align the ways in which they engage with communities so that they are respectful of, and responsive to socio-cultural contexts.

On the promotion of research in their traditional healing practices, *Vhomaine Vho-Netshiavha* collaborated with the researcher that the same way that the researcher was moving around asking *Vhomaine* questions and recording them will ensure that the knowledge that *Vhomaine* have does not vanish. He indicated that the researcher is preserving the knowledge of the ancestors or living-dead and that he would select from his record the knowledge that attached more value to and documented it in accordance to the identified topics. It was concluded that as for the use of indigenous medicine, reliable and valid research is lacking, and this is because people sometimes think that if one has knowledge of the type of medicinal plants that can cure a particular disease, one owns the knowledge alone and will not share it with anyone, let alone to document it.

5.3 Summary of the Chapter

This chapter dealt with the discussion of the findings and analysis of the qualitative data obtained from *Vhomaine* who are the diviners and the herbalists. The data was thematically analyzed. Four (04) themes and fifteen (15) sub-themes that were developed in chapter four were discussed in detail. The outcomes from all the themes and sub-themes are in line with the findings of Nonaka (1994) from the organizational knowledge creation theory; preservation and heritage theory of Pavlodar; post-colonial theory of Fanon, Said, Spivak, etc. and indigenous knowledge systems based theory of Cobo, Davis, Adamson and Plotkin. The next chapter will discuss the evaluation of the study, discuss the objectives of the study, make recommendations, indicate the limitations of the study and conclude the study.

CHAPTER 6

EVALUATION OF THE STUDY, CONTRIBUTION TO THE BODY OF KNOWLEDGE, LIMITATIONS AND CONCLUSION

6.1 Introduction

The purpose of this chapter is to provide key findings of the study and reflective insights on the extent at which the objectives of the study have been met. Suggestions for documentation for *Vhomaine* in relation to their indigenous health and subsequent research will be recommended. Limitations of the study during investigation will also be discussed in this chapter. Contribution to the body of knowledge and the main points of evidence for the thesis will be summarized. The overall conclusion of the study will be outlined.

6.2 Evaluation of the Study

The evaluation of the study was done according to each of the set objectives outlined in Chapter 1 of this study. The aim of the study is geared to investigate the possibility of the development of a culture-congruent, indigenous practitioner-orientated documentation strategy of *Vhomaine* in the Vhembe District Municipality, Limpopo Province of South Africa. The objectives were as follows:

- To probe the ways in which *Vhomaine* record their Indigenous Health Knowledge;
- To describe different recording styles per selected categories of traditional health practitioners *(Vhomaine*) i.e. diviners and herbalists during their healing process;
- To probe various ways in which traditional health practitioners (*Vhomaine*) retrieve information about their clients;
- To determine the challenges associated with documentation of traditional health practitioners (*Vhomaine*) healing practices;

- To suggest documentation strategies for *Vhomaine* in relation to their indigenous health knowledge.

6.2.1 To probe the ways in which *Vhomaine* record their Indigenous Health Knowledge

In describing their current recording system, some categories of *Vhomaine*, such as the diviners, chose rather to contest and justify the reasons why documentation as it is understood in the Euro-West form is not possible or necessary. This concurs with the IKS-based theory which considers the beliefs, customs, culture, tradition and language of the indigenous people. The following are the reasons they advanced:

- They sometimes see visions, have dreams, and or go on a trance to come up with a diagnosis or treatment or both which makes it difficult for them to record or document the process as it occurs;
- They are not in the position to ask someone to write on their behalf because they are mostly illiterate in terms of euro-west tradition, and the knowledge comes and goes as it is under the control and guidance of the ancestors or living-dead;
- Reading and writing are not prerequisite skills for preserving the indigenous knowledge mostly in terms of *Vhomaine*;
- They believe that their functioning during the healing process is controlled by the ancestors / living-dead who are the spirits of people who lived upright lives here on earth, died good and natural death, that is ripe at old age, and received the acknowledged funeral rites. They further believe that those who die premature death cannot be placed under the category of the ancestors / living-dead because an ancestor is expected to must have lived a morally worthy and virtuous life;
- When clients consult with them for healing purposes, they first use snuff (fola) which they sprinkle on the ground / floor as a way of dedicating the clients to the ancestors / living-dead, whom in turn, reveal to *Vhomaine* the reason for the

clients' consultation, which is not the case when clients consult bio-medical health practitioners;

- Unlike the Euro-West forms of documentation, *Vhomaine* have a place or space to store or preserve information on everything about the healing process of their clients from the past, current and make predictions for the future as they depend on the readings and interpretation of the incised bone tablets i.e. *u vhala mawa a thangu,* the place they practice is called *Ndumbani*;
- Unlike the Euro-West forms of documentation, *Vhomaine* make use of *Tshiubwa,* where they can retrieve information about a client without the use of the incised bone tablets / *thangu* or after the incised bone tablets have been thrown only once;
- Sometimes *Vhomaine* make use of *Thanzwu*, which is not the case in terms of the Euro-West form of documentation, wherein *Vhomaine* can retrieve information about the clients without the use of the reading of incised bone tablets i.e. *u vhala mawa a thangu;*
- In other cases, *Vhomaine* use *Fembo*, which is unknown to the Euro-West forms of documentation, wherein *Vhomaine* use it to diagnose the cause of the sickness or illness or problems in the family / household;
- To become *Vhomaine*, one needs to be chosen by the ancestors / living-dead and undergoes the process of *u thwasisiwa* as an apprenticeship with the help and guidance of the ancestors / living-dead whereas in the Euro-West form, everyone who academically qualifies may become a bio-medical practitioner;
- They use *ngoma* (drumming) for the client to be in a trance-like-state to retrieve previous information with the help of the ancestors or the living-dead;
- *Vhomaine* use *U phasa* (sprinkling of snuff *(fola*) and water from the calabash with mouth calling the ancestors / living-dead to reveal what happened in the past, which is not the case in the euro-west form;
- Previous and future information about the clients and how they should be treated is brought about by the ancestors / living-dead or the living-dead through dreams (*bupo ya Xikwembu*) and seeing visions and they are never forgotten, and such is the mode of communication with the ancestors. Such a language is only

understood by *Vhomaine* who serve as mediators between the living-dead and the living-beings, which is not the case in the euro-west forms;

- Incised bone tablets (*thangu*) are also tools used for the revelation of the clients' past information about their health status under the guidance of the ancestors / living-dead;
- *Vhomaine* believe and are convinced that if the knowledge is written in the book, such knowledge can be stolen as they have noted that some of their knowledge has been stolen and used without them being acknowledged;
- *Vhomaine* believe that their mind is their record;
- Most of the knowledge of *Misinya* (medicinal plants) comes through dreams while *Vhomaine* are sleeping and are guided by the ancestors or the living-dead;
- Ancestors or the living-dead do not allow the healing process to be recorded, only *thangu* will retrieve all the information about the client;
- Vhomaine are first possessed and controlled by the ancestors / living-dead, dream the medication, and then go and dig the medicinal plant for medication;
- The ancestral practices should never be compared with the Euro-West practices and never require recordings;
- Euro-West medication is bought and put in the refrigerator while *Vhomaine's* pharmacy is the bush;
- *Vhomaine* do not use X-rays. Their X-rays are the incised bone tablets (*thangu*) that are thrown on the ground / floor after sprinkling snuff (fola) to make diagnosis and come up with a treatment plan for the sickness;
- They say African tradition is oral and does not need to be written in a book, therefore the practices of *Vhomaine* cannot be written in a book; etc.

6.2.2 To describe different recording styles per selected categories of traditional health practitioners i.e. diviners and herbalists, during their healing process

(a) *Vhomaine*, the Diviners

Most *Vhomaine* do not document, but rather preserve their knowledge of the interaction with *vhalaxwa*. Such preservation of indigenous health knowledge is congruent with the findings of Nonaka (1994) through the elements of organizational knowledge creation theory such as socialization when *Vhomaine* trains apprentices and externalization when *Vhomaine* converts tacit knowledge to secondary forms by designing an incised bone tablet / *thangu.* The findings from *Vhomaine*, from the category of the diviners, according to the Traditional Health Practitioners Act, No. 22 of 2007, revealed that the following styles are used during the healing process of a client (*mulaxwa*):

i. Training of *Mathwasana* (apprenticeship) as a form of transferring knowledge

Having noted the disconnect between the euro-west forms of documentation and healing practices of *Vhomaine*, it is evident that most of the practicing *Vhomaine*, particularly in rural areas like Vhembe, are illiterate in terms of Western standards. This does not mean that they are culturally, powerful and the mind illiterates. They instill their practices with the assistance and guidance of the ancestors / living-dead by training *Mathwasana* or apprentices who will in turn, take such practices to the generation(s) to come. In this way, they are ensuring that such healing practices are preserved for future use by the generations to come in the same family. If the main objective of documentation is to preserve, in this case, indigenous health knowledge, for future use and reference, therefore it can be argued that transferring of knowledge to future generation can be equated to preservation which is a form of documentation. If these disconnections are not considered, the Euro-West and the African indigenous forms of documentation could swim together using the same boat.

The main purpose of documentation is to ensure that the available knowledge is preserved and stored for future use and also serve as future reference. In order to preserve the indigenous health knowledge and the practices of *Vhomaine* during the healing processes with their clients, *Mathwasana* / apprentices are trained for a period of a few months to a decade by a qualified *Vhomaine*, the diviner. During this process, the knowledge is transferred orally with no written manual for instruction and such mode of transferring indigenous health knowledge is regarded as a form of preserving it for future use. Other types of *Mathwasana* are said to have emerged from water and the mode of their instruction is thus secretive. The people who have been "called" by the ancestors from *VaTsonga* will be captured by a powerful serpent, *Nzhunzhu* and submerged in deep waters and live under water and become *Vhomaine* when they are released. Such a secretive process implies training and thus the knowledge is preserved for posterity. Therefore, transferring knowledge from one person to another through the help of the ancestors / living-dead for future use is a form of preservation. This differs from the Euro-West form of recording.

ii. Throwing and reading of incised bone tablets (*u tungula na u vhala mawa a thangu)*, followed by interpretation and explanation

Using the same argument as the aforementioned, *thangu* are the special aids designed with the help of the ancestors / living-dead to be used as diagnostic instruments that could retrieve previous information and also predict the future occurrences. They also serve to prescribe the treatment which the patient needs. Other *Vhomaine* argued that such *thangu* / incised bone tablets serve as X-Rays. The Euro-West forms of documentation will require recordings and writings using many forms of the current technological advancement, while *Vhomaine* only need to dream and with the assistance of the ancestors / living-dead, they throw *thangu* to retrieve previous information and predict the future. It can be argued that the two different practices could be equated but will never be the same.

Vhomaine, the diviners, make use of incised bone tablets (*thangu*) to examine the clients and make diagnosis followed by treatment. Each incised bone tablet has got its specific name and the most dominant incised bone tablets (*thangu*) are of four main types, namely, *hwami; tshilume; thwalima and lunwe.* They are thrown on the ground / floor, followed by interpretation and explanation under the guidance of the ancestors or living-dead when a client has come for consultation. From the thrown incised bone tablets, *Vhomaine* can tell what happened in the past; what are the current issues; and predict what will happen in the future. Instead of using written records as a preferred way of documentation by the Euro-West practices, the African way is the use of incised bone tablets where interpretation of *mawa a thangu* is guided by the ancestors or the living-dead. The living-dead should have lived a good life and well experienced. Morality is aimed at maintaining harmonious relationship between the living-beings and the living-dead. The main purpose of living is to become an ancestor. The young and novice do not qualify the status of an ancestor or the living-dead according to *Vhomaine.*

iii. Painting, drawing and doing markings

Because of colonization and segregation of the African religion and its practitioners, it happens that most of the practicing *Vhomaine*, the diviners, are illiterate in terms of going to school, but they are literate in terms of their experience and knowledge that they have acquired and they are culturally and powerfully literate. These *Vhomaine* make use of paintings, drawings and do markings which are attached with meanings in context. Such skills imply that they are literate. So, these were their forms of indigenous health knowledge preservation. Those who studied and have a gift of interpretation could make it easy for the generation to come to understand the meaning of the paintings, drawings and the markings. It is through the paintings, drawings and doing markings that the healing and practices of *Vhomaine* can be recorded for future use and references. Other meanings are attached to animals. The incised bone tablets are also marked, the ability to read and interpret the markings is an indication of being literate in an indigenous way. This finding is in line with the externalization element of the organizational knowledge creation theory of Nonaka (1994) which argues that the tacit

knowledge holder *Vhomaine* is converted to secondary form like painting, drawing and marking.

iv. Writing by those *Vhomaine* who are literate

Some of the *Vhomaine*, the diviners, agreed that those who are literate can write because when they get old, they simply forget as their memory lapses. An emphasis is that such recordings should not meant for public domain, but for historical records within the family. When the elderly *Vhomaine*, the diviners, practice their healing processes, they request their grandchildren to label the bottles and containers so that the knowledge and practices of *Vhomaine* are recorded and documented for referral. In this case, the knowledge is being transferred to the grandchildren who are the future generation, and it is thus preservation. Such is the preservation of only the herbs not the process of healing.

v. Using inter-marriages to preserve knowledge

This happens when two families marry to each other and the knowledge is transferred from the practicing family to the non-practicing family and as a result, the knowledge is transferred to avoid extinction and thus preservation of knowledge.

vi. Using observations

Using the vast knowledge, skills and experience vested upon *Vhomaine*, by mere looking at the client's physical appearance, *Vhomaine* can make a diagnosis and come up with a treatment. They look with an inner eye of the ancestors / living-dead and a diagnosis is made with regards to what the client is suffering from. In the meantime, those who work with *Vhomaine*, tap from their knowledge. Such knowledge is preserved for the future in this instance.

vii. Using memorization

This style is closely related to the questions and answer method which is designed to retrieve the stored information from *Vhomaine's* mind. Their minds serve as a database or recording tool for the indigenous health knowledge for future use.

viii. Using question and answer method

Just like herbalists, some *Vhomaine*, the diviners do ask leading questions to make diagnosis and come up with a treatment. When asking questions, *Vhomaine* are using their knowledge, experience and understanding of the diagnosis. Through questions, they are able to open up a file which is within their memory. They prefer to ask unambiguous questions in order to get the correct information for diagnosis followed by treatment and prescription of relevant medicines.

ix. By knowing *mitupo* of the clients

Vhomaine use the knowledge of *'Mitupo'* i.e. customs and clan names, to retrieve previous information about their clients. *Vhavenda* can use *Mitupo* as an object such as an animal or plant that serves as an emblem, logo, trademark or revered symbol of a family or clan and often used as a reminder of its ancestry. *Mitupo* is portrayed as a natural object or animal that is believed by a particular society to have spiritual significance and that is adopted as an emblem. By only asking *Mutupo, Vhomaine* can locate where the problem of a client is coming from and how it can be resolved.

(b) *Vhomaine*, the Herbalists

The findings from *Vhomaine*, of the category of the herbalists, according to the Traditional Health Practitioners Act. No. 22 of 2007, revealed the following recording styles used during the healing process of a client:

I. The use of question and answer method

Although this style is also used by *Vhomaine*, the diviners, it is mostly used by *Vhomaine,* the herbalists. They are highly skilled in asking probing and leading questions to make diagnosis. Questions are used to find out the past that needs further treatment and practice and such questions allow the practitioner to be in the position to read the clients' mind. Through questions, the practitioner is in the better position to make contact with the clients, understand their illnesses and prescribe the correct herbs.

II. Encouraging clients to keep personal health records themselves

Encouraging clients to keep their own personal health records allows the patient to share medical records with providers of the health care systems. The client takes responsibility of his or her own records. It is recommended that records that are of vital importance need recording and documentation and they are admission notes, on-service notes, progress notes, preoperative notes, operative notes, procedure notes, delivery notes, postpartum notes, and discharge notes. For the purpose of recording for future use, it is advisable that the clients should keep their own records and move with them whenever they consult with different *Vhomaine*. The observed problem is that the knowledge does not belong to the clients.

III. Walking with *Vhomaine* for observation and learning

Herbalists themselves can go to the bush and dig the medicines and sell them to the targeted clients in public. These *Vhagwi vha Miri* (herbalists*),* are not *Dzinanga* ***but*** they are *Dzinombe* (plural) or Nombe (singular), they know what herbs heal. They tap the knowledge from the elders and *Vhomaine*.

IV. Writing down knowledge from other practitioners

As herbalists walk the talk of *Vhomaine* and other medical practitioners, they take notes of all the acquired new health knowledge for practice and future use. But this is only done by those who can read and write. The illiterate *Vhomaine* can observe and record in their own ways.

6.2.3 To probe various ways in which Traditional Health Practitioners (*Vhomaine*) retrieve information about their clients.

On the explored ways in which *Vhomaine* retrieve information about their clients, the researcher collaborated with *Vhomaine* and the findings revealed the following:

I. Calling ancestors for guidance using snuff (*fola*)

Before all religious ceremonies, tobacco was offered to the ancestors / living-dead in South Africa. It is common to also use snuff or any form of tobacco sprinkled on the ground as one speaks or burns *Zwioro* in *Tshivenda* to communicate with the ancestors or the living-dead. All *Vhomaine,* the diviners, made reference to the use of snuff (fola) as a form of dedicating the client to the ancestors and thus, provoking communication between *Vhomaine* and the ancestors / living-dead. *Vhomaine* taps the snuff and sprinkles it to the ground and sprinkles water from his / her mouth using a calabash (*Khavho)* and this process is called *U phasa*. *U phasa* is a type of ritual where one communicates with the ancestors / living-dead. *Vhomaine* further indicated that when a client comes and reveals his / her name, *Vhomaine* taps snuff and sprinkles it on the ground / floor and remembers the medicinal plant that he / she previously dug and prescribes it to the client.

II. Calling ancestors for guidance using *malombo* dance (*U Tshina Ngoma*)

Drumming is an important part of summoning the ancestors / living-dead. During the periods of celebrations, *Vhomaine*, the diviner, is called to dance and celebrate their ancestors / living-dead. While *Vhomaine* are dancing, they fall into trance and when in trance, *Vhomaine* do not become cautious of what is happening around them, so after that they will be told what they had said where the ancestors will be channeled and this is qualified by convulsive movements which are uncontrollable followed by the singing of ancestral songs. The possessed *Vhomaine* will then change into their traditional ancestral clothing and dance vigorously while others are beating drums and singing in celebration. Drums are a vital part of *Venda* music and are utilized at all traditional rituals and ceremonies. *Vhomaine* do practice the rituals of *malombo dance* periodically to communicate with their ancestors, as well as to get guidance and wisdom during the healing processes of their clients.

III. Dreams and visions as communicative forms with ancestors

Vhomaine provided information during the study that they retrieve the information about their clients through dreams and seeing visions while sleeping. Dreams are very personal and may remind a person of what happened in the past. It is believed that through dreaming, ancestors / living -dead may appear before the dreamer in order to subconsciously solve unwanted problems, some unforeseen failures, or warning the dreamer of possible illness. Ancestors / living-dead communicate with *Vhomaine* through dreams for the purpose of guidance and direction; and they finally test to prove achievement throughout the process. It is believed that seeing visions and dreams is a state which assists *Vhomaine* to come up with a diagnosis and or treatment.

IV. Reading of Incised Bone Tablets (*U Vhala Mawa a Thangu*)

For *Vhomaine* to connect with their ancestors / living-dead, they believe in the throwing of incised bone tablets (*Thangu*). They use *Thangu* to reveal the previous information

about their clients during consultation. Through the use of incised bone tablets (*Thangu*), *Vhomaine* communicate with the ancestors or ancestral spirits on behalf of the clients. Incised bone tablets are thrown and scattered by hand, usually in a circle and then read. Then meaning is deduced in accordance with the position in which the incised bone tablets have fallen. The reading of *Mawa a Thangu* enables *Vhomaine* to see through the ancestors' eyes what is wrong with the client. The ancestors / living-dead will in turn, talk to *Vhomaine* about the issues that prompted the client to come for help from *Vhomaine*. Each incised bone tablet has its specific name. There are four main types of the incised bone tablets which are dominantly used by *Vhomaine* of *Tshivenda*, and they are:

- Hwami,
- Tshilume,
- Thwalima, and
- Lunwe.

There are also incised bone tablets of *Tshindau* which are used together with the incised bone tablets of *Tshivenda* such as the incised bone tablet called *Duma* which is the biggest *Thangu. Vhomaine* use incised bone tablets with the guidance of ancestors or the living-dead to trace the past history and for future references. These incised bone tablets serve as the indigenous health African traditional tool functioning like an X-Ray to make diagnosis and it is best understood by *Vhomaine* guided by the ancestors /living-dead.

6.2.4 To determine the challenges associated with documentation of traditional health practitioners' (*Vhomaine*) healing practices.

From the determination of challenges associated with the documentation of *Vhomaine's* healing practices, the findings revealed the following:

I. Secretiveness of the knowledge hinders writing and documentation;

The so called 'secret knowledge' is difficult to document because such knowledge is only known to *Vhomaine.* It is believed that when indigenous health knowledge is documented, the knowledge holders would have lost their individual, family or community heritage, thereby making such to be secretive. Some *Vhomaine* will not even divulge their indigenous knowledge of healing to outsiders and even to some members of their family, most especially their daughters to prevent their knowledge from being transmitted to other families after marriage. Such knowledge is a secret between *Vhomaine* and the ancestors. The secrecy needs to be maintained because everyone has to be informed by his or her ancestors about the traditional healing practice, not to read from written documents and recordings.

II. Intellectual Property Rights (IPR)

Although some *Vhomaine* in the study can read and write in their vernacular languages, there is a discomfort associated with their capacity to read and write as they felt that their indigenous health knowledge could be stolen. They still have concerns on the contested issues of their Intellectual Property. Traditional knowledge is not generally protected using intellectual property system, thus, traditional knowledge holders are disadvantaged economically and socially without having immediate protection and this also disadvantages the whole country economically. More value of indigenous health knowledge has already been lost as a result of the lack of a supportive legal environment. The then Minister of Science and Technology, Naledi Pandor maintains that indigenous knowledge was not protected by the current Intellectual Property (IP) laws and that the new Bill is intended to put an end to the exploitation of indigenous knowledge by international companies. *Vhomaine* expressed the fear of their knowledge being stolen.

III. Difficulty in transferring skills and competencies

Skills refer to something learned in order to be able to carry out a function while competency may incorporate more than a skill and include abilities and behaviour as well as knowledge that is fundamental to the use of a skill. Skills solve the 'what' question but not the 'how' question which can be best answered by competencies. Skills are acquired through training and experiences where the learner should be exposed to direct observation. In this case, the transfer of skills is through family inheritance, and most *Vhomaine* lack formal education or are partially educated. Therefore, it is difficult to transfer the healing knowledge and skills and competencies of *Vhomaine* to the general public, and this becomes a challenge.

6.2.5 Suggestions for documentation strategies for *Vhomaine* in relation to their indigenous health knowledge.

In addressing the development of the documentation strategies of *Vhomaine*, the researcher has proposed the consideration of the infusion of the Euro-West documentation strategies to the healing practices of the African health indigenous practitioners. It is suggested that such an infusion should be informed by the tradition and the cultural heritage of the indigenous knowledge of *Vhomaine*. It is put forward that a collaborative project for the infusion of the two distinctive practices (Euro-West and indigenous African) that would be congruent to the documentation and the healing practices of *Vhomaine* should be considered. After consideration of the problems and challenges associated with the documentation of indigenous health knowledge and from the findings and analysis of the study, the following strategies that will lead to the documentation of indigenous health knowledge and the practices of *Vhomaine* during their healing processes are proposed:

i. Continuous storytelling and collaboration of *Vhomaine* and biomedical practitioners.

Story telling is one of the most prominent practices of documentation. The problem is when the original message is lost during storytelling. The usage of language, amongst others, are the challenges facing documentation of indigenous health knowledge. Biomedical practitioners are equipped with learning the foreign languages, and as such could collaborate with Vhomaine for the benefit of the clients.

It is argued that the indigenous health knowledge of *Vhomaine* is equal to formal knowledge acquired from the pedagogic learning environment (classrooms) by the biomedical practitioners. The argument is based on the possibility that someone might have been guided by the ancestors or the living-dead with the power of healing, manipulated the knowledge and innovated it into medical science. But the biomedical terms are too difficult and complex for *Vhomaine* to comprehend and thus, become a limiting factor for collaboration and documentation. What has been happening previously is that *Vhomaine's* knowledge has been passed from one generation to another, but that was undermined by the recipient generation. The introduction of Euro-West style of education created an appetite for the indigenous form of education. If Vhomaine had gone to school and been exposed to the scientific world, their practices might have been different from the contemporary practices. Documentation therefore becomes difficult without the understanding of the various literacies. There is a need to decolonize the mind of the community through self-identity.

ii. Preservation of indigenous health knowledge

Preservation is the way of documentation. *Vhomaine* should perceive everything about themselves as superior including their knowledge. Preservation should be aimed at storing and reproducing the knowledge in its complete raw form for posterity by preserving, protecting and restoring the indigenous knowledge products and services. *Vhomaine* need to be shown how their indigenous health knowledge can be protected

using intellectual property rights (IPR); there is also a need to empower people in other ways through which they can improve their livelihood using indigenous health knowledge; and, to instill pride in people about their indigenous health.

Documentation process of indigenous knowledge by the National Recordal System (NRS) needs to be reviewed to accommodate *Vhomaine's* practices, especially those in deep rural villages who are marginalized and sidelined. This is because the available documentation strategies within the NRS are unrevealed, undisclosed, secretive or invisible to *Vhomaine* in the rural areas like Vhembe District Municipality. If no one understands the way in which *Vhomaine* document their healing process per client, there is a dire implication that whatever knowledge and strategies, good or bad cannot contribute to the greater good of indigenous healing and indigenous medicines of *Vhomaine*. The deep rural *Vhomaine's* voice and their participation to the processes should be felt.

iii. Instilling a sense of pride

Pride is a feeling of pleasurable satisfaction over an act and self-worth. It is a feeling of justifiable self-respect, showing excessive self-esteem, great dignity and honor. In order to preserve the indigenous health knowledge, *Vhomaine* need to feel proud of their practices and role they play on the provision of health care system within their communities. *Vhomaine* should be encouraged to have feeling of proudness to pass their knowledge to the next generation, even if they feel that the knowledge they have is scanty. To be shy from practicing *Vhunanga* (healing) is a great mistake. *Vhomaine* should not reject the calling from the ancestors. Effective mobilization strategies should be employed to instill a sense of pride and love for indigenous health knowledge among *Vhomaine* in their healing processes. For the love of the indigenous health knowledge, some effective mechanisms and incentives should be put in place to encourage *Vhomaine* to share their knowledge about the healing practices. Development of such incentive policies will help to encourage a continuous, additive, progressive and extra

innovation in indigenous health knowledge. Through love and pride of *Vhomaine's* indigenous health knowledge, employment could be created for economic value.

iv. Maintenance and protection of the environment

Conservation of natural resources has been an integral aspect of many indigenous communities all over the world. The United Nations Conference on Environment and Development (UNCED) in 1992 made an urgent call for the development of mechanisms to protect the earth's biological diversity through indigenous knowledge. The conservation of cultural diversity is considered as a precondition for the conservation of biological diversity. The chemist or pharmacy of *Vhomaine* is supported by the environment. The destruction of the environment through digging all the medicinal plants is a threat to both the people and the ecosystem. Therefore, the protection and maintenance of the environment supports the sustainability of the medicinal warehouse for future use and practices. *Vhomaine* and the entire communities should adhere to such mechanisms.

v. Doing more research and studies

There should be some deliberate efforts to conduct research in the area of indigenous health knowledge. This role can best be undertaken by universities and appropriate research institutes. Research methods need to be decolonized. The research areas can include disclosing, recording, and preservation of indigenous health knowledge. The research methods need to be created to align with the intentions, context, and participatory nature of indigenous health knowledge. For the research to be relevant and to improve the quality of life of indigenous participants, it needs to be rooted in indigenous worldviews, cultural values, and indigenous languages. Reliable and valid research on the use of indigenous medicine is lacking, therefore detailed and intensive studies are needed.

vi. Collaborative projects for the infusion of bio-medical and indigenous practices.

There is a need for collaborative projects to determine the ways in which *Vhomaine* can be trained to document their practices in a way that would be congruent to their retrieval and the healing process. This should be informed by the tradition and culture of the indigenous knowledge that forms part of the cultural complex that encompasses *Vhomaine* practices in terms of their rituals, spirituality and world view.

The collaborative efforts will serve to minimize the challenges associated with the documentation of *Vhomaine's* practices and the implications for standardization, recognition and certification which are sought to be contributing factors that threaten the future traditional healing sphere. For standardization, training of *Vhomaine* is needed where certain procedures are followed that conform to the set standards. *Vhomaine* need to be subjected to evaluation, records keeping for the clients or *vhalaxwa* and their medicines, doses, expiry dates and control storage for medicines. With regard to the recognition and certification, there is a need for the implementation of the Traditional Health Practitioners Act number 22 of 2007 towards recognition, regulating and institutionalizing the practices of *Vhomaine* caused by the mistrust, tensions and unresolved or inconclusive issues between *Vhomaine* and bio-medical practitioners.

For the practicing *Vhomaine* in their profession, they need to be held accountable for their wrongful acts and / or omissions. When *Vhomaine* are trained, the assessment measures must be aligned to the traditional way of *Vhomaine's* practices. There should be a symbiotic mutual respect that surpasses all other efforts that could be invested towards the recognition and certification of *Vhomaine*.

6.3 Summary of the Evaluation

The aim of the study was to investigate the development of the culture-congruent, indigenous, practitioner-oriented documentation strategy of *Vhomaine*. The study

discovered that although some *Vhomaine* do record and document their diagnosis and treatment practices, most of them particularly the diviners, are unable to record and document in the Euro-West form of documentation. They are able to retrieve the information from their *vhalaxwa* / clients during consultation and make diagnosis and treatment using different styles as and when informed by their ancestors / living-dead which were discussed in detail. They are still content with their different traditional ways they use in such information retrieval. The challenges that are associated with their documentation strategies were identified and discussed. The study further discovered that communication between *Vhomaine* and their ancestors / living-dead becomes a limiting factor as it is difficult to record dreams while they are sleeping and in an oblivion state when they are unaware and unconscious.

While the part of the healing process by *Vhomaine* is appreciated, the study revealed that there is still a disconnect between the Euro-West form of documentation and their healing practices, more especially the diviners. The study proposed the considerations for the infusion of the Euro-West documentation strategies to the healing practices of *Vhomaine* to mitigate the challenges associated with the absence of documentation and implications for recognition, standardization and certification which might be contributing factors that threaten the future of traditional healing. Contribution of the study to the body of knowledge, limitations of the study as well as conclusion will follow.

6.4 Contribution to the Body of Knowledge

This study provides more insights in the realities and contestations around documentation of indigenous health knowledge of *Vhomaine.* It was noted that the strategies used by *Vhomaine* to record their healing activities and their interaction with the clients are still not yet fully understood and documented which leads to difficulties in preserving their undocumented knowledge and strategies. The findings of the study revealed that there is still a disconnect between the Euro-West forms of documentation and the healing practices of *Vhomaine*, such that documentation as understood would most probably be possible to some categories of *Vhomaine* such as herbalists, and

unlikely to others such as diviners. The study further demonstrated that there is still a strong belief that amongst *Vhomaine*, the Diviners are comfortable with the different traditional healing ways used to retrieve information from their clients such as through throwing of incised bones tablets, calling on ancestors for guidance using snuff and *malombo* dance.

Although the government has introduced the National Recordal Project through the IKS policy, *Vhomaine* from the most rural areas who were silenced and rejected by the society because of the colonial dominance were discovered by the study for their voice to be heard. The study discovered that *Vhomaine*, the Diviners, sometimes see visions, dreams, and or go on a trance to come up with a diagnosis or treatment or both which is / are not easy to record as they occur.

Having considered relevant literature on the subject of the study on the documentation strategies of indigenous health knowledge of *Vhomaine* in the Vhembe district, the subject has never been researched. Based on the verifiable information from the participants of the study who provided considerable empirical, indisputable and undeniable evidence, and as far as the researcher is concerned, he is the first to explore the different ways in which *Vhomaine* record their indigenous health knowledge and the different ways in which they retrieve information about their clients. He is also the first to describe the recording styles of the categories of *Vhomaine,* the Diviners and *Vhomaine*, the Herbalists during their healing process. The researcher believes that he is the first one to determine the challenges and implications associated with the documentation of IHK of *Vhomaine* in the Vhembe District Municipality, Limpopo province, South Africa.

In an attempt to address the identified gaps or apertures, the findings from the study and the reviewed literature assisted in the development of the documentation guidelines and / or strategies which were theoretically intended to develop a culture-congruent indigenous practitioner-oriented documentation strategy which regards the holistic indigenous knowledge frame in which *Vhomaine,* the Diviners operate. The programme

to decolonize the practices of *Vhomaine* includes raising awareness of their practices; and integration to the general public which should be discussed according to policy, practice and research to the Department of Education including schools, educators, school governing bodies, and learners' representative councils; parents and families and traditional authorities.

It is evident in this study that *Vhomaine* retrieve information from *vhalaxwa* or clients through *mawa a thangu* i.e. reading of incised bone tablets, calling for ancestors for guidance using *fola* (snuff) and *u tshina malombo* i.e. ancestral drumming dance. The use of massaging or rubbing of the stick (*u fhulula thonga*) instead of the incised bone tablets (*thangu*), to make diagnosis and treatment, is uncommon amongst *Vhomaine* of *Vhavenda.* This is done by sprinkling some snuff (*fola*) on the ground and brushing or massaging the stick (*thonga*) from the head to the bottom with both hands (*u fhulula thonga*), and then putting it on the mat (*thovho*). From there, *Vhomaine* predict the reasons for the client's consultation. In addition to the commonly known four main incised bone tablets (*thangu*), which are *hwami, tshilume, thwalima* and *lunwe,* used by *Vhomaine* of *Tshivenda*, *Vhomaine* revealed the additional incised bone tablets from *Tshindau* which are uncommon to the practices of *Vhomaine*, and they are the following:

- ✓ ***Duma***> sky in colour, big and shining object which looks like a shell of the tortoise;
- ✓ ***Mugono***> it is made up of a bone from the knee of an animal like goat or sheep. It tells that one has a sickness and a problem. When *Migono* (plural of the singular *mugono*) are two, they signify a competition;
- ✓ ***Muraru***> it deals with the spirits or ancestors of the father (*Midzimu ya Thohoni*);
- ✓ ***Murubi***> it deals with the spirits or ancestors from the mother (*Midzimu ya Damuni*).

The comparison of the Modern Western Medical tool called X-Ray which is operated by a trained official known as radiographer / radiologic technologist and the Indigenous Health African Diagnosis tool called *thangu* (incised bone tablets), which is best understood by *Vhomaine* under the guidance of the ancestors or living-dead provided the scientific nature of *Vhomaine*.

Finally, the available literature provided that those who throw and read *thangu* (incised bone tablets) in the practice of *Vhomaine*, the Diviners, are mostly females who operate within a traditional religious supernatural context and act as a medium between the mortal world and the ancestral spirits. In contrast to the aforementioned perspective, the findings revealed that *Vhomaine*, who are the diviners, both male and female, throw and read the incised bone tablets (*U tungula na u vhala mawa a thangu).*

6.5 Limitations of the Study

As the study is primarily based on the documentation strategies of indigenous health knowledge of *Vhomaine* in Vhembe District, there were potential weakness (limiting factors), that were out of the researcher's control that may have been affected the outcomes of the study. These may be the so-called "secret knowledge" withheld by *Vhomaine*. It is difficult for *Vhomaine* to share such "secret Knowledge" with the researcher and the general community. The investigation of such becomes very difficult and it might have limited the researcher from getting some of the intended information needed for the study. The communication between *Vhomaine* and their ancestors through dreams and visions is an example of the so called secretive knowledge. This was confirmed by the revelations of the findings of the study which show that there is still a disconnect between the Euro-West forms of documentation and the healing practices of *Vhomaine,* mostly those in the divine category who expressed contentment with the traditional healing ways which they use to retrieve information from their clients or *vhalaxwa*.

While the Euro-West practitioners document their information through writing for future reference, *Vhomaine*, the diviners document information from their clients through throwing of bones, and calling on ancestors for guidance using snuff (*fola*) and *malombo* dance. Such practices of *Vhomaine*, the diviners, are not easy to record, particularly when they are in dreams or a trance like state. *Vhomaine* in this study, were re-assured that the information they provided will be treated confidentially and not be used for any other unintended purposes, but still, they did not expose the secret knowledge they held. Funding to extend the boundaries of the investigation and attempting to evaluate traditional healing using euro-west documentation strategies were also limiting factors coupled with limited time to conduct a full scale study covering all the components.

6.6 Conclusion

The study is about the documentation strategies of indigenous health knowledge of selected *Vhomaine* in the Vhembe District Municipality, Limpopo Province of South Africa. The research aimed at investigating the possibility of the development of a culture-congruent, indigenous practitioner-oriented documentation strategy of *Vhomaine*. The study was worth pursuing because there is a diminutive evidence which presents the voices of *Vhomaine* in preserving their indigenous health knowledge in its complete raw form for posterity. The study will contribute to the field of health and heritage studies.

The study revealed that *Vhomaine* sometimes see visions, have dreams, and or go on a trance to come up with either a diagnosis or treatment or both and such is not easy to record as it occurs. These difficulties which are experienced in documenting and or preserving *Vhomaine's* practices during their interactions with clients / *vhalaxwa* and their communication with ancestors / living-dead have been attempted to be resolved through the decolonized qualitative research approach where data was collected using collaborative interviews and participant observation.

The previous literature postulated that the lack of documentation of indigenous health knowledge could lead to the loss and attrition of the knowledge. Strategies to preserve the knowledge were scant. The collaborative collected data was analyzed through thematic analysis and resulted into four themes and fifteen sub-themes such that different categories of *Vhomaine* record differently, where the diviners chose rather to contest and justify the reasons why documentation as it is understood in the euro-west form is not possible. Some rituals associated with the retrieving ways of information such as calling on ancestors for guidance using snuff and *malombo* dance, communicate with the ancestors through dreams and visions and reading of the incised bone tablets / *thangu*. The challenges for documentation were identified and are the secretiveness of the knowledge, literacy levels of *Vhomaine*, Intellectual Property Rights (IPR) and difficulty in transferring skills and competency.

The mitigation for the challenges for documentation are education and training, preservation of indigenous health knowledge, having a feeling of justifiable self-respect, maintenance and protection of the environment and doing more research and studies. Other strategies proposed are continuous storytelling and collaboration of *Vhomaine's* practices with that of bio-medical practitioners.

From the above themes and sub-themes, in secretiveness of *Vhomaine's* knowledge, the study argued that secret knowledge is the truth behind the truth, the real facts behind the facts they want someone to believe. With regard to the literacy levels of *Vhomaine,* the study argued against the narrow definition of literacy as the ability to read and write which is too colonial and limits the people to be transformed into socially engaged citizens. The colonial definition of literacy is the result of penury, colonialization and oppression by apartheid in terms of the South African context, and imperialism and colonialism with regard to the rest of African continent, Asia and the Latin America. There are many different types of literacies such as cultural, the mind, powerful, etc. These literacies try to respond to the asserted colonial definition of reading and writing against the adults who have never been to Euro-West form of education. For example, as opposed to Euro-West literacy, the powerful literacy is an approach that expects

Vhomaine to not only able to understand their practices, but to analyse as well to move from what their practices do to what they mean in broader society.

Four main theories were applied in this study for thematic data analysis and interpretation of the results to bring the findings of the investigation of indigenous health knowledge that seeks to make an argument for the preservation of the secret knowledge that resides with *Vhomaine* who are the custodians, knowledge holders and practitioners of the indigenous health knowledge / *ndivho ya tshithu kana u alafha.*

In line with the findings of Fanon (1963) and Said (1978) from the post-colonial theory, the study therefore proposed that there should be a collaborative project for the infusion of bio-medical and indigenous health practices. The collaborative projects will determine the ways in which *Vhomaine* can be trained to document their practices in a way that would be congruent to their retrieval and the healing process. This should be informed by the tradition and culture of the indigenous knowledge that forms part of the cultural complex that encompasses *Vhomaine* practices in terms of their rituals, spirituality and world view. Doing more research based on Afrocentric research methodologies which propose cultural and social immersion as opposed to scientific approaches to understand the African phenomena is another proposed finding of the study that could assist towards further investigation of the documentation strategies used by *Vhomaine* and their interactions with *vhalaxwa* or the clients.

In line with Cobo (1981) and Davis (1988) of the IKS-based theory, the study revealed that *Vhomaine* are informed by the ancestors or the living-dead when throwing and reading their incised bone tablets known as *thangu,* when their clients or *vhalaxwa* consult with them. Indigenously, the outcomes from the reading of the incised bone tablets are not documented as opposed to the biomedical counterparts. *Vhomaine* communicate with their ancestors or the living-dead through dreams and seeing visions. Again, the outcomes of such are not documented when revealed to the clients / *vhalaxwa* as such is difficult to document as it happens. Due to the inclination to oral history by *Vhomaine*, the high level of their memory distinguishes them from the

ordinary people within their community. The knowledge and experience possessed by *Vhomaine* enable them to make observations to the clients / *vhalaxwa* when they consult with them. From the observations *Vhomaine* make from the clients / *Vhalaxwa*, diagnosis and treatment follow. *Vhomaine* are able to apply the question and answer method which is difficult to be used by the ordinary people. The questions asked by *Vhomaine* to make diagnosis and treatment are not ambiguous, they follow a systematic approach which is an African based skill not even taught at school or documented before. The ambiguity of the questions is said to be misleading. The study, under the demonstration of this theory, revealed that sometimes *Vhomaine* use *mitupo* i.e. customs and clan names, to retrieve the preserved information within their memory. Those *Vhomaine* who are *dzinombe* or herbalists walk with the diviners or *madzembelekete* or *madzolokwe* to tap the knowledge from them for their own use or future use.

In line with Pavlodar (2015) of the preservation and heritage theory, who taps from the 'cultural heritage' which dates back to Henri-Baptiste Grégoire (1787 – 1831), the outcomes of the study suggest that *Vhomaine* do maintain and protect the ecosystem / environment which keeps their fauna and flora species safe and sustainable. *Vhomaine* depend on these species for their medicinal purposes. They are also involved towards ensuring that the natural environment is sustainable and that the ecosystem is not degraded. Such knowledge which protects the environment is of value for money to *Vhomaine* and their own practices. The knowledge of *mitupo* i.e. customs and clan names, as revealed by the study is an indication of how knowledge is transferred from one generation to the next. Such *mitupo* preserve the knowledge and serve as a repository. The young people need to orally know *mitupo* by memorization, imitation, or by documenting through penning down in a book. The knowledge of throwing and reading the incised bone tablets or *mawa a thangu* is inherited through generations. The secrecy of this activity hinders documentation in a written form in case of the diviners. The study further specifies that inter-marriages also preserve the indigenous health knowledge that is retained by *Vhomaine.*

In line with the findings of Nonaka (1994), dynamic theory of organizational knowledge creation which holds that organizational knowledge is created through a continuous dialogue between tacit and explicit knowledge via four patterns of interactions which are socialization, externalization, combination, and internalization, known as **SECI Model** of Organizational Knowledge Creation theory. Socialization allows and promotes knowledge sharing. In this study knowledge is created and shared through cultural roles such as apprenticeships and initiation of *mathwasana* / apprentices. Through externalization, *Vhomaine* who is a tacit knowledge holder converts the knowledge to secondary form such as painting, drawing and doing markings and another person can retrieve the message in the absence of knowledge holder. *Vhomaine* who are the herbalists tap such knowledge from the diviners. Through combination is when an herbalist learns from another herbalist who learned the healing knowledge from a diviner and through internalization is when the apprentices perform *malombo* dance, as for example, while other apprentices observe and join them once they master their styles. This ensure that explicit knowledge does not become obsolete and irrelevant.

These theories assisted towards the comprehension of the collected and analyzed data and form scholarly foundation. Although in theoretical framework the sanctity of the theories was preserved, the researcher avoided to be blinded by the theories to avoid idolatry.

The study revealed that there is still a disconnect between the Euro-West forms of documentation which entail recording, filing, and storage and the healing practices of *Vhomaine* which is done without recording and filing such that the documentation as is understood would most probably be possible to some categories of *Vhomaine* like the herbalists and unlikely to others, such as the diviners.

The collaborative efforts will then minimize the challenges associated with the documentation of *Vhomaine's* practices and the implications for standardization, recognition and certification. The recommendations that evolved from the study should be in accordance to policy, practice and research. Evidence-based policy that promotes

the practices of *Vhomaine*, transformation of the curriculum in basic and higher education and empowerment of traditional leaders should be enacted by the relevant departments.

Further research is proposed to be directed to the investigation of the use of stick / *thonga* by some *Vhomaine* instead of the incised bone tablets / *thangu*; investigation of *Vhomaine* who emerged from deep waters and practice as diviners; and investigation on how indigenous knowledge systems can be used as a potential tool in achieving sustainable development goals (SDGs) by 2030.

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Appendix A: Letter to Respondents

Enquiries: Malindi N. E
Cell: 076 910 1358
Email: malindiedward@gmail.com
P.O. Box 470
Vhufuli
0971
Date: 17 / 02 / 2019

Dear Sir / Madam

I, Malindi Ndivhuwo Edward, a student at the University of Venda, registered for Doctor of Philosophy Degree (PhD) in the Department of African Studies, within the School of Human and Social Sciences, am conducting a study on the topic "**Documentation Strategies of Indigenous Health Knowledge: Selected cases of Vhomaine in the Vhembe District Municipality, Limpopo Province, South Africa**".

I am requesting you to be part of my study by answering the research questions. Your participation and support in this important study will be highly appreciated.

Yours Faithfully

N. E Malindi
MALINDI N.E
STUDENT NUMBER: 9809847

Appendix B: Debriefing / Feedback Information

To: The participant

1. Study Title: Documentation Strategies of Indigenous Health Knowledge: Selected Cases of Vhomaine in the Vhembe District Municipality, Limpopo Province, South Africa.
2. Thank you for agreeing to participate in this study. Your time and efforts are much appreciated.
3. The purpose of the study is to investigate the documentation strategies of Indigenous Health Knowledge of Vhomaine in the Vhembe District municipality.
4. In the case of this study, the targeted population are Vhomaine (Traditional Health Practitioners) from the Vhembe district of the Limpopo province in South Africa who were chosen on the basis of their experience with regard to Indigenous Health Knowledge (IHK).
5. In this study you were asked to the following questions:

    - What are the ways in which *Vhomaine* record their Indigenous knowledge?
    - What are the different recording styles per categories of traditional health practitioners (*Vhomaine*) in their healing processes per clients?
    - What are the various ways in which traditional health practitioners (*Vhomaine*) retrieve information when their clients consult with them?
    - What are the challenges associated with the documentation of traditional health knowledge of *Vhomaine* in their healing processes per client?
    - What are your suggestion (s) on the documentation strategies that can be employed by traditional health practitioners (*Vhomaine) during* interactions with the clients?

6. The results from this study will inform the policy and decision makers in policy formulation and decision making. Such outcomes will further inform future studies. The anticipated outcomes of the study are the development of a

simplified-cultural congruent recordal strategy for the Traditional Health practitioners (Vhomaine).

7. If you feel especially concerned about any aspect of the study, please feel free to phone Mr. Malindi N.E at **076 910 1358**. Alternatively, you could also phone the supervisors Dr. P.E Matshidze at **072 159 4135** or Prof. V.O Netshandama at **082 896 0501** or the Research Ethics Committee Secretariat at **015 962 9058** and complaints can be reported to the Director: Research and Innovation, Senior Prof. G.E Ekosse on Tel: **015 962 8313** or Email to GeorgesIvo.Ekosse@univen.ac.za
8. Again, I thank you for your help with addressing this important research question and I greatly appreciate your keeping the purpose and design of this study confidential.

Kindest Regards

Malindi Ndivhuwo Edward

N.E Malindi

17 / 02 / 2019

Appendix C: Approval of Research Proposal by UHDC

UNIVERSITY OF VENDA

OFFICE OF THE DEPUTY VICE-CHANCELLOR: ACADEMIC

TO : MR/MS N.E MALINDI

SCHOOL OF HUMAN AND SOCIAL SCIENCES

FROM: SENIOR PROFESSOR L.B KHOZA

DEPUTY VICE-CHANCELLOR: ACADEMIC

DATE : 15 MAY 2018

DECISIONS TAKEN BY UHDC OF 15TH MAY 2018

Application for approval of Thesis research proposal in Human and Social Sciences. **N.E Malindi (9809847)**

Topic: "Documentation strategies of indigenous Health knowledge Selected cases of Vhomaine in the Vhembe District."

Promoter	UNIVEN	Prof. V. Netshandama
Co-promoter	UNIVEN	Dr. P.E Matshidze

UHDC approved Thesis proposal

Senior Professor L.B. Khoza
ACTING DEPUTY VICE-CHANCELLOR: ACADEMIC

Appendix D: Research Ethical Clearance

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Mr NE Malindi

Student No:
9809847

PROJECT TITLE: **Documentation strategies of indigenous health knowledge: Selected cases of Vhomaine in the Vhembe District.**

PROJECT NO: **SHSS/18/AS/18/2109**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof VO Netshandama	University of Venda	Promoter
Dr PE Matshidze	University of Venda	Co- Promoter
Mr NE Malindi	University of Venda	Investigator – Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: September 2018
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Senior Prof. G.E. Ekosse

UNIVERSITY OF VENDA
DIRECTOR
RESEARCH AND INNOVATION
2018 -10- 03
Private Bag X5050
Thohoyandou 0950

University of Venda
PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8504/8313 FAX (015) 962 8960
"A quality driven financially sustainable, rural-based Comprehensive University"

Appendix E: Proof of Editing

5 Tambotie street

Flora Park
Polokwane, 0699.

18 February 2021

RE: LANGUAGE EDITOR LETTER FOR MR NDIVHUWO EDWARD MALINDI (STUDENT NUMBER: 9809847)

This letter serves to confirm that I, Prof Mankolo Lethoko, has edited the language of Mr NE Malindi's PhD thesis entitled "Documentation strategies of Indigenous Heath Knowledge of selected *Vhomaine* in the Vhembe district municipality, Limpopo Province, South Africa".

The language editing process included the corrections of errors in relation to tense, syntax, sentence construction, contextualization of the content and aligning it to the topic and best standards in terms of PhD thesis presentation.

Thank you,

Kind regards,

Prof Mankolo Lethoko (078 551 2585)

Acting Director: Turfloop Graduate School of Leadership, University of Limpopo

(BA ED: English language and English Literature – National University of Lesotho)

BED, MED, Phd (University of Pretoria)

1

Appendix F: Proof of Re-Editing

5 Tambotie street

Flora Park

Polokwane 0699

02 October 2021

RE: LANGUAGE EDITING LETTER FOR MR NDIVHUWO EDWARD MALINDI (STUDENT NUMBER: 9809847)

This letter serves to confirm that I, Prof Mankolo Xaverine Lethoko, have re-edited the language of Mr NE Malindi's PhD. thesis entitled "Documentation Strategies of Indigenous Health Knowledge of selected *Vhomaine* in the Vhembe district municipality, Limpopo, South Africa".

The language editing process included the corrections of errors in relation to tense, syntax, sentence construction, contextualisation of the content to the topic of the thesis, alignment of the discussion to the topic and best standards in terms of PhD thesis presentation.

I thank you,

Kind regards,

Prof Mankolo X. Lethoko

Professor: Turfloop Graduate School of Leadership

(BA ED: English Language and English literature – National Universuty of Lesotho;

BED, MED, PhD (University of Pretoria).